

the bowel and diarrhoea. It here seems that the clotting retards the too speedy production of peptone in bulk and thus assists in the support of the "coagulability theory," so that decalcification of milk would tend to produce "serous hæmorrhage" and defeat its own ends—that is, if the "serous hæmorrhage" theory of diarrhoea in infants is the only probable, possible, or likely factor. That matter is foreign to the object of this communication. Seeing, therefore, from the few and necessarily briefly discussed points, that there does exist a case against the proposed decalcification of milk, it would be of inestimable service to the general practitioner and others such as myself, who live in an atmosphere of outer misgiving, if those who have actual experience and deeper knowledge of these matters will kindly, if possible, demolish these few objections and clear the horizon to a more settled mode of procedure. Methods of predigestion and alteration of curd by enzymes such as diastase of malt in order to make it more easily assimilated, and an endeavour to assist and not deprive an infant of its "physiological" calcium phosphate, appear to commend themselves rather than a well-intentioned and unwitting decalcification of milk and infant too. Finally, it is an undoubted fact that calcium exerts a far more powerful trophic action on protoplasmic tissue otherwise than mere bone formation and pathological degeneration, as instanced its value in some conditions of blood destruction, tropical anæmia, strumous degenerations generally, glandular instability, &c. Calcareous degeneration of vessels and tissue points apparently to defective tissue processes and deficient maintenance of physiological combination *in situ* than to mere chemical combination *per se*, as that of the silting up of sand at the mouth of a river. Calcium perhaps plays an analogous part to the morphotic tissues that iron does to the oxygen-carrying power of red blood corpuscles. Defects of nutrition or perhaps deficiency, causing rickets, and mal-metabolism, causing gout; one condition leading to loss and the other to precipitation *in situ*. It now remains to hear a few words for the "defence" of decalcification of milk, so I conclude with every assurance of the mere desire to kindly and courteously criticise and discuss, and remain,

Sirs, yours faithfully,

F. W. FORBES ROSS, M.D. Edin.

Chepstow-place, W., Nov. 2nd, 1896.

### "POISONOUS HONEY."

To the Editors of THE LANCET.

SIRS,—A few years ago I was poisoned by honey, and as the symptoms, though pretty severe, differed from those of your contributors it may interest your readers to have a brief history of my case. On Nov. 2nd, 1891, some honey which had been brought from the Isle of Wight two months previously was put on the breakfast table, and I ate a fair quantity of the honey that had fallen from the comb. I was at the time in perfect health, and with the exception of the honey my diet was precisely similar to what it had been for weeks. During the day I noticed that my thighs felt unusually warm and they were abnormally sensitive to touch. On undressing at night I observed that both thighs were covered with a bright-red smooth rash. Next morning I found that the rash had extended round the back and over the nates. Wherever the rash was there was considerable swelling, which pitted on pressure. Not suspecting the cause I again ate the honey at breakfast. During the day the heat of the thighs increased, they were more swollen, and wherever the erythema was there was itching and pricking as from fine needles. The swelling and sensitiveness were much increased. I now suspected the honey as the cause of these symptoms, so did not eat any more. I found on inquiry that a large number of dead bees were taken from the honey that had escaped from the comb just before it was put on the table. The virus contained in the poison bags of these insects had evidently by exposure become mingled with the honey, and I was suffering from the pathogenic effects of bee-poison. I did nothing to interfere with the action of the poison and let the disease run its course. During the next six days the erythema, accompanied by œdema, continued to spread. On the third day there appeared bright red patches the size of my hand at the back of the upper arms and towards the scapulæ. The œdema of the thighs and legs increased greatly and it became uncomfortable to bend the knees on account

of the swelling of the hams. The fourth day I felt some darting pains in the cardiac region and burning in the throat. On the afternoon of the fifth day I had a sudden attack of diarrhoea of liquid brown fæces and mucus attended by tenesmus. After this the erythema and œdema gradually declined. The heat of the thighs gave place to horripilations over them, and intense itching of the discoloured cutaneous surface set in. The duration of the attack was about ten days, but even after three weeks the skin still remained discoloured where the erythema had been. I may mention that the eruption was absolutely symmetrical on both the lower and upper parts. The urine, with the exception of an occasional excess of urates, was normal during the whole period. My health in other respects continued good all the time. I made no alteration in my habits, walked about as much as usual, though the weight of my legs and the hide-bound feeling of the skin made walking not very pleasant. My appetite continued good and I took every morning a cold bath.

I am, Sirs, yours faithfully,

Montagu-square, Nov. 2nd.

R. E. DUDGEON.

### "THE LOSS OF LIFE FROM PREVENTABLE DISEASE."

To the Editors of THE LANCET.

SIRS,—Since my last letter in THE LANCET on the loss of life from whooping-cough, the most fatal of all the zymotic diseases of childhood under the age of five years, a matter which all those interested in the progress of sanitary science deplore, my attention has again been directed to the subject. Some are in favour of notification and isolation, others recommending the education of parents as to the highly infectious and preventable nature of the malady by handbills and a system of house-to-house visitation by female inspectors. I am anxious to know from those of your readers who have given the latter method a trial what the result has been. With regard to allowing those suffering from the disease in a well-marked form to play in the streets of towns with healthy children and travel in public conveyances of various kinds there are few who would not condemn the practice, and it appears strange that our railway companies, especially so when they have a by-law in reference to the same, should take no action in the matter. We are forced to the conclusion that the school operations play an important part in the spread of the disease, and the question naturally arises to what extent this would be counteracted by a system of medical school inspection. I incline to the opinion that after recovery from pertussis disinfection is often neglected, and that one of the advantages obtained from notification, apart from isolation, would be the resulting proper and efficient disinfection. In many parishes blankets are given out to the poor for use during the winter months, which are washed and returned, but not, as a rule, disinfected.—I am, Sirs, yours truly,

St. Leonards, Nov. 6th, 1896. SAMUEL LEE, M.D. St. And.

### THE WATER-SUPPLY OF MADEIRA.

To the Editors of THE LANCET.

SIRS,—Letters commenting very adversely on the sanitary condition of Funchal, and especially as to its water-supply, having appeared in various English papers lately, we, the only resident and practising British medical men now here, consider it most desirable that the real state of the island should be published in detail. As regards the water-supply it has been stated that there is no drinking water in the town of Funchal except that conveyed in open and visibly polluted gutters to the drinking fountains of the town. Now this is not true. There is water conveyed to the town in open gutters or levadas, but this is solely for irrigation purposes and for flushing the drains; and although the poor inhabitants, too lazy or too ignorant to go further afield, constantly use this water for all domestic purposes with apparent impunity it has never been a source of drinking water supplied to visitors. The water for the principal drinking founts is conveyed from the mountains in iron pipes, not in open channels, and the sources are protected by buildings with locked doors and every precaution is taken to prevent contamination. There are founts of known good water and also some from suspected sources, but these are well known to every one and great discrimination is used. Also some of these founts have recently been connected with