

mencement of putrefaction—do me the favour to reprint the annexed cutting from *The Times* of May 19th, 1875 :—

"The following question, arising out of an apprehension admitted to exist lest a curtailment of the interval now allowed between death and burial might lead to the accident of interment before life was extinct, has been proposed to us by Mr. Seymour Haden :—

"As hospital physicians and surgeons of extended experience, has it ever occurred to you to see a case of so-called suspended animation or trance which, in your opinion, could be mistaken for death; and do you think, the present state of our knowledge and resources considered, that the occurrence of such a case or of such a mistake can be regarded as possible?"

"In reply to this question we desire to say that no case of the kind it suggests ever presented itself to any of us and to express our confident belief that the dread of the possible occurrence of such a case is without support in the medical experience of this country; and, further, that the signs of death are as certain after a few hours' suspension of the vital functions as they can be after many days. It would, we feel, be a matter of regret, and an indication of a low state of public intelligence, if the groundless fears to which our attention has been directed by Mr. Seymour Haden should hinder for a moment the adoption of an improvement in our social system, the importance of which cannot be overrated.

GEORGE BURROWS, M.D., President of the
Royal College of Physicians.

WM. FERGUSSON.

WILLIAM W. GULL, M.D.

WILLIAM JENNER.

JAMES PAGET.

THOMAS WATSON, M.D.

"London, March 13th, 1875."

Perhaps, also, at the risk of repeating myself, you will allow me to lay stress once more on the following facts: 1. That it is the retention in the dwelling-house of the body after putrefaction has well set in which necessitates the use of the strong coffin, and again that it is the strong coffin which is the cause of all the evils that surround the subject; but the source of these evils is to be found, in fact, not in the burial of the dead, but in the unreasoning sentiment which prompts us to keep them unburied as long as possible and then to bury them in such a way that the earth can have no access to them. 2. That, were the dead only properly buried, not one of these evils would have any existence, not a single dead body would remain to encumber the soil, and a quantity of land of incalculable value, now hopelessly alienated, would be liberated for purposes of hygiene or of utility. 3. That the remedy for such evils is, therefore, not in cremation or in any of the alternatives that have been proposed for burial, but in a sensible recognition of, and a timely submission to, a well-defined and all-sufficient law of nature. 4. That the destruction by cremation of all demonstrable evidence of the cause of death—of all such evidence, that is to say, as is only to be obtained by the exhumation of the body—is a danger to society and an arbitrary act on the part of an irresponsible body of persons, which ought to be at once made the subject of competent investigation and, if its dangerous character is recognised, to be declared illegal. It would seem, therefore, that what is wanted is not a Bill to regulate cremation—which on the contrary, as a measure of public safety, ought rather at once to be declared a misdemeanour—but a Bill to regulate safe and proper burial, which Bill to be effectual should contain the following provisions: (1) For burial within the earth as the only legal mode of disposing of a dead body; (2) for a limitation of time beyond which it should be illegal to keep a dead body unburied; (3) for the illegality of strong coffins, brick graves and vaults, and all contrivances having for their effect to prevent resolution, and to confer on the dead a tenure, practically illimitable, of the soil which is necessary for the purposes of the living.

I am, Sirs, yours faithfully,

F. SEYMOUR HADEN.

Woodcote Manor, Alresford, Hants, May 15th, 1893.

"DIET IN CHRONIC BRIGHT'S DISEASE."

To the Editors of THE LANCET.

SIRS,—It is to be hoped that any discussion arising with regard to the question of diet in chronic renal disease will have the effect of producing considerable modification by the profession of the indiscriminate and routine prescribing of the so-called milk diet in all cases of albuminuria. I say "the profession" because I cannot agree with your correspondent of last week (Dr. Donkin) that "nephrologists" are responsible for the too general application of theoretic views. On the contrary, I would say that most writers, certainly English, have pointed out that the cases in which benefit is to be obtained by the exclusive use of milk, or the so-called "milk diet," belong almost exclusively to the recent and

acute form. Dr. Saundby, a distinguished "nephrologist," in his published Lectures on Bright's Disease, p. 271, 1889, is "convinced that absolute milk diet is in many cases not only unnecessary and extremely distasteful to most patients, but positively harmful." In my own work on "Diseases of the Kidney" &c. I state of this diet: "Though of little use—indeed, I have in one case found it positively do harm during an early stage of the disease—it is most advantageously employed during the subsidence of the attack" (p. 262); and again (p. 263): "Although absolute milk diet should never be omitted when the albuminuria is persistent, still there are many cases that get well without the necessity for employing such a rigorous measure"; and finally (p. 265) I express my opinion that the "importance of regulating the quantity of the food, and not overloading the digestive organs, is greater than rigidly supervising the quality." These expressions can hardly be taken as applying to a "theoretically strict diet," and I could quote others.

The fact is that, milk in large quantities having been found useful in cases of acute and subacute nephritis for clearing off the dropsy, especially during the subsidence of the attack and whilst the patients are still active and vigorous, the profession have somewhat indiscriminately employed it in all stages of nephritis. The rule as regards dietetic treatment in chronic Bright's disease should always be guided by the condition of the heart and vascular system and not so much by the amount of albumen and excretion of urea. So long as the pulse has a high tension and the left ventricle is still heaving with strong impulse, a light, not necessarily low, diet should be insisted on. On the other hand, when the pulse is failing and the heart muscle degenerating more liberal diet is called for and must be judiciously given; for in these cases one has to steer between two dangers—on the one hand uræmia, on the other cerebral hæmorrhage. When arterial tension falls too low, then there is an increase of uræmic symptoms; if raised too suddenly, then there is a danger of a degenerated vessel giving way. Between these two the medical attendant has to steer, and the slightest deviation to either side may bring him ashore; for, though I have seen many cases of uræmic convulsions induced by an injudicious attempt to push the "milk diet" in chronic Bright's disease, I have seen cerebral hæmorrhage also follow in cases where a meat diet, though limited, had only been resumed a few days. Close and frequent examination of the heart and pulse in these cases furnishes a more satisfactory guide of the requirements of the patient than what can be learned from estimations of albumen or of urea.

I am, Sirs, yours faithfully,

CHARLES HENRY RALFE.

Queen Anne-street, W., May 15th, 1893.

VACCINE LYMPH IN THE TROPICS.

To the Editors of THE LANCET.

SIRS,—In this moist, hot climate the great obstacle to the preservation of animal vaccine paste has hitherto been the difficulty of storing it so as to prevent its contact with the "living air." Here the air, at all times and especially during the rainy season, is laden with vegetable germs; then one's boots acquire overnight a bloom of mildew; paste or glue of any kind soluble in water becomes food for bacteria and moulds, so that book-bindings and instrument cases, if not otherwise securely fastened, fall to pieces, and even glycerine, if exposed for a few days, affords nourishment to a luxuriant growth of black mould. The paste is prepared in the ordinary way by thoroughly mingling the scrapings of the vesicles with glycerine. I have tried several kinds of receptacles—tiny porcelain jars with screw lids, homœopathic phials with corks, or paraffin stoppers and other similar plans—with disappointing results, all these methods involving more or less exposure of the paste to the air when the vessels are opened, necessitating at the same time touching and perhaps contamination of a considerable portion of the mass on the introduction of an instrument to take a portion for use; the result being that the paste loses its active properties in a week or two. I lately had the good fortune to hit upon the idea of using tiny pewter collapsible tubes with screw caps for storing the paste. I obtained a supply from London, and introduced them to the Municipal Vaccination Department here. The result has been most gratifying; the head vaccinator assures me that paste stored in this manner