

OUR BREAKFAST BEVERAGES.

SIR,—I am very much impressed by your article on this subject. Personally, I am in agreement with every word of Dr. Fernet's, and his experience quite accords with my own. All must admit that both tea and coffee are drugs. The essential element is an alkaloid—caffeine, of no energy value, a nitrogenous waste product allied to urea and uric acid, and, in plain words, a vegetable urine.

I have often seen women giving tea and coffee to babies. I was struck by this in a journey I recently made on an excursion steamer. The children coming to my hospital are often in a condition of great nervous trepidation, and on inquiry I invariably find the mothers admit to having given them either tea or coffee from an early period of their lives.

In these days of physical deterioration, it behoves the medical profession to look to this.—I am, etc.,

London, W., Sept. 17th.

KENNETH CAMPBELL.

THE UNIVERSITY OF LONDON.

SIR,—I note in the BRITISH MEDICAL JOURNAL of September 15th that there is to be a contest for the vacancy in the medical representation of Convocation on the Senate of the University of London. As Faculty Secretary in Medicine of the University of London Graduates' Association, which is the largest organization of its kind connected with the University, I deem it my duty to bring to the notice of your readers the candidature of Dr. Graham Little, who has the unanimous support of the Council of my association. Dr. Graham Little has been nominated, in accordance with the standing orders of Convocation, by the following ten graduates—H. A. G. Brooke, William Radford Dakin, Frederic Durham, Alfred James Harrison, George Ernest Herman, Sidney Phillips, H. Betham Robinson, Sir James Sawyer, Ernest W. White, Walter Essex Wynter. A Committee has been formed to promote his candidature consisting of upwards of three hundred graduates. Dr. Graham Little, being a recognized teacher of the University and a member of the staff of St. Mary's Hospital, is well acquainted and in full sympathy with the needs of the internal student, while at the same time he is anxious to maintain the system of external degrees, and he is strongly opposed to any measures which may have the tendency to lower the high standard and prestige of the University degrees in medicine. He has for many years taken a great interest in the working of the University, and is willing to make the necessary sacrifices of time and energy required for the efficient fulfilment of the duties of a senator.—I am, etc.,

Croydon, Sept. 18th.

A. PERCY ALLAN.

THE BY-EFFECTS OF HYSTERECTOMY AND OÖPHORECTOMY.

SIR,—My absence at Toronto has prevented me from replying earlier to Dr. Blair Bell's letter in the BRITISH MEDICAL JOURNAL of August 11th, page 331.

Dr. Bell refers to my remarks on the influence of uterine tissue on ovarian function, and asks how I know that no part of the uterine cornu was left behind. I can only reply that the whole of each uterine cornu from the os uteri up to and including a small portion of each Fallopian tube was removed; and I find that, after the operation of panhysterectomy (without salpingectomy) so performed, ovarian function continues undisturbed. From this I infer that the presence of uterine tissue, or endometrium, is not necessary for the continuance of ovulation.

Whether the operation of panhysterectomy with double salpingectomy would have a different result and abolish ovulation, or, in other words, whether the presence of Fallopian tube tissue in the case referred to is responsible for the result, is a matter for further investigation by experiment.

I can only say that up to the present I am inclined to think it is not so responsible. It is at any rate a suggestive fact that in one of the experiments on compensatory hypertrophy of the ovary (BRITISH MEDICAL JOURNAL, July 21st, 1906, p. 124) increased ovarian activity was associated with the removal of the whole uterus and one Fallopian tube and ovary.

The statement that "the cavity of the Fallopian tube and uterus may be regarded as one membrane," or as it should read, *as lined by one membrane*, although I believe true in

regard to the rabbit, was made in reference to the subject of pregnancy, what I said was that for the purpose of this reaction, that is, the reaction between endometrium and trophoblast, the cavity of Fallopian tube and uterus may be regarded as one, etc. (*ibid.*, p. 123).

With regard to the question of absorption into the circulation of the products of uterine or tubal secretion, Dr. Bell asks how I can reconcile my mind to expect that such fluid collected in the artificial hydrosalpinx would be absorbed into the circulation under pressure.

I had previously ascertained in 1899 that such fluid is collected or retained, not absorbed, under pressure, when from any cause the lumen of the tube or cornu is obstructed, and this fact is shown by the dilatation of the muscular canal containing the fluid. One of the objects of the present inquiry was therefore to ascertain whether if absorbed into the circulation, such fluid, or its dissolved constituents, has any physiological or pathological effect. I mention on page 123 that in nearly all cases of double ligature, with retention of saline fluid, some interference has occurred with the normal sequence of oestrus, coitus, impregnation, and the imbedding of fertilized ova in the endometrium of the healthy cornu. I think this fact does afford some evidence of the absorption into the circulation of some products, not necessarily the fluid itself, retained in the occluded canal.

In conclusion I wish to thank Dr. Bell for his friendly criticism.

I fully recognize the complexity of the subject and the fact that my investigations are incomplete and only cover a small portion of a very wide field, and I look with interest for the promised publication of Dr. Bell's detailed work.—I am, etc.,

Leicester, Sept. 17th.

C. J. BOND.

THE MANAGEMENT OF A CASE OF LABOUR.

SIR,—I desire to thank those of your readers who have shown an interest in the report of my Ingleby Lectures on the management of a case of labour which appeared in the BRITISH MEDICAL JOURNAL of June 30th, p. 1512, and to take this opportunity of replying to the questions which have been raised.

"Aqua Fortis" (July 20th, p. 180) points out that I have omitted what is, in his opinion, a most important matter—namely, the sterilization by boiling of all the water used, and goes on to say that in his district the well water is polluted and unfit for use without boiling. Now, I entirely agree with him that, under those circumstances, boiling is a wise and necessary precaution; but in the case of the public supply of this and I think I may say of most large cities, the ordinary tap water may quite safely be used without preliminary boiling.

Lieutenant-Colonel Watson Pike, R.A.M.C., asks (September 8th, p. 599) what course I would pursue in regard to vaginal douching during the puerperium in an ordinary case. I regret that the abbreviated report to which you kindly gave insertion omitted all reference to this; but in the full report which appeared in the *Birmingham Medical Review* for the month of July will be found the following:

"Should a douche be used as a routine during the puerperium? This question has been discussed many times and is not yet decided. My own rule is that if the nurse is thoroughly capable and can be relied upon to administer a douche carefully, then the patient may with advantage be douched after the first forty-eight hours; but if there is any doubt as to the nurse's ability or attention to aseptic principles, then the patient is far safer without the douche.

"I have almost always found that patients have stated that they have derived comfort from the use of a vaginal douche during the puerperium, and they have liked it.

"A Higginson syringe should not be used for this purpose, but a reservoir douche or a funnel and tube."—I am, etc.,

Birmingham, Sept. 15th.

C. E. PURSLOW, M.D., M.R.C.P.

UNDER the will of the late Honourable Reginald Algernon Capel, of Connaught Square, London, W., the Great Northern Central Hospital receives £1,000, and the West Herts Infirmary, the Herts Convalescent Home at St. Leonards-on-Sea, the Watford Hospital, and the Hospital for Diseases of the Chest, City Road, each a sum of £300.