

emergency saves lives and prevents the misery which results from certain chronic ailments. Such aid brought to the poorer working-class women has the additional advantage of ultimately saving the pockets of the ratepayers. To the ratepayer it matters little or nothing whether the pittance which goes into the doctor's pocket is administered by the city or borough or county council, or even by the board of guardians. He only wishes to know that his money is disbursed fairly for value received without the harassment and ill-usage of those who have earned it, and he does not clearly see why the Poor-law should come in at all.

If you work out the arithmetic of the situation by addition and subtraction you will reach the conclusion, on the debit and credit reckoning without considerations of sorrow and suffering, that it would well repay the ratepayers of city or county to take matters out of the hands of the "guardians of the poor" throughout the length and breadth of the country, to put an end to the ill-usage of the humble medical practitioner, and to pay him decently well for his services.

I am, Sir, yours faithfully,

Manchester, Jan. 18th, 1909.

WILLIAM J. SINCLAIR.

To the Editor of THE LANCET.

SIR,—Sir William J. Sinclair has done good service to the general practitioner by drawing attention to the formation of this committee by the Privy Council. There is no doubt that in 1902 the medical profession was caught napping. There will be no excuse for us if we lose this opportunity now offered for amending the Act and the present rules of the Central Midwives Board which are only in force until Sept. 30th next.

The British Medical Association has been asked if it desires to tender evidence. The reference to the Departmental Committee is "To consider the working of the Midwives Act, 1902, and in particular with reference to the supply of midwives and the cost of training, the remuneration of medical men summoned on the advice of midwives under the rules in pursuance of the Act, and the delegation of their powers by county councils under the Act."

There seem to be two principles that should be urged: (1) adequate and immediate representation of the general practitioner by general practitioners nominated by the Association on to this Departmental Committee; (2) adequate representation of the general practitioner by general practitioners elected by the Association on to the Midwives Board. With these acceded to, as also: (3) adequate guaranteed payment for services rendered to the State by attending women before, during, and after labour; and (4) no State subsidising of midwives, the profession can rest content that the Act will not be able so grossly to be worked to the detriment of the doctor or of the woman and child for whose benefit it has been enacted. Will every general practitioner, therefore, *at once* bestir himself and take steps to induce his local medical society (or division of the Association, branch council or executive committee of the division) to put at the disposal of the Association evidence on the four points referred to the committee, as also a resolution in favour of the four principles enumerated above? Time is valuable. I am, Sir, yours faithfully,

London, S.W., Jan. 26th, 1909.

E. ROWLAND FOTHERGILL.

GOUT IN A WIRED BONE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Jan. 23rd, p. 219, Mr. Edred M. Corner, in his article on fractures of the olecranon, after describing a case in which an acute attack of gout followed wiring, says: "It is the only case of gout in a wired bone which I have seen or heard of." The following is an almost exact duplicate of Mr. Corner's case.

Fourteen years ago I assisted the late Mr. William Square in wiring the patella of a man, aged 50 years, for a recent transverse fracture. The case impressed itself on my memory for two reasons. Firstly the drill, weakened by the eye, which in those days the instrument maker insisted on making in the end of the blade, broke off and remained embedded in the upper fragment, compelling me to drill another hole, and secondly the joint within 48 hours of the operation presented every appearance of impending suppuration. This condition, with slight remissions, lasted a week, at the end of which period an attack of gout in

the great toe gave the clue to the condition of the knee-joint.

The patient suffered only moderately, and, being accustomed to frequent attacks of gout, was much less concerned about his swollen knee than were his medical attendants.

The patient recovered with a perfect knee-joint.

I am, Sir, yours faithfully,

Plymouth, Jan. 24th, 1909.

C. HAMILTON WHITEFORD.

POISONING FROM ANILINE BLACK ON SHOES.

To the Editor of THE LANCET.

SIR,—Your interesting remarks on "Poisoning from Aniline Black on Shoes" in the issue of Jan. 9th, p. 117, opens up the at present debateable question as to which is the more toxic, aniline or some of its salts, particularly the hydrochloride. Most competent authorities, such as Sir Thomas Oliver, Dr. T. M. Legge, and Dr. W. F. Dearden, have inclined to the former view; nothing but direct experiment can settle this point, which at the present moment is under investigation by Dr. Sellers.

