

present at home on furlough, has been asked to serve at the Royal Victoria Hospital owing to the emergency created by the war in South Africa. Colonel Lewtas joined at Netley on March 2nd and is posted to the medical division for duty.

The services of Sir Thomas Fitz-Gerald, F.R.C.S. Irel., senior surgeon to the Melbourne Hospital, have been accepted by the British Government for South Africa.

Correspondence.

"Audi alteram partem."

"BORIC ACID IN FOOD."

To the Editors of THE LANCET.

SIRS,—Dr. M. K. Robinson in his letter to THE LANCET of Jan. 13th, 1900, p. 131, quotes against me a reference, made by me to Dr. Annett's investigations, that "all that these experiments really prove is already known—viz., that animals finally succumb under the repetition of large doses." He says: "This admission utterly destroys the value of Dr. Liebreich's experiment for the purpose of argumentative disproof of the toxic effect of boric acid in the case I narrated." But what I said referred only to Dr. Annett's experiments on kittens, which were given extraordinarily large doses of boric acid during a long period of time, whereas in the cases cited by Dr. Robinson the fowls were only given one large dose. And this dose cannot have been large enough to produce any ill-effects, because in that case the blancmange would have been uneatable on account of its strong taste. It is thus inadmissible to quote my reference to Dr. Annett's experiments as applicable to those of Dr. Robinson. Dr. Robinson further seeks to defend his contention that the case was one of boric acid poisoning by pointing out that the fowls died which ate the most blancmange and that those which took least recovered; and, further, says that the symptoms were very typical of poisoning by large doses of boric acid and that large quantities of boric acid were found, on the one hand, in the milk from which the blancmange was made and, on the other hand, in the crop and stomach of the dead fowls.

It cannot be regarded as in any way typical of boric acid poisoning that the fowls died which ate most of a poisonous blancmange while those which took least recovered. As regards the symptoms exhibited by his patients, which Dr. Robinson regards as characteristic of acute poisoning by boric acid, we have no knowledge of any typical symptoms of such poisoning. Nor can we form a judgment merely from symptoms, for many poisonous substances produce the same symptoms, including *suppressio urinæ*. It is natural enough that boric acid should be found in the crop and stomach of fowls which have eaten large quantities of a substance containing boric acid, and does not prove that the boric acid was the cause of their death. Such a conclusion would only be justified if the poisonous properties of boric acid in the quantities under consideration had been proved by experience of its effects upon human beings and experiments on animals. But as regards our experience of the effects upon human beings there exists no evidence for its poisonous nature. On the contrary, it has been proved, as already stated by me, "that excessive doses administered by the mouth cause only passing harm in man." Dr. Robinson would have acted more correctly if he had quoted this sentence instead of the one he did. Further, it would have been well if he had made careful experiments on animals. His experiments on the fowls only prove the poisonous nature of the blancmange and have no bearing on the question of the poisonous nature of boric acid. My own experiments on fowls conclusively show that boric acid does not poison them even when administered in doses as large as could possibly have been contained in the blancmange. The only conclusion warranted by them is that, in the case cited by Dr. Robinson, the poisonous effects were not produced by the boric acid, but by some other substance which must have been contained in the blancmange. Dr. Robinson has himself taken this hypothesis into consideration, but believes himself justified in rejecting it because a chemical analysis did not prove the presence of *tyrotoxin*. But it is a principle universally accepted in toxicology that the negative result of a chemical analysis

is not always conclusive of the absence of a poisonous substance, and this is especially true for the easily decomposable substances ptomaine and toxalbumin. Dr. Robinson also rejects the hypothesis of vanilla poisoning. Many toxicologists are now inclined to regard cases of vanilla poisoning as really due to tyrotoxin. But there are no conclusive proofs for this theory. Dr. Robinson says that he is unaware of any poisonous effects which have been traced to vanilla in a pure state. But what grounds has he for assuming that the vanilla employed by the cook in preparing the blancmange was "in a pure state"?

I do not for a moment attribute to Dr. Robinson any desire for sensational publicity; at the same time it cannot but create a sensation when poisonous properties are suddenly ascribed to a non-poisonous substance.

I am, Sirs, yours faithfully,

Berlin, March 5th, 1900.

OSCAR LIEBREICH.

THE LUNACY ACT, 1900.

To the Editors of THE LANCET.

