

ground for supposing that a gas which on expanding after strong compression becomes icy cold, is more fit to be administered to a patient than a blast of polar air. I think that better results would be obtained when oxygen is employed if this practical and obvious point were attended to.—I am, etc.,

Mentone, France, Feb. 22nd.

D. W. SAMWAYS.

#### THE FEEDING OF INFANTS.

SIR,—For some years now my attention has been directed to the feeding of infants. Last year our infantile death-rate per 1,000 births was 124, which compared with previous years and with many other towns is a low rate; still, when we seriously consider to how few diseases infants are susceptible, even this rate is too high. I am more and more convinced that it is not disease which kills off our infant population as much as errors of diet, and it is time we, as medical advisers, turn our attention to this important subject. Mothers and nurses naturally look to us for advice on feeding and clothing; and if we have nothing better to tell them than the old-fashioned formula—so much milk, so much water, etc.—then the time has arrived for us either to study the subject more or refuse to advise any longer.

This morning I noticed a baby "possiting" freely, and, on asking what the child was being fed on, was told "two parts of water to one part of milk, etc.," the child being seven weeks old. I was not surprised. Yesterday I heard of a medical man recommending "three parts of water and one of milk," and, when he heard the infant was receiving pure cow's milk with a little lime-water and sugar, he expressed the opinion that convulsions would inevitably follow.

Note the composition of mother's milk in regard to fat and cow's milk in the same relation, and then see how much liquid the little one has to swallow to get enough nourishment for its growth; and is it any wonder that after this extensive dilution the child is not satisfied with the proper quantity, and when enough has been drunk to furnish the proper nutriment in fat the excess is rejected.

Some years ago I formulated a diet chart for infants, in which the proteid matter was brought down to the percentage in mother's milk by dilution with water, and the loss in fat made good by adding cream. This method, although admirable in results, proving troublesome for the majority of mothers, I was forced to some other plan; then I resorted to plain pure cow's milk, to which is added 5 per cent. of lime water and the same of sugar.

On the physiological basis that the stomach capacity of an infant at birth is  $\frac{1}{10}$  of its total body weight, I now start with this as a standard, and when I am in at the birth of a child I weigh it, and commence feeding with this quantity,  $\frac{1}{10}$  of total weight—namely, a child weighs 6½ lb., I give 1 oz. of milk every two hours during the daytime and eight times in the twenty-four hours for the first month; if he weighs 9 lb. I start with 1½ oz. every two hours in the daytime, eight feedings in the twenty-four hours for the first month. The increase in the stomach capacity is, I believe, very regular; if 1 oz. at birth it will increase 1 oz. each month afterwards up to a certain age, when the increase is not so rapid, so that the quantity to be given is the number of ounces the child is months old—for example, if three months old then give 3 oz.

I have given this method an extended trial now, and the results are better than I ever anticipated; in fact, they could not be better, providing the child is fed during the day time at stated intervals—say, every two hours—he is satisfied with the quantity, does not "possit," does not wet, is good, and above all, grows. This is not the result of a few months' trial, but has extended over the last ten years, and there are very few cases in which it has not answered.—I am, etc.,

F. G. HAWORTH,

Darwen.

Medical Officer of Health; Police Surgeon.

#### AN EFFICIENT AMBULANCE SERVICE FOR LONDON.

SIR.—I am glad to see that there is a prospect of something being done to improve the ambulance service in London, which seems to be in a very unsatisfactory state at present, especially as regards the removal of non-infectious cases to hospital.

I had occasion to send a very acute case of appendicitis to the Tottenham Hospital recently, and had some difficulty in procuring an ambulance. I got one eventually from Edmon-ton, but not without considerable delay. There should certainly be some provision for sending acute and urgent

cases, such as a perforated gastric ulcer or appendicitis into hospital as quickly as possible. These cases seem to me more important even than street accidents, most of which could be safely removed in a cab. There should be an ambulance in every district of London available for non-infectious cases on the application of a medical practitioner.—I am, etc.

London, N., Feb. 18th.

W. ATTERBURY, M.D.R.U.I., M.R.C.S.

#### THE SIMULTANEOUS INCUBATION OF TWO INFECTIOUS DISEASES.

SIR.—Dr. Penny, in the *BRITISH MEDICAL JOURNAL* of February 27th, writes: "It would be interesting to know whether the incubation of two infectious diseases at the same time retards their development."

The following case bears upon the point: On May 7th a boy was isolated with well-marked scarlet fever, his exposure to which had probably been on May 1st. It ran an ordinary course, and he was making a good convalescence till May 30th, when a full eruption of chicken-pox appeared. This was exceptionally severe, and the temperature remained at 104° F. for three days. The incubation period of the chicken-pox must therefore have been at least twenty-three days, and possibly thirty days, as it is probable that he received both infections on the same day.

Wellington College, March 1st.

H. G. ARMSTRONG.

#### DEGREES IN DENTISTRY.

SIR,—May I be allowed a few words in friendly criticism of Mr. Underwood's letter appearing in your last issue? Mr. Underwood does not believe that "the authorities of our Universities will insist on presenting these honours to a branch of the profession that has emphatically stated that it does not welcome them." This may apply in London, but I doubt if it does in the provinces. There are some 1,200 dentists who are members of the British Dental Association. At the recent meeting, held in London, 289 attended, of whom 139 were Londoners: 263 voted; 175 against granting degrees for dentists, and 88 in favour. This can hardly be called an emphatic statement on the part of the British Dental Association.

But, even if it were, we must grasp the fact that Birmingham has granted dental degrees, that Dublin University has instituted them (without any petition from the dental profession) and I am credibly informed that Liverpool and Manchester have made up their minds to do the same, and are busy framing their curricula. Whether London will or will not institute degrees for dentists, or whether the authorities will be influenced by the recent vote, is as yet unknown.

It is equally unknown whether, in the event of degrees not being instituted, dental students will forsake London colleges for provincial universities, as medical students have done, or whether the College of Surgeons will hold its own.

To attribute the desire for academic training to mere vanity, or to a wish to profit by confusion, is—though motives are often very mixed—to misread the signs of the times. Rather is it an outcome of the general desire for greater efficiency and economy of all educational methods which has been actuating the more thoughtful minds of the country, and which is gathering strength.

As regards separation from general medicine—if dentistry is an integral part of medicine, it is impossible to separate it. But we must bear in mind when comparing it with other specialities, that all the latter are eggs laid by the parent bird, while dentistry was an alien egg kindly and devotedly hatched after due season. Whether it will prove an ugly duckling remains to be seen; I trust not.

I would earnestly entreat Professor Underwood to accept the inevitable, and, by his experience and counsel, so to advise the framers of these new degrees that the evils he prophesies may, perchance, never arrive.—I am, etc.,

London, W., Feb. 29th.

WM. RUSHTON.

A FRENCH ORTHOPAEDIC SOCIETY.—The foundation of a French Society of Orthopaedic Surgery is in contemplation. Among the surgeons who are taking an active part in promoting the scheme are Professor Kirrison, of Paris; M. Gangolphe, of Lyons; M. Gaudier, of Lille; and M. Mencièrè, of Rheims. It is expected that details of organization will be finally settled and the Society formally constituted at the Congress of Paediatrics to be held this year at Rouen, April 5th to 10th.