For some time I have looked upon many cases reported as aniline poisoning as being due to its salt, the hydrochloride; it is just possible that the interesting case you cite may claim a like causation. The majority of these aniline black dyes for leather are made with the salt and contain no free aniline. The following prescription has been given me as a common sample of the ingredients composing this particular class of black dyes: Aniline hydrochloride, 100 parts; copper sulphate, 0.1 part; sodium chlorate, 6.0 parts; and ammonia, 1.6 parts. The above are dissolved in water and thickened with gum. The large proportion of the hydrochloride contained in it is very noteworthy, and although this salt may not be as volatile it is probably more poisonous than aniline, being absorbable by the skin. This will account for the symptoms observed.

The results of the analysis of the urine, such as the presence of the oxidation products of aniline, and the absence of aniline, would seem rather to favour the view of an intoxication by the salt rather than by the oil. This may be contrary to the current opinion but is supported by a case I have now under investigation.

I am, Sir, yours faithfully,

Wigan, Jan. 23rd, 1909.

R. PROSSER WHITE.

THE CAUSE AND PREVENTION OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—If you have not already closed this discussion, I should like to point out how very little evidence has been produced in support of the view that "the essential cause of dental caries is a faulty system of feeding." Dr. J. Sim Wallace has had success in ten cases (I am afraid he knows nothing of the failures of his system), and that makes his theory well worth trying; but ten cases are no proof, for any man in general practice can bring forward ten or thrice ten "pap-fed" children with sound teeth. In his contention with the editor of the *Dental Surgeon* he is claiming the skin before the bear is killed, or at all events before he has proved that it is dead! The credit of a discovery goes not to him who first suggests it but to the man who proves it to the satisfaction of experts. There is hardly a modern discovery that has not been vaguely suggested by someone in the past. When Dr. Wallace has proved his theory he will well deserve and will receive the credit, no matter who first suggested it.

The interesting information from Dr. G. Elliot Smith that dental decay was common only amongst the adult aristocracy in Ancient Egypt does little, if anything, to support Dr. Wallace's theory, unless it can be proved that the babies then were given hard food before they were weaned and that the poor ate harder food than the rich. I thought they lived on lentils and onions boiled in a "flesh pot" with a morsel of meat to give them a flavour. A very poor peasantry, like that in Ancient Egypt, almost always boils its food, for that is the easiest way to cook vegetables, and the way to make meat go the furthest. But this would not be a food

to cleanse the teeth such as Dr. Wallace demands. No doubt what in history is called "luxury" and in our own days "decent living" does produce dental decay, but the exciting cause may be the temperature or the chemical constitution of the food, or it may not be due to the food at all. Perhaps Dr. Elliot Smith will give us some information as to the food of the Ancient Egyptian peasantry.

I am, Sir, yours faithfully,

Silverton, Exeter, Jan. 18th, 1909.

O. CLAYTON JONES.

PS.—The Ancient Egyptian aristocracy were great eaters of sweetmeats, at all events at feasts. Children were admitted to feasts, and we are told they were exempt from caries, so we get no nearer the truth.

To the Editor of THE LANCET.

SIR,—In your issue of Jan. 16th I observe Dr. Harry Campbell states that for many years he "has been imbued with the notion that the teeth may suffer from insufficient use," and he speaks of Dr. Wallace having enunciated a "great truth" in saying that dental caries may be prevented by "giving the teeth plenty of work to do" and by "having due regard to the order in which certain articles of food are taken."

I do not myself, however, see how this theory of more work for the teeth to insure their keeping in good condition can be correct, and for the reason that the Chinese, who have, as a rule, very good teeth, live mainly on rice or millet, with vegetables and sometimes a little fish. They do eat other things, but what article of diet gives their teeth much work? I know of none and I do not think that they are in the habit of masticating their food more than we do.

I am, Sir, yours faithfully,

Savernake, Torquay, Jan. 19th, 1909.

F. R. CAVE.

EPSOM COLLEGE.

To the Editor of THE LANCET.

SIR,—From a circular issued by the secretary of this institution I perceive that its council "appeals alike to the profession and the public not to allow the College to languish for want of funds." With your permission, therefore, as one of the public, I should like to make through your columns one or two suggestions the adoption of which is likely in my opinion to further the objects the council has in view. The circular, very properly, gives full particulars of the excellent work done by the College, but omits information likely, I think, to commend its appeal to the man of business, and I venture to suggest therefore that with these particulars should be published a statement of accounts showing in some detail the amount of the income and expenditure of the College during the last two years.

The economical and efficient management of an institution such as this is assuredly no easy task, but one requiring very careful control and supervision. The council no doubt, as far as its professional duties permit, does its very best in this matter, but I cannot help thinking that for administrative purposes it would be strengthened by the addition of a few non-professional business men to its number.