SIRS,—All interested in the public asylum service will much appreciate the sympathetic tone of the leading article in THE LANCET of March 3rd (p. 631) having reference to this year's Lunacy Bill. The omission from that Bill of any pension clause is to be deprecated not merely from the point of view of the asylum official but also from that of the public. In the interest of the amelioration and recovery of the insane the importance of securing and retaining the best class of officers, attendants, and nurses for public asylums is obvious, and to do this the prospect of an assured and sufficient retiring allowance for those who have spent their best days in this arduous and trying service is essential. The improvement of the status of attendants and nurses in asylums by encouraging them to avail themselves of opportunities of training and by enlisting a share of public interest on their behalf, together with the formation of a fund for mutual benevolent aid, was the main object of the formation in 1896 of the Association of Asylum Workers, which now comprises over 3000 members and is presided over by Sir James Crichton Browne. The preparation and presentation in 1898 of a petition to the Lord Chancellor on the subject of pensions was the work of this body and not of the Medico-Psychological Association of Great Britain and Ireland (as stated in the article above mentioned). The latter is the representative organisation of asylum medical officers throughout the country and of medical men interested in psychological medicine, whilst the Association of Asylum Workers is largely (but not exclusively) composed of the "rank and file" in asylum service. Both associations are, however, interested in the question of satisfactory superannuation and have worked from their respective standpoints in similar directions in trying to secure this object, so important on public as well as on private grounds.

I am, Sirs, yours faithfully,

G. E. SHUTTLEWORTH,

Honorary Secretary, Association of Asylum Workers.

Richmond, Surrey, March 6th, 1900.

"THE ANATOMY AND PATHOLOGY OF THE RARER FORMS OF HERNIA."

To the Editors of THE LANCET.

SIRS,—In connexion with the valuable lectures by Mr. Moynihan published in THE LANCET of Feb. 24th and March 3rd I may, perhaps with advantage, briefly record a case of reduction in mass of the third variety mentioned by him in the first lecture (Fig. 7 C., p. 518).

A woman, aged 65 years, was admitted into the Hampstead Workhouse infirmary on May 19th, 1899, suffering from abdominal pains and vomiting. This condition had been going on for four days and had been labeled gastritis, but when she was admitted the vomit was faecal and there was a small irreducible swelling over the right femoral canal. After considerable difficulty she was persuaded to undergo an operation. Under A.C.E., taxis proving useless, the sac was opened and a knuckle of small intestine and some omentum were found strangulated but in a recoverable condition. I think by the slight diminution in size of the tumour during taxis that some fluid had been driven into the abdomen; there was practically none

found on opening the sac. "The stricture at the neck of the sac" was very carefully divided, and while notching the sharp edge of Gimbernat's ligament of course the peritoneum was slightly cut. On applying pressure to the bowel it presently slipped back, but without the usual pleasant gurgle. On introducing the little finger the bowel seemed to lie in a free cavity, though there was a "string" felt that was curious; this really must have been the torn edge of the peritoneum. The operation was concluded without special feature. After the operation and through the night the patient seemed a little better, but the next afternoon she began vomiting faecal matter again; the abdomen was swollen though soft and the pulse was not good. Unfortunately she absolutely refused any further operation. She died on the 24th, nearly five days after the operation.

At the post-mortem examination I found on opening the abdomen that the accident described by Mr. Moynihan had occurred. About four inches of small intestine were lying empty and flaccid between the peritoneum and the pubes. This was very easily drawn out and was in very fair condition, so that by an abdominal section I think it would have been quite easy to have completed the operation satisfactorily. Beyond some slight hyperæmia in the neighbourhood there was not any peritonitis.—I am, Sirs, yours faithfully,

E. CLAUDE TAYLOR, M.S. Lond., F.R.C.S. Eng.,

Medical Officer to the Hampstead Workhouse Infirmary.

March 5th, 1900.

To the Editors of THE LANCET.

SIRS,—In the last of Mr. Moynihan's Arris and Gale Lectures, published in THE LANCET of March 3rd, p. 597, he mentions that "four cases of inguinal cystocele have been recorded in children." To these allow me to add another case which came under the care of my friend, the late Mr. E. S. O'Grady, while he was surgeon to Mercer's Hospital in this city. The case was admitted to hospital in 1883, and in the session 1883-84 Mr. O'Grady read a paper on the subject before the surgical section of the Academy of Medicine in Ireland, the late Mr. Edward Hamilton being in the chair. As the case is an interesting one and as it does not appear in the Transactions of the Academy of Medicine I think the principal facts are worthy of being placed on record.

