

St. Helens scheme a basket is given to each customer containing nine bottles of sterilised, modified, or humanised milk, and with this a teat which can be fitted upon the end of the bottle. Directions are given to the mothers to feed the baby every two hours during the day and every four hours during the night, and to give the milk through the teat supplied. This seems easy and simple enough in theory. In practice, however, we have, in our endeavours to reduce infantile mortality, to cater for a class who through circumstances or indifference are unable to grasp the full object of the scheme. This class either refuse to use the milk at all or if they use it they pour the milk out of the sterilised bottle into an ordinary "titty bottle" with a long indiarubber tube or replace the teat with a long indiarubber tube of their own and thus save themselves both time and trouble. This materially alters the whole purport of the scheme, as the bottle or the tube used is generally in a state of sepsis, and the baby, instead of receiving pure wholesome milk, obtains it contaminated by admixture with the sour septic milk left from former feeds in the bottle or the tube, and this does not help to reduce infant mortality, but brings the sterilised milk scheme into disrepute.

Supposing the authority which supplies the milk were to obtain a quantity of these long flexible tubes and with every basket they supply, or in such cases as they consider it necessary or where the mothers prefer it, give one or two of these tubes (thoroughly cleansed), so that the child could be fed through this tube instead of the short teat, at the same time directions being given to the mothers that these tubes must be returned daily for cleansing.

1. Would this do away with the efficiency of the scheme?
2. Is it impossible to keep the long tubes clean?
3. Does the contact of sterilised milk with the length of indiarubber (thoroughly cleansed) contaminate the milk?
4. Is the objection to the long tube any other than that it is less likely to be thoroughly cleansed than a short one?
5. If the infant mortality of our manufacturing towns is due chiefly to the feeding of infants on improper food or feeding them out of dirty bottles and tubes, ought not authorities to try to render their scheme for educating and helping the mothers of such practical utility that even the most careless and indifferent could use the sterilised milk without feeling it to be an irksome burden? There is no doubt that the long flexible tube is used, and used to advantage, by many well-to-do people who keep it thoroughly clean, and I should like to know if the consensus of opinion amongst medical men is that milk must of necessity become contaminated the moment it passes through a length of indiarubber, and that the cleansing of this indiarubber tube is an impossibility.

I am, Sirs, yours faithfully,

E. A. CLARKE, M.R.C.S. Eng., L.S.A.

Dukinfield, May 14th, 1901.

"LEGISLATION AGAINST NATIONAL INTEMPERANCE."

To the Editors of THE LANCET.

SIRS,—Dr. Walter Kidd is alarmed lest Dr. Reid's views should triumph on a foundation of Weissmannism. But it is one thing to assert that only inborn characters are transmitted, as Dr. Reid does, and another to attempt to explain how they are transmitted, as Weissmann has done. Nobody has spoken more emphatically than Dr. Reid on this subject. "Weissmann's speculations,"¹ he says, "obscure in themselves, made more obscure by his methods of demonstration, still more obscure by being constantly emended under the influence of destructive criticism, have drawn many students from the true path and by their difficulty have discouraged others." He speaks of Weissmann's views as "more or less metaphysical speculations concerning the continuity of the germ plasm and ids, idants, biophors, and so forth." Dr. Kidd's alarm would appear, therefore, to be groundless.

Dr. Clouston's remarks² concerning my criticisms are excellent in their brevity but deficient in argument of any kind; I will grant him his two irrelevant points cheerfully and humbly withal if he can destroy my criticisms or answer my challenge successfully.

I am, Sirs, yours faithfully,

H. LAING GORDON.

Honor Oak-road, S.E., May 12th, 1901.

SWALLOWING ARTIFICIAL DENTURES.

To the Editors of THE LANCET.

SIRS,—Deaths from swallowing artificial dentures are becoming alarmingly frequent and the operations for the removal of these irregular and spiky objects are very often also fatal. The cause of this fatality is, of course, the hooks and bands which project from the plate, bury themselves in the tissues, and can only be dislodged by still further lacerations. It has struck me that in the case of vulcanite plates (most plates are now made with vulcanised caoutchouc as a base) the removal of the denture could often be facilitated by its being divided *in situ* and the parts removed separately. This could be done by splitting it with cutting forceps or dividing the vulcanite by fusing it with the electric cautery at a not very high heat. Metal plates could not be divided so easily, but it would be by no means impossible with strong shears.

I might also, in this connexion, mention that the swallowing of these dentures takes place as a rule during sleep. I do not wish to add another burden to the already over-laden general practitioner, but he would do well to warn any patient wearing a "partial" denture of the risk he runs, apart from hygienic considerations, by not removing his plate at night.—I am, Sirs, yours faithfully,

WM. RUSHTON, L.D.S. R.C.S. Eng.

Harley-street, W., May 7th, 1901.

