

leave to criticize. The remark in question is as follows: "It does not matter whether we use the cow's milk undiluted with the addition of a little sodium citrate, and we shall then obtain both the good effects and the bad effects of a diet of cow's milk in the purest and most pronounced form, or whether we dilute the milk by the admixture of water or barley water and add very small amounts of sugar. . . . In every case the result which we shall attain will be very much the same."

To my mind the results are absolutely different. I contend that the use of diluted milk during the first nine months of life is one of the chief causes of constitutional ill health of infants, and Dr. Cameron's picture of the baby with the flabby muscles, pale face, distended abdomen, offensive motions, excessive sweating, and profuse micturition is typically that of the "diluted milk plus sugar" baby.

I have never yet—and I am inclined to think many will agree with me—seen a child who has been fed from birth with a good quality whole citrated milk appear at the end of nine months as Dr. Cameron suggests it might. While realizing that the mere negation of his statement is of no value in proving my point, yet the experience of many goes to show that in whole citrated milk we have a method of feeding that has satisfied in the fullest sense the hopes of those of us who have looked for a feeding process which shall as nearly as possible approach the ideal.

The whole question of milk dilution needs revision. The profession originally advised dilution in order to overcome the caseinogen difficulty, and with it they advised the addition of cream and sugar. From that has been evolved the now almost universal method of adding water or barley water, with no subsequent addition of cream but frequently with the addition of a large amount of cheap sugar. Such a method ends, in nine cases out of ten, in constitutional disaster. Seeing that in sodium citrate we have a substance which makes whole milk feeding a possibility, the necessity for diluting passes away, and one can confidently assert, in appealing for the more extended use of whole milk, that the results fall very little short of those attained when the natural food has been available.—I am, etc.,

Leeds, Aug. 27th.

C. W. VINING, M.D.

#### SHOCK DURING OPERATIONS UNDER CHLOROFORM.

SIR,—Sir Lauder Brunton's suggestion that shock plays an important part in deaths under chloroform recalls to me some experiences I had in a Tokyo hospital in the Seventies. Many eyes had to be enucleated through previous neglect by the old school of Japanese doctors. We never had a death from chloroform, but when the optic nerve was being cut it was quite usual to see sudden pallor come into the face of the unconscious patient. I began to give chloroform more freely just before severing the nerve, and found the effect was very satisfactory, no signs of shock being perceptible.—I am, etc.,

Hanley, Staffordshire,  
Sept. 1st.

HENRY FAULDS, L.R.F.P. and S.

#### A-NOCI-ASSOCIATION.

SIR,—It was careless of me, as Dr. Allen remarks, not to have carried my criticism forward to the no less defective third syllable of this clumsy name. Well, I did not think the term worth much critical attention. It is neither etymological, nor elegant, nor descriptive; it is ill begotten and deformed—for example, the false caesura "u-ass." Let us discard it, and produce something neater and better.—I am, etc.,

September 13th.

INNOCUUS.

SIR,—Your correspondents desire, with good reason, to change the word "anoci-association," and suggest "innoci-association" or "innocu-association" as less objectionable. But as what Dr. Crile has succeeded in doing is not in associating the brain cells with innocent or innocuous impulses, but in dissociating them from noxious impulses, would not "noci-dissociation" or "nocu-dissociation" be more expressive?

But I can suggest a better term still. Dr. Crile in his book on the emotions says that anoci-association differs from anaesthesia in that it signifies a process which

protects the brain cells not from some noxious impulses but from all. I suggest, therefore, that the word "pan-anaesthesia" would be at once expressive, euphonic, and etymologically unobjectionable.—I am, etc.,

Edinburgh, Sept. 13th.

W. B. DRUMMOND.

#### THE TOURNIQUET IN WAR.

SIR,—In the JOURNAL of July 24th Captain Ward has a very useful letter on the use of tourniquets in war. When on duty in Japan in 1907, I talked to the military surgeons there on this very subject. They fully appreciated the uses as well as the dangers of tourniquets. To each tourniquet was attached a piece of very cheap thin red cotton cloth about 3 ft. by 1 ft. This blew about in the wind, or was, anyhow, very easily seen, so that tourniquet cases were under constant observation, and were examined very frequently. I have referred to this in my report, "Sanitation in Japan" (Mysore Government Press).—I am, etc.,

JOHN SMYTH, M.D., Colonel, I.M.S.

#### MEDICAL STUDENTS AND COMBATANT COMMISSIONS.

SIR,—We must all sympathize very much with junior or intending medical students who are in doubt as to whether their duty lies in remaining at their work or in offering themselves for combatant service.

It would no doubt lessen their difficulty if the War Office could say definitely that it is in the national interest that no medical student should relinquish his studies. The War Office is unwilling to do this, and one can easily imagine that there are many medical students well fitted by temperament and physique to make good combatant officers who should in the national interest not be discouraged from accepting commissions.

But this fact throws upon those of us who are responsible for medical education, and can foresee the serious dearth of doctors with which the country will be faced after the war, the duty of encouraging the entry into our medical schools of as many young men as possible who, while fit for service as medical practitioners, are not specially qualified for military duty.

It may become necessary, if the war is greatly prolonged and the ranks of the profession are still further depleted, to devise some means of opening wider the somewhat narrow door into medicine. The proposal set forth in your columns by my colleague, Dr. King Brown, might be helpful to those students who have already started their medical course. In any case the members of our profession throughout the country will be doing a national service by pointing out to well-educated young men who for any reason are unable to enter the army, that the country has great need of additional doctors, and that the medical session commences in October.—I am, etc.,

London, W., Sept. 11th.

LAURISTON E. SHAW.

## Obituary.

DR. LEVI FARNDON, late of Maidenhead and London, died at his residence in Ardlui Road, West Norwood, on August 27th. Dr. Farndon was born in June, 1846. He took the diplomas of L.S.A.Lond. in 1879, and L.R.C.P.Irel. in 1892. In the earlier part of his medical career he practised in London, but in consequence of ill health removed to Maidenhead, where he carried on a general practice for seventeen years. His kindness and generosity will scarcely be forgotten by the poor and needy with whom he came into contact.

DEPUTY SURGEON-GENERAL ARDERN HULME BEAMAN, Madras Medical Service (retired), one of the rapidly diminishing number of Mutiny veterans, died at The Firs, Barnstaple, on August 24th, aged 86. He was born on December 10th, 1828, and entered the Indian Medical Service as assistant surgeon on June 10th, 1854, becoming surgeon on June 10th, 1866, surgeon-major on July 1st, 1873, brigade-surgeon, on the institution of that rank, on November 27th, 1879, and retired on August 1st, 1882.