

weeks old. The organic phosphates and other complex organic constituents of human milk cannot be obtained from other sources without great difficulty, yet they are all important in the formation and development of bone and nerve. Cow's milk at its best is not easily digested by infants, but as delivered at our homes it is often putrescent, and if we sterilize it we decompose the important organic constituents to which I have referred. Indeed, it is common knowledge that children fed on boiled milk sometimes develop scurvy.

During the last twelve months I have weighed, measured, and examined upwards of 4,000 school children, most of them living in the slum district of our city. Not only are the majority of British slum children rickety, but they are also tainted with scurvy. They are stale, they live on stale food, chiefly garbage.

During the same period I have weighed, measured, and examined upwards of 1,000 Jewish children born and bred in the same slum district. They are free from the taint of scurvy, and are superior in physical development. And why? Because most Jewish mothers suckle their children for twelve months and feed them on fresh and suitable food when they are weaned.

I am at present giving breakfast and dinner on school days to 100 slum children, and their diet is arranged on antiscorbutic principles, and includes limejuice.

There is plenty of evidence that improper food is more injurious to the wellbeing of children who survive their infancy than city life and overcrowding, and I submit that we should strenuously oppose the present wide tendency of mothers to avoid nursing infants at the breast, and that we should publicly and persistently agitate that some of the £30,000,000 now annually spent upon the mental culture of our school children be devoted to their physical development.—I am, etc.,

Headingley, Leeds, March 26th.

WILLIAM HALL.

SIR,—In the home modification of milk for infant feeding we must without doubt be content with approximate rather than exact results as regards the percentage composition of the milk mixture. This should not prevent us doing the best we can with the materials at our disposal, and endeavouring to provide the infants of this country with a food that resembles as close as may be "good mother's milk," and not leave the control to mothers and nurses with the probable haphazard result of two of water and one of milk with a little sugar.

The necessity of the profession exercising control over infant feeding is continually before us—rickets, scurvy rickets, and parascorbutic symptoms, in the children of the rich caused by being fed on sterilized and humanized milk, in the children of the middle classes from cheaper but much advertised patent infants' foods, and among the poor from fresh or condensed machine-skimmed milk.

From my investigations in this subject, I find that provided cream is bought from a good dairy it will, taken all the year round, contain from 45 to 48 per cent. of fat, and that milk under similar conditions contains proteid 3.4, sugar 4.5, and fat 3.5 per cent. With these figures before one it is not difficult to instruct the mother or nurse as to a suitable milk mixture for a child of a given age.

In Dr. Cantley's letter of March 28th it is not clear whether the sugar is measured by weight or by volume when making the 5 per cent. sugar solution. If by volume, the amount of sugar by weight will be considerably more in the case of cane sugar than when milk sugar is used; in either case the amount by volume will be less than the amount by weight, the same figure being used. It is of importance to have regard, when prescribing milk mixtures, to the measurement by weight or volume, or more than minute errors will appear in the percentage results. I do not follow Dr. Cantley when he states that the sugar in the milk mixture is increased from 6 to 7 per cent. by the addition of a 5 per cent. sugar solution to top milk containing sugar 4.4.

The diminishing birth-rate, the high infantile mortality, together with the many pitfalls set by traders in infants' foods, all point to the necessity of the profession giving the greatest attention to the feeding of infants.—I am, etc.,

London, S.W., April 2nd.

F. HERBERT ALDERSON, M.B.

VENTRIFIXATION OF THE UTERUS.

SIR,—Professor Sinclair, in his interesting paper published in the *BRITISH MEDICAL JOURNAL* of March 26th, does me the honour of referring to the description of the operation of

ventral fixation contained in my work on *Diseases of Women*. The method of operation therein described, he says, is "faulty in every detail."

The differences between the operation as performed by Professor Sinclair and as described by me are too trivial for me to ask space to discuss them, except as to one thing; this is that Professor Sinclair stitches the uterus to the parietal peritoneum, while I advise stitching it to the muscle of the abdominal wall. There can be no question that adhesions between peritoneal surfaces are often absorbed. We know not yet how often or how quickly this happens, but there is no doubt that it does take place. Therefore I advise suture of the uterus to muscle, not to peritoneum. I predict that if Professor Sinclair will watch his cases long enough, he will find that in some, if not in all, the fixation is not permanent, and he will come to stitch the uterus to muscle, instead of to peritoneum.—I am, etc.,

London, W., March 26th.

G. E. HERMAN.

SIR,—In the *BRITISH MEDICAL JOURNAL* of March 26th there is an article by Dr. Japp Sinclair on the above subject, in which he says:

It was suggested, I believe, by Olshausen in 1886, when he fixed the uterus very slightly, as an incident in an operation undertaken owing to other indications than displacement.

I believe I was the first deliberately to open the abdomen for the purpose of doing ventrifixation of the uterus. This I did at the Hospital for Women in June, 1880, on a single woman, aged 30, with an abnormally large vagina, who was suffering from retroversion of the uterus with prolapsus. The result was good. I well remember a contemporary criticized the proceeding very severely, saying that, "although Dr. Smith claimed this as the first operation of its kind, they sincerely hoped it would be the last, as it was unjustifiable to open the abdomen for so trivial a malady"—or words to that effect; and now it is universally acknowledged as not only justifiable, but indicated.—I am, etc.,

London, W., March 26th.

HEYWOOD SMITH.

THE FALLACY OF PROSTATECTOMY.

SIR,—Mr. Herring asks if I consider sepsis to be the most important indication for prostatectomy. I think that it is probably the most serious complication of prostatic enlargement, and that it is one of the most pressing indications for operation in some cases. But whereas Mr. Herring thinks that by avoiding sepsis all necessity for operation is done away with, I consider that this only removes one indication for operation.

Moreover, Mr. Herring considers that it is possible and practicable to avoid urinary infection in every case where self-catheterization must be practised, a result which I believe cannot be hoped for except in a limited number of cases.

The interesting case—a description of which occupies two-thirds of Mr. Herring's letter of March 12th—does no more than prove that an infected bladder and urethra can be more or less satisfactorily disinfected, a fact which, I imagine, is sufficiently well known already. I fail to see that it proves either that every case can be so relieved, or that another breakdown may not occur through carelessness, etc.

The question of operative *versus* non-operative treatment of enlarged prostate is, however, too large to be discussed at all fully in the narrow limits of a few short letters which the pressure on your space alone permits, so that I must content myself with this short protest against the assertion that prostatectomy is seldom or never necessary or advisable.—I am, etc.,

London, W., March 26th.

JOHN PARDOE.

STUDENTS' OUTDOOR OBSTETRIC PRACTICE.

SIR,—In the *EPITOME* to the issue of the *BRITISH MEDICAL JOURNAL* of April 2nd, p. 54, a report is given of the result of the work of an outdoor maternity charity in the United States, the death-rate being 0.5 per cent., or 1 in 200. This is compared with similar maternities on the Continent, and the mortality is apparently regarded as exceptionally low. I venture to think that it would not be so regarded by those having charge of similar maternity departments in this country. In that connected with the Queen's Hospital, Birmingham, of which I have the honour to be in charge, 579 cases were attended last year, with one maternal death, and in the previous year 478 cases, without a death. The cases are attended in their own homes by students, as in the maternity first mentioned, a qualified house-surgeon super-