I am, Sir, yours faithfully,

Jan. 18th, 1909.

J. P.

THE NEW DENTAL HOSPITAL, LIVERPOOL.—

The foundation-stone of the new Dental Hospital was laid on Jan. 16th by the Earl of Derby, the president of the hospital. The hospital, which will be one of the finest of the kind in the kingdom, will be built in the Georgian style of red brick with stone dressing. The ground floor will give ample accommodation for the operating work. The first floor will be devoted to the educational work of the School of Dentistry and above will be the filling rooms, with a provision of 60 chairs. The site of the new building is at the corner of Pembroke-place and Boundary-place, within a few hundred yards of the University and the Royal Infirmary. The estimated cost of the building and equipment is £10,000, of which the greater part has already been subscribed. The Dental School, opened in 1876, had last year an attendance of 27,000 patients. Sufficient land has been secured for a future extension of the hospital. Mr. W. H. Gilmour is the warden of the Dental School.

MUNICIPAL ACTION IN THE PREVENTION OF TUBERCULOSIS AT NEW YORK.

(FROM OUR SPECIAL SANITARY COMMISSIONER.)

Professor Robert Koch created a great sensation throughout the United States of America by the praises which he lavished upon the New York sanitary authorities. At the International Congress on Tuberculosis recently held at Washington he said that the successful execution of the measures taken in New York City constituted the most important feature of the war against tuberculosis. "I consider the New York methods wonderful," said Professor Koch; "I think that the compulsory notification of all cases of tuberculosis is characteristic of American vigour. The removal by force if necessary of all patients who are dangerous to their neighbours is a step far in advance of European methods." Dr. Arthur Newsholme, who represented the English Local Government Board, joined in and said he knew of no city where the total programme for prevention of tuberculosis is as complete as it is in New York, but he prudently added that in England the public would not permit such forcible measures as were taken in New York. These sentences were eagerly caught up by the American press and much was made of them. To the German mind, and more especially to the German official mind, dragooning methods generally commend themselves, but the Americans who have studied the subject were not a little startled to find themselves thus exalted by so great a *savant* as Professor Koch who was also the principal representative of the German Government. Under the same roof where the Congress sat were the exhibits of the Committee on the Prevention of Tuberculosis of the New York Charity Organisation Society. In the printed catalogue of this exhibit, and under the heading "Photographs," will be found "No. 5, Tenement Home, No. 6, The Dark Bedroom, where Tuberculosis Breeds; No. 7, One of New York's 300,000 Dark Bedrooms." Including rooms that give on air shafts which measure less than 5 feet by 5 feet, Mr. Ernest Poole, of the University Settlement, estimates in his printed report that there are 361,000 dark rooms in New York. It is doubtful whether any other city in the world has so sinister a record. A dark room means an inhabited room which has no window or door giving on the outer air which either receives no light whatsoever or only such light as it can derive from some other inhabited apartment which has a window of its own. But in the centre of these huge blocks of tenement dwellings there is sometimes a little sort of slit or narrow shaft, far too narrow to let any light down, but which may enable a little foul air to pass out. Some of these blocks, though six storeys high, have back windows opening on to air shafts which are only 6 feet long and 12 inches wide. During the many years that I have travelled from country to country, visiting the disease-stricken slums of the great cities of Europe, I have never heard of a concentration of dark rooms on one spot such as may be found in New York. The compulsory notification of tuberculosis may be, as Professor Koch says, a very good thing, but the continued existence of hundreds of thousands of dark rooms is most emphatically a very bad thing.

If Professor Koch lavished praises on what has been done in New York the Americans themselves were not insensible to what has been accomplished in Germany. The Principal of the University of Chicago, in a notable speech delivered at the Washington Congress, first insisted that in no country had private charity provided adequate means for dealing with the tuberculosis problem. Also workmen were most fortunately and for the most part too proud to apply for charitable aid. Then he added that "there remains nothing but some form of compulsory sickness and invalid insurance, for other systems usually fail. If we turn to the German methods we find that they are complete and adequate." He then went on to explain what has been described on many occasions in these columns—namely, that Germans of moderate means had by insurance acquired the right to full and proper sanatorium treatment or whatever other treatment was necessary. Above all, while the patient is helpless his family is provided for and his illness is not aggravated by anxiety about them. Finally, the speaker came to a practical conclusion by pointing out that the Supreme Court of the United States had in the two cases, *Holden v. Hardy* and *Curt*