

For myself I am not prepared to admit that the lactic acid ferment is, up to a certain point, injurious, or indeed that it may not on the other hand be essential to the full digestion and appropriation of milk. It is a well known fact that certain tribes in Africa who subsist largely on milk never, under any circumstances, drink it until it has begun to sour, their experience having taught them that the use of fresh milk is very apt to result in the development of fevers. When circumstances, such for instance, as residence in large cities, make it necessary to adopt means to prevent the lactic acid fermentation from proceeding to the stage in which an acid taste is developed, up to which time I believe the process to be beneficial, I should much prefer boiling to sterilization or Pasteurization, for the reason that I believe that in this way the destruction of morbid bacteria will be more completely effected, and also that changes of a protective nature will be produced in the dead bacteria and ptomaines with which the milk is loaded after sterilization. In this suggestion I feel that I am supported by the experience of Professor Jacobi, who, after saying, "virtually sterilization" (that is to say by means of boiling) "has been practiced by me these more than forty years, and has been taught by me these thirty-five years both in lectures and in books and essays," adds "I always urged that safety increased with the number of boilings." No doubt he was led to give this advice in consequence of carefully observed results of the benefits following repeated boiling as compared with a single boiling. And this leads me to say in conclusion that the great danger of modern medicine appears to me to be the tendency to push theories to an extreme, and to disregard the teachings of experience. No better proof of the existence of this tendency could be advanced than is found in Professor Jacobi's allusion to the advantage of the admixture of cereals for the purpose of finally dividing and suspending the casein of cow's milk in preparing it for digestion by the infant stomach. As we well know it is not many years since we were assured in most positive terms that it was utterly impossible for a young infant to digest farinaceous food at all, and our theoretical teachers instructed us to banish it entirely from the infant dietary. He calls attention to the fact that the researches of Schiffer, Korowin and Zweifel have experimentally proved in diametric contradiction to the statements of previous experimentalists, that a certain amount of starch can be digested by the saliva and pancreatic juice of young infants, and that Heubner of Berlin recommends in intestinal diseases of the very young the simplest flours, mainly of rice and oats, which have a finer microscopical structure than wheat. "Practical experience," says Heubner, "surpasses theoretical conclusions."

Jacobi in a foot note ventures the prediction that "before long more than to-day it will be a generally accepted axiom that cereals must be given to make teeth when milk food alone does not suffice for their development."

My own advice to mothers unfortunately compelled to nourish their infants artificially, if they are able to obtain pure milk, from cows of authenticated good health, and from dairies where proper sanitary precautions are known to be taken and are able to use the milk within twelve hours after milking and after very limited transportation, is that they should keep the milk in hermetically sealed jars and in a cool temperature, but should not subject it to Pasteurization, sterilization or boiling. Under other conditions namely those of protracted transportation, prolonged exposure to high temperature, ignorance of the conditions of health of the cow or of cleanliness of the dairy, they should resort to boiling in preference to sterilization or Pasteurization. It is possible that the boiled milk will tend somewhat more to induce constipation than will the sterilized milk, but this is a trifling objection which can easily be met.

BENJAMIN LEE, M.D.

Successful Implantation of Teeth.

ALMA, MICH., Dec. 18, 1895.

To the Editor:—My little daughter, aged 2 years and nine months, fell headlong down the cellar stairs and struck the two upper middle incisors on the edge of the step, extracting them as completely as if by forceps. The alveolar processes of the right tooth were fractured and the gum lacerated the entire length of the root. After the fright and the crying, which continued a half hour or more, the child was rocked to sleep in her mother's arms and placed in her buggy. We found the teeth on the cellar steps uninjured. They were placed in a normal saline solution of tepid temperature. On the arrival of an assistant with the chloroform for anesthesia, the child was sleeping quietly. Chloroform was administered without the child awakening and the teeth were placed within their sockets and pressed into position; the edge of each tooth fitting firmly in a groove of one blade of a forceps, the hand of the operator being placed on the back of the head with the pressure properly directed. The gums about were cleansed antiseptically and the teeth left in position without further dressing or application.

The accident occurred about 2 o'clock and when the child awoke from her sleep at 5:30, her teeth were in place. The teeth had been out of the mouth fully one hour. Milk and soft food were administered and the lacerated edges of the gums cleansed after the eating. Healing of the gums occurred by first intention.

It is now over four weeks since the teeth were placed and they are now solid, in good position and of normal color. The gums are normal in color and consistency and the appearance of the mouth quite natural.

I report this as a successful case of transplantation of teeth that had been out of the mouth over an hour and as another demonstration of chloroform anesthesia during natural sleep.

E. S. PETTYJOHN, M.D.

Medical Superintendent.

It Was Hot Springs.

TENNESSEE STATE BOARD OF HEALTH, NASHVILLE, Dec. 20, 1895.

To the Editor:—On page 1000, December 7, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, second column, line 10 (from bottom), "Little Rock" should read "Hot Springs." Much fault is found with me because of this error. It is proper to state that I read no paper, only said a few sentences in a conversational way. No proof of the proceedings was sent me, as should have been done. The error is doubtless that of the reporter. You know too well how these things happen. Please make necessary correction, and oblige,

Very respectfully,

J. BERRIEN LINDSLEY, M.D.

Secretary and Executive Officer.

Defense of Hypnotism.

CLEVELAND, OHIO, Dec. 20, 1895.

To the Editor:—I have read with much surprise the note to you from Dr. W. P. Howle, Oran, Mo., published in the issue of the JOURNAL of December 14, in which he condemns hypnotism, along with the fallacies of clairvoyance, faith cure, etc., which intelligent men know to be frauds. But, Doctor, in the light of my extensive experience in regular practice, where I have hypnotized 1,000 cases, never once having failed to produce hypnosis where I made the attempt, I must protest against such indiscriminate and uncalled for condemnation of a great remedy in many cases which can not be rationally or successfully treated by other means. If you are ready for it, I will prepare a paper for your next issue, dissecting this remarkable set of statements. Kindly advise me.

Truly,

M. MAURICE CARNES, M.D.