

case at all until, perhaps, it gets so bad that it matters little to him or to his patient whether he does notify or not.

No, Sirs, it will be time enough to enforce notification when the necessary sanatoriums all over the country are ready—and that is a very big job—and not sooner. Long before any kind of compulsory notification was heard of for fevers, there were fever wards and fever hospitals in most populous places. The public has to be *educated*, and this step in the path, as I readily allow, of genuine sanitary progress must come, as everything natural and proper comes, by the laws of evolution and needs much time and much consideration for its complete development.

I am, Sirs, yours faithfully,

W. BRUCE,

April 30th, 1906. Medical Officer of Health of Ross and Cromarty.

THE RECTAL INJECTION OF ANTI-STREPTOCOCCIC SERUM.

To the Editors of THE LANCET.

SIRS,—It was with great interest that I read Dr. Nathan Raw's paper on the value of rectal injections of anti-streptococcic serum in ulcerative endocarditis¹ as this week a paper was read by Dr. W. Soltan Fenwick and myself before the Royal Medical and Chirurgical Society on the rectal injection of the same serum in gonorrhœal infections and some cases of purpura hæmorrhagica.² The administration of various sera by rectal injection has been practised by us at the London Temperance Hospital during the past six years and two years ago you were good enough to publish a short letter by me on its use. Serum appears to have precisely the same effect when introduced per rectum as if injected subcutaneously, and its action seems equally rapid, while the danger of spreading inflammations and local abscesses at the site of injection is removed and the patient does not look upon the injection in the light of an operation.

I am, Sirs, yours faithfully,

J. PORTER PARKINSON.

Wimble-street, W., April 28th, 1906.

IN PRAISE OF RUM AND MILK.

To the Editors of THE LANCET.

SIRS,—I was very pleased to read Dr. Francis T. Bond's letter on the above subject. I have prescribed rum and milk in pulmonary complaints with very gratifying results for about 25 years. I have always found good sound rum better assimilated than any other spirit and it seems to combine well with milk, especially separated milk.

I am, Sirs, yours faithfully,

Manchester-square, W., April 28th, 1906.

THOMAS DUTTON.

PASTEURISED MILK AND INFANT FEEDING.

To the Editors of THE LANCET.

SIRS,—It may not be known to many of your readers that several of the large dairy companies in London are supplying pasteurised milk to all their customers without any indication that the milk has been so treated. This fact was brought to my knowledge in the following manner: At a children's hospital in London the medical staff decided to use pure fresh milk, unchanged by heat, preservatives, or otherwise, for the in-patients. Extra precautions were taken so as to maintain the purity and freshness of the milk which was to be supplied in sealed and sterilised bottles, and was to be kept on ice. A large dairy company undertook to supply such milk, and did so for about 18 months. At the end of that time it was accidentally discovered that the milk for about 12 months had been pasteurised at the dairy. The company when taxed with this breach of contract, expressed regret but said that it had acted on high medical authority and that pasteurised milk was really safer for infants than milk not so treated. Into this question the medical staff did not enter but proceeded to secure untreated milk from another source. This action on the part of the dairy companies is one of considerable public importance. In the first place, the pasteurising of the milk is not undertaken by them for the

benefit of the infant population but for the purpose of protecting themselves from spreading typhoid fever or other disease through contaminated milk, with subsequent legal proceedings and heavy damages. They may or they may not be justified in taking this precaution, but their customers are at least entitled to know the fact that the milk has been pasteurised. What is cows' milk? This is a difficult question to answer, but it is certainly inadvisable to allow the dairy companies to plead in the future "the custom of the trade" in selling pasteurised milk when fresh cows' milk is ordered. If pasteurised milk is to continue to be sold it ought to be labelled as such, just as condensed and "humanised" milks are.

Again, the health of the children may be seriously affected by this action of the dairy companies. At present, and largely owing to medical teaching, it is the custom in many households to boil the milk on delivery. If the milk is first pasteurised by the seller and then boiled by the purchaser, it will be a poor, devitalised sort of food which eventually reaches the infant, and anæmia and scurvy may be expected to follow. These are the results which one would anticipate on theoretical grounds, and practical evidence is forthcoming as follows: Dr. W. S. Colman¹ relates that a short time ago there was an epidemic of infantile scurvy among children in Berlin supplied with pasteurised milk from an institution, but it was found to be confined to children whose parents, as an additional precaution, boiled the pasteurised milk for some time, after it was delivered to the house. More recently Dr. J. A. Coutts² has recorded three cases of scurvy at the East London Hospital for which the patients were ordered fresh cows' milk and were further treated in the usual way with raw meat-juice, scraped potato, and lemon-juice. In none of the cases did the usual speedy resolution of the subperiosteal clot take place. "That three consecutive cases of scurvy should take this extraordinary course led to an inquiry and it was discovered that for several months the dairy company to the hospital had been supplying pasteurised instead of fresh milk, without the hospital authorities being adequately informed of the change. On the substitution of fresh for pasteurised milk each infant began to improve." These facts speak for themselves and would seem to justify the anticipation that injury to the health of the children and aggravation of their diseases will result if this action of the dairy companies is allowed to continue. More especially will the danger be present if the public and the profession are kept in ignorance of the fact that the milk is being pasteurised.

I am, Sirs, yours faithfully,

April 30th, 1906.

G. A. SUTHERLAND.

100 CONSECUTIVE CASES OF MEASLES WITHOUT CHRONIC MIDDLE-EAR DISEASE.

To the Editors of THE LANCET.

SIRS,—Within the last 12 months I kept notes of the first 100 cases of measles which I attended during an epidemic and amongst this number I had not a single case of chronic middle-ear disease. At the most I had one or two cases of earache which soon got well without discharge of any kind. Although I have no actual figures to prove my contention I feel sure that 20 years ago it would not have been possible to attend 100 consecutive cases of measles without at the same time having several cases of "running ears." When I began practice 14 years ago it was common to find on asking the cause of deafness or of purulent ear disease to be told in an off-hand manner, as if it was a matter of course, that the mischief had existed since the patient had had measles. Within recent years I have found that measles is not so often given as a cause of this troublesome affection but in order to prove or disprove the correctness of my impressions I made the observations now recorded. That the epidemic was not particularly mild is shown by the facts as follows. The deaths numbered four, two being due to broncho pneumonia; one was helped by the teething process and one by whooping-cough, and all occurred in children under 18 months. Other notable points are: two out of the 100 were adults, and they had not had the disease before, six had had measles previously, and one or two had had more than one attack. "Pronounced"

¹ THE LANCET, April 21st, 1906, p. 1103.

² THE LANCET, May 5th, p. 1244.

¹ The Practitioner, October, 1905, p. 133.

² West London Medical Journal, April, 1906, p. 82.