

should encourage research. Neither of your correspondents seem to have quite grasped the grounds of my objection.

I do not object to diagnosis societies as such, but I do object to the absence of a restriction limiting the use of such societies to those cases where the patient cannot afford the proper fee, and I also object to the contract system.—I am, etc.,

Leeds, Dec. 26th, 1898.

CHARLES POWELL WHITE.

THE VALUE OF VENESECTION.

SIR,—Under the above head Mr. Phillips of Haverfordwest refers to my case of puerperal eclampsia. He thinks that the result might have been different had I employed venesection, and he records two cases in support of his contention. I would point out that both his cases were *ante partum*. In my case there was considerable hæmorrhage after delivery. I have also been taught that the condition points rather to an anæmic condition of the brain.

I have employed venesection in two cases of acute bronchitis with gratifying results, where the right heart had become so overfull that it must have failed. The relief was almost immediate.—I am, etc.,

Faringdon, Dec. 26th, 1898.

H. DARWIN HEY.

SUPERANNUATION OF POOR-LAW OFFICERS.

SIR,—It is generally felt that the Poor-law Officers Superannuation Act will before long require some further amendment, and I think that the principle of the Act having already been granted, further improvement will be easily obtained.

The contracting-out clause was a mistake, and no Poor-law officer should be allowed to remain out of the provisions of the Act. Guardians now advertise that successful candidates will be required to join the fund, thus at once disqualifying those applicants who did not in the first instance join it. Great care is taken in the Bill that all new officers shall come under its provisions, but this inequality should be removed, and both old and new placed on equal terms.

The absence of a central fund presses hardly on those seeking appointments in other unions, and I hope shortly to see active steps taken to have it established.—I am, etc.,

January 2nd.

POOR-LAW MEMBER.

ERYTHROL TETRANITRATE: A CAUTION.

SIR,—Some manufacturing chemists recently sent me by post a specimen labelled erythrol tetranitrate, a white powder in a small glass bottle. As there were no directions or dose printed on the bottle, I determined not to keep the specimen. It is always a difficulty to dispose satisfactorily of waste drugs. This time I, perhaps carelessly, put it in the waste-paper basket. Result, an explosion occurred next morning, and the cook was partially stunned and received about two dozen small wounds on the hands, arms, and face, three or four containing glass. The housemaid had emptied the waste-paper basket into the dustpan containing hot ashes.

So explosive a compound as erythrol tetranitrate should surely not be sent out without special precautions. Imagine the result of a fire or other accident at a post office when a few hundred of these specimens had been posted.

The dangers of this preparation have been described in the BRITISH MEDICAL JOURNAL, 1898, vol. i, p. 37, but the particular risk here referred to has not, I believe, been pointed out.—I am, etc.,

January 4th.

S. D., M.D.

THE PREVENTION OF TUBERCULOSIS.

SIR,—According to your report of the meeting at Marlborough House, Sir William Broadbent stated that "the desirability of insisting on the disinfection of rooms in which consumptive persons had died" was to be urged on sanitary authorities. But the sanitary authorities in London have no power to insist on disinfection except in the dangerous infectious diseases specified in the Public Health (London) Act, 1891, of which phthisis is not one. Perhaps Sir W. Broadbent only meant by "insisting" moral persuasion. This has been tried in Plumstead for the past fourteen months, with the result that in only six cases out of seventy-five deaths have the friends agreed to the offer of disinfection.

Will the National Association for the Prevention of Con-

sumption advocate that the Local Government Board or London County Council shall under Section LVI of the above Act make Section LX applicable to phthisis? If this were done disinfection could be insisted on without the disease being made notifiable. There seems no reason why this course should not be taken, and it seems unlikely that without it any large number of householders will agree to the inconvenience of disinfection.

It is disappointing to find that no active steps are going to be taken for the general elimination of bovine tuberculosis. If the tuberculin test is only applied voluntarily by those who can afford to sacrifice the reacting animals it seems likely that infantile tuberculosis may become somewhat rarer among the rich, but continue quite as prevalent among the poor.—I am, etc.,

SIDNEY DAVIES, M.A., M.D. Oxon.,
Medical Officer of Health, Plumstead.

December 26th, 1898.

JENNERIAN LITERATURE.

SIR,—It has been suggested to me that the members of the medical profession might give valuable help in educating the public in the cause of vaccination by allowing samples of Jennerian literature to lie on the tables of their waiting rooms, where they might be seen by their patients and others. The Jenner Society will be happy to supply such literature to anyone who will apply for it.

I am glad to find, from communications I am increasingly receiving, that the members of the profession are beginning to take a much more active part than they have hitherto done in this good work by giving lectures and addresses on the subject, by correspondence in the public papers, and by joining in debates on it. I shall be happy to give any assistance in any direction to any who may desire it.—I am, etc.,

Gloucester, Jan. 3rd.

FRANCIS T. BOND, M.D.,
Hon. Secretary Jenner Society.

* * Dr. Bond has sent us some specimens of the literature to which he refers. These include: (1) a pamphlet entitled *A Plea for the Children*, containing a photograph of a sister and brother, the one vaccinated and suffering from modified small-pox, the other unvaccinated and dying of confluent small-pox (reproduced from the BRITISH MEDICAL JOURNAL of June 3rd, 1893), as well as a reproduction of two pages of an old register of burials at Pudsey Chapel in 1787-1792 showing the prevalence of small-pox in the last century and the special ravages it made among children. (2) *The Argument for Vaccination*, giving fifteen reasons for the belief in the efficacy and safety of vaccination. (3) *What do we Mean by Vaccinated?* (4) *Small-pox and Vaccination*, a parish letter by the Rev. Jevon J. Muschamp Perry. (5) *Facts about Small-pox and Vaccination*, reprinted from the BRITISH MEDICAL JOURNAL of March 5th, 1898, together with a report of the Jenner Society and a list of its publications.

INSUSCEPTIBILITY TO VACCINIA.

SIR,—To the question raised by Dr. Shuter, "How far does vaccinia during pregnancy render the child insusceptible to vaccination?" I am able to contribute one observation in reply. A lady was revaccinated during the ninth month of pregnancy, with a result approaching that of a primary vaccination. The child, when 6 months old, was vaccinated with calf lymph. The result—I must own contrary to my expectation—was perfectly typical vaccine vesicles running a perfectly normal course.—I am, etc.,

Carlisle, Jan. 2nd.

STEWART LOCKIE.

DEEP WATERS.

SIR,—The whole subject raised by your correspondent in the BRITISH MEDICAL JOURNAL of December 31st, 1898, in his article upon the Water under London is of considerable importance, and there should be some amendment of the present law upon the question.

As far as the question concerns neighbouring water authorities, it was raised I believe in the House of Lords Committee on the Newark and Nottingham Water Bills two years ago, and some sort of a precedent established. In one Act at least opponents of a water company Act have had clauses inserted preventing the water company sinking any well within a considerable distance (a mile, I believe) of a certain spring,