KING'S COLLEGE, LONDON, AND THE SOUTH AFRICAN WAR.

To the Editors of THE LANCET.

SIRS,—There is a large wish among old King's collegians and King's College school boys that the services of any of their number who have fallen in the war or who have survived the campaign in South Africa should have suitable commemoration. It will greatly facilitate matters, in view of an early meeting of sympathisers with the movement, if the names of any who are worthily entitled to inclusion in the roll of honour be immediately communicated. The medical representation must necessarily be a very large one and through the medium of THE LANCET we shall doubtless receive the names of a goodly number of King's College men, dead and alive.

I am, Sirs, yours faithfully,

J. TREERVE EDGECOME,
Associate of King's College, London.

Inner Temple, E.C., May 6th, 1901.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.

To the Editors of THE LANCET.

SIRS,—We have received so much support in reply to our letter published in THE LANCET of April 27th, p. 1236, that we feel justified in asking you to announce that the dinner will be held on Wednesday, June 5th, at the Hotel Cecil at 7.30 P.M. The price of the tickets will be 10s. 6d. each. We shall be glad to hear as soon as possible from any civil surgeons who may desire to be present. We shall be further obliged to you if you will kindly publish the following list of those who intend to be present: H. A. Ballance, A. A. Bowlby, J. Paul Bush, E. G. Calverley, J. Lenthal Cheatle, W. Watson Cheyne, John Chiene, A. Conan Doyle, H. W. Dudgeon, W. V. Eaves, A. D. Fripp, J. F. R. Gairdner, A. Granville, E. A. Houseman, Sir W. Mac Cormac (chairman), G. H. Makins, H. T. Mursell, T. H. Openshaw, F. O. Stoebr, C. Stonham, H. J. Starling, Sir W. Thomson, H. H. Tooth, F. E. Walker, and P. Wood.

We are, Sirs, yours faithfully,

O. GORDON WATSON,

FRANCIS E. FREMANTLE,

} Acting Secretaries.

39, Moore-street, Lennox-gardens, S.W.

AN APPEAL TO MEDICAL FREEMASONS.

To the Editors of THE LANCET.

SIRS,—I appeal to medical Freemasons to assist me in getting Reginald Everard Adolphe Webster, aged 10 years and three months, into the Royal Masonic Institution for Boys at the October election, which will be his first and

¹ Scottish Medical and Surgical Journal for June, 1900, pp. 513 and 514.

² THE LANCET, April 27th, 1901.

only chance. Bro. Dr. Webster, the father, was P.M., Lechmere Lodge No. 1874, and was until recently a member of the Addiscombe Lodge No. 1556. He died this year from acute pneumonia after a brief illness, leaving a widow and four children practically unprovided for. I would be glad to receive votes for any of the Masonic institutions.

I am, Sirs, yours faithfully,

HENRY G. THOMPSON, M.D. R.U.I.

110, Cannon-street, E.C., May, 1901.

THE MEDICAL BENEVOLENT COLLEGE.

To the Editors of THE LANCET.

SIRS,—In common with the other governors of the Medical Benevolent College, Epsom, I have just received my annual voting-paper together with a recommended list of candidates drawn up by a committee of the Council, and it is to this document that I wish to call attention. There are 19 candidates for four vacancies for pensions, five being males and 14 females, but the recommendation committee, as in many former years, entirely ignores the men. Why, may I ask, is the broken-down practitioner to be always passed by in favour of a widow? This year's list is headed by the name of a practitioner, aged 69 years, which appears for the *ninth* year and has never yet had the recommendation of the committee though the applicant has scraped together 2021 votes, and has now died before the election! Then we have a practitioner of 79 applying for the *fifth* time and another of 79 for the *fourth* time. Surely the necessities of these gentlemen must equal those of widows of 62 and 64 who are recommended by the committee. I have no knowledge of the committee or their methods of investigation, but it seems odd to the outsider that they should recommend four candidates who have already secured 3558, 2756, 2770, and 3029 votes respectively, and who are therefore almost certain to secure their election without much assistance.

When I turn to the candidates for Foundation Scholarships I find the same tendency to recommend those candidates who have already secured large numbers of votes and therefore must have influential friends. I quite approve of supporting "last applications," but I think some of the seven cases selected are on the face of them open to criticism as compared with others who have not been so fortunate in securing votes. I need hardly say that I shall not support the list recommended.

I am, Sirs, yours faithfully,

AN OLD GOVERNOR.

GERMAN SURGICAL CONGRESS.

(FROM OUR BERLIN CORRESPONDENT.)

(Concluded from p. 1303.)

Extirpation of the Gasserian Ganglion.