A boy, apparently six years old, was admitted to Mercer's Hospital under Mr. E. S. O'Grady's care suffering from a painful swelling in his left inguinal region. He stated that the swelling was there for more than a year and that he had never experienced any inconvenience from it, though latterly it had greatly increased in size. A few days before admission to hospital, when the swelling was at its largest, he had bruised it in a fall and from that time it was painful. The lump was of about the size of a small orange, rather painful to handle, and the boy drew attention to the fact that when he pressed the lump with his hands he made water. After a few days' rest in bed the pain disappeared and then Mr. O'Grady operated. On cutting on the lump he came upon a cystic tumour, uncovered by peritoneum, from which the fluid was readily expressed, with the result that urine flowed from the penis. The sac was now opened and the healthy mucous coat of the bladder came to view. A catheter was now passed through the urethra and its point was brought out through the incision. The bladder was sewn up and a radical operation performed and the boy left the hospital in a few weeks. The case resembles that of Mr. P. Pott as reported in Sir James Earle's edition of his monograph on Ruptures. It is a pity that our old classical medical writers are not more read. Neglect of them has caused us to overlook Pott's case of Mr. Nourse's patient from whom he successfully removed both ovaries before M'Dowell was out of his long clothes.

I am, Sirs, yours faithfully

Dublin, March 5th, 1900.

GEORGE FOY.

THE OBSTETRICAL SOCIETY OF LONDON AND THE MIDWIVES QUESTION: AN APPEAL.

To the Editors of THE LANCET.

SIRS,—I beg, through the columns of THE LANCET, to make an earnest appeal to each fellow of the above society. There is little doubt but that this society has been the prime mover in the agitation *re* midwives' registration. Although the

society was established in 1858 it was not until 1872 that it entered upon the down-grade act of examining and granting documents to intending midwives. Since that time over £3966 worth of diplomas have been sold, while over £1957 have been handed to the few fellows who conduct the said questionable examinations. I think it was one of the saddest and most humiliating episodes in connexion with any body of practitioners when they formed themselves into a voluntary society and established a "back-door entrance," so that certain persons could practise that branch of medicine known as midwifery and without undergoing the usual medical education and examination.

What will be done if other medical societies degrade themselves and their profession by following so evil an example? And can any practitioner—any honest practitioner—state that if one society takes it upon itself to grant certificates which profess to empower the holder to practise *midwifery* it is not equally open for any other society to grant a certificate empowering the holder to practise minor *medicine* or *surgery*? It is most regrettable that it has alone fallen to the lot of medical men to establish so debasing and dangerous a line of conduct. Do we hear of barristers or solicitors, or dentists, veterinary surgeons, or chemists, or any of their societies, beginning to sell diplomas to persons which profess to entitle the holders to practise minor law, dentistry, pharmacy, &c.? Thank God, they have not fallen so low. But unfortunately the degrading action of the above society has been imitated by a number of persons who took it on themselves to grant an "M.D. Bc." I refer to the "General Council of Safe Medicine, Limited," also the "National Association of Medical Herbalists"; its examining council is now competing on similar lines with the Obstetrical Society and is granting diplomas in medicine and midwifery. Now, Sirs, we all know that our legislature has appointed certain universities and colleges to examine and grant degrees and diplomas to those who wish lawfully to practise medicine, surgery, and midwifery. Unfortunately, the legislature thought that we were a body of honourable men and that every one of us would do our best to carry out the Medical Acts. Present actions show that our legislators did not know that there were a few traitors who would go behind these Acts. Had they known of this intrigue practically to repeal the Acts they would have inserted a section making it an offence if *any* persons other than those appointed by Act of Parliament granted any documents professing a power to practise.

In 1894 I petitioned the General Medical Council to make a rule to the effect that the Council will consider it "infamous conduct in a professional respect" if any practitioners other than those appointed by Parliament grant any document which professes to empower the holder to practise any branch or part of medicine, surgery, or midwifery. Mr. C. G. Wheelhouse gave the petition his powerful support (see Minutes, May, 1894). In 1895 I had a petition signed by over 40 members of the Obstetrical Society of London to the same effect as the above presented to the General Medical Council (see Minutes of the General Medical Council, May, 1895).

What I wish to propose now is that every fellow of the Obstetrical Society of London who feels that the society should cease forthwith to examine and grant documents to intending midwives shall write at once to the secretary of the society (20, Hanover-square, London, W.) stating that if the society does not cease to grant documents to intending midwives he will resign his connexion with the society. There are about 711 fellows of the society. If the majority of these resign, and, if they wish, become fellows of the British Gynæcological Society instead, they will for the same annual subscription (20s.) not lose anything. I shall be glad to hear from any of the society's fellows and, if they wish, to publish a list of protesters in the medical papers.

I am, Sirs, yours faithfully,

Liverpool, March 2nd, 1900.

R. R. RENTOUL.

DEATHS UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—I am constrained to ask space to comment on a case of death under chloroform reported in THE LANCET of Dec. 30th, 1899, p. 1811, with remarks by Dr. Mowat, the chief point to which I wish to call attention being his initial remark that "the patient undoubtedly died from syncope." It is true that when respiration begins to fail the heart's beat