PROFESSOR KRAUSE (Berlin) gave an account of 25 operations performed by him for neuralgia of the trigeminal nerve and described the details of his method. In typical neuralgia the operation was successful in every instance; in other conditions, such as in hysteria, rheumatism, &c., it was useless. The operation was sometimes followed by slight sensory disturbances, such as sensations of pricking, &c.; paresis of the muscles of the eye and keratitis have also been observed. Some of the patients have remained well for between five and six years.

Castration for Tuberculosis of the Testicles.

Professor VON BRUNS (Tübingen) said that castration was not now performed so frequently as it used to be and double castration was avoided as much as possible because psychological troubles were said to follow this operation. There were also cases in which castration, in the full sense of the word, was not necessary, because sometimes, and especially when the disease was progressing but slowly, the removal of the tuberculous portions of the testicle or the epididymis was sufficient. Professor von Bruns had collected the statistics of the cases of this disease which had been met with at the Tübingen surgical clinic during the past 50 years. He was able to examine 112 cases, comprising 79 in which the disease was unilateral and 32 in which it was bilateral. The disease began nearly always at the epididymis; in 24 per cent. the

testicle was affected with tuberculosis six months afterwards, and in 40 per cent. one year afterwards. In 26 per cent. the second testicle became tuberculous after the first had been removed. As to the results of unilateral castration he had found that 13 per cent. of the patients died, that in 15 per cent. of the cases tuberculosis of other organs occurred afterwards, that in 26 per cent. the other testicle became tuberculous, and that in 46 per cent. there was permanent cure. After bilateral castration as many as 56 per cent. of the patients were permanently cured. With regard to tuberculosis of the uropoietic system he stated that it was not more frequent in connexion with tuberculosis of the testicles than in connexion with tuberculosis of the other internal organs. His final conclusion was that the results of castration were not so bad as had been suggested.

Professor BAUMGARTEN (Tübingen) gave an account of his experiments on tuberculosis of the urogenital organs. He had tried to ascertain by experiments on animals whether it might be possible to produce tuberculosis of the bladder and kidney by injections of cultures of tubercle bacilli into the testicle. It had been proved that the tubercle bacilli never moved in a contrary direction to the circulation of the lymph but always with it. They had no power of motion of their own, but were carried along by the lymph-stream. Tuberculous disease might therefore reach the bladder from the testicles, but not *vice versa*.

Professor BÜNGNER (Hanau) recommended "castratio alta." He removed not only the testicle, but also most of the vas deferens. The incision must thus be made rather large and the remainder of the vas deferens was removed by evulsion. It had never happened that after this operation tuberculosis extended to the peritoneum, as suggested by Dr. Schede.

Dr. SIMON (Heidelberg) reported 92 castrations for tuberculosis of the testicle, 66 per cent. of which resulted in cure. In 24 per cent. pulmonary tuberculosis was present, and it was found that the disease of the lungs was favourably influenced by the castration. Of 29 cases of bilateral castration eight patients died afterwards from tuberculosis and 21 were still alive. Psychological troubles occurred once.

Effects of Modern Artillery and Rifle Fire.

Surgeon-General W. SCHJERNING (Berlin) said that hitherto wounds from artillery fire were relatively rare, but henceforth they would be more frequent owing to the use of quick-firing guns and the greater precision of modern artillery. Wounds inflicted by shrapnel would be specially liable to infection by foreign bodies, such as portions of uniform being driven into the wound, so that 96 per cent. of those who were struck would be disabled. The same was the case in wounds from splinters of shells. In future wars probably more men would be killed at once on the battlefield by small calibre bullets, especially when the opponents came to closer quarters than had been the case in the South African war. Those who survived and were carried off the battlefield would, however, have a greater chance of recovery than had been the case in former wars, owing to the progress of operative surgery and the improved arrangements of the army medical service. This was especially evident in wounds of the abdominal organs, where laparotomy, when performed from 12 to 24 hours afterwards, would save a good many of the wounded.

Dr. TILLMANN (Greifswald), who had studied the specimens in the Army Medical Museum at Washington, U.S.A., stated that in former wars the wounds were not so severe as they were now. Nevertheless, the number of amputations was enormous because the great majority of wounds became infected.

Other papers read before the Congress dealt with the following subjects: Operations for Cleft Palate, by Professor VON EISELBERG (Vienna); the Parasites of Cancer, by Dr. NILS SJOBRING (Lund); Cerebral Surgery, by Professor HEIDENHAIN (Worms); Appendicitis, by Dr. REHN (Frankfort); and Contractures of the Knee-joint, by Dr. HEUSNER (Barmen). Professor KOCHER was elected President for the next meeting of the Congress.

NEW HOSPITAL AT NEWPORT (MON.).—The new hospital which has been erected at Newport (Mon.) will be formally opened by Lord Tredegar on August 5th. The institution, which will contain 84 beds and stands on an area of four and a half acres of land, has been built at a cost of about £30,000.