

as well supported by facts, would be, that if the spermatozoon meets with an ovum within a given time of its discharge it gives rise to one sex, and if later to the other.

I am, Sirs, yours truly,  
WALTER K. SIBLEY, M.D., M.A. Camb.

Harley-street, W.

*To the Editors of THE LANCET.*

SIRS,—With reference to the subject of Mr. Andrew Wilson's interesting paper, it was stated to me twelve months ago that the Jews deliberately and consciously carry out a theory of pre- and post-menstrual production of sex, possibly the purification accentuated and enlightened. Hardly warranted, however, seems the inference contained in the foot-note, that the ovum fertilised immediately after "purification" should come under the head of *succeeding* pre-menstrual product, for is it known how long the ovum may live in tube or uterus?

I am, Sirs, yours faithfully,  
Leatherhead, Sept. 29th, 1891. G. HASSALL HUNTLEY.

## THE USE OF ANTISEPTICS.

*To the Editors of THE LANCET.*

SIRS,—THE LANCET of September 12th contains a clinical lecture by Mr. Lawson Tait on surgical details, in which he alludes to antiseptics and their employment as a "strange phase of surgical eccentricity," and refers to himself as "opposed to the antiseptic doctrines and the antiseptic practice." Mr. Tait has made these statements in the capacity of a teacher of the science and art of surgery, and coming from him they must carry widespread influence. As the teaching and practice of many eminent surgeons is at this day in direct conflict with the above quotations from Mr. Tait's latest published opinions, may I ask him kindly to favour me with his views regarding the following uses of antiseptics? I will take merely one group of cases, viz., severe lacerated and contused wounds of the feet, or hands, or scalp, so often met with among the various classes of mechanics and labourers, and usually so thoroughly ingrained with dirt and grease as to defy cleansing with water alone. Mr. Tait is opposed to the frequent practice of washing the skin with turpentine and spirits and water, followed by copious flushing and scrubbing of the injured tissues with carbolic, sublimate, or other antiseptic lotions, and possibly the free use of iodoform or boracic acid inside and outside the wound, with a final dressing of antiseptic gauzes or wools and antiseptic bandages. Yet this "eccentric" treatment is followed by what are undoubtedly the best possible results—that is, by frequent union of the most severe scalp wounds by first intention in a few days, and in crushed limbs by the maximum conservatism and the absence of inflammation even in the presence of considerable areas of dead tissue which have been rendered aseptic by the treatment. Does Mr. Tait hold that provision for the free escape of discharge after copious irrigation with aseptic water is sufficient treatment for such cases, and has he known it to achieve uniformly the best results? And would he teach that the use of antiseptics, if only as an extra precaution, to ensure asepticism of these most foul wounds, is "eccentric" and unnecessary? And are his instructions as to removing "dead and dying material" from the wound compatible with the greatest possible conservatism, when the exact limits of recoverable tissue are so difficult to define? Again, in large, stinking, inflamed, and spreading ulcers the application of wet compresses of boracic lint, with or without the addition of iodoform to the surface of the sores, has been attended with gratifying results. It is a simple and easily applied treatment, suitable for general practice. How does Mr. Tait expect his pupils to treat these cases in their general practice? Since antiseptics are excluded, what methods would he advise to secure more simply the wished-for aseptic granulating surface?

Your space and Mr. Tait's time prevent me from seeking information on other points. I shall esteem it a courteous favour on Mr. Tait's part to enlighten me on these matters, and to justify his startling condemnation of "the antiseptic doctrines and the antiseptic practice" on these examples only.

I am, Sirs, yours truly,  
Glasgow, Sept. 21st, 1891. R. O. ADAMSON, M.B.

## INTRAVENOUS INJECTION OF SALINE FLUID.

*To the Editors of THE LANCET.*

SIRS,—I have read with much interest Dr. B. W. Richardson's remarks in THE LANCET of Sept. 26th on the subject of intravenous injections of saline fluids in cholera. During the epidemic of 1866 I also tried this treatment in the temporary hospital formed by the St. Giles's and Bloomsbury Board of Works in St. Giles's churchyard. The fluid used was that suggested by Dr. E. A. Parkes in his classical work on cholera, and contained albumen as well as salines. The immediate effects were nothing short of marvellous. In a few minutes the writhing, cramped, icy cold, and cyanosed patient could hardly have been recognised as the same person; warmth and colour returned to the face, the hoarse whisper swelled into a natural tone of voice, the cramped limb relaxed, and the pain ceased. But, as in Dr. Richardson's practice, the relief was only temporary, the injected fluids rapidly ran away by the bowels, and the patient was soon as bad as ever. I repeated the injections in several cases until they were evidently useless, and no case recovered in which they had been used; this was also the experience of Dr. Parkes. It is but fair to say, however, that this treatment was not tried except in very bad cases. Now, in cholera there is a reason why intravenous injections should only give temporary relief; at all events, when their use has been delayed until the algide state is well developed, just as in the vital functions, as is so commonly seen in severe cases of obstetric hæmorrhage; the saline fluid being sufficient to carry on the circulation, while the unused plasma in the different organs is being utilised, and so the otherwise fatal interval may be bridged over.

I am, Sirs, yours truly,  
PHILIP B. MASON, M.R.C.S., F.L.S.  
Burton-on-Trent, Sept., 1891.

*To the Editors of THE LANCET.*

SIRS,—May I be allowed to state that I have employed transfusion of "normal" saline fluid for the treatment of grave hæmorrhage occurring in the maternity of University College Hospital during the last three and a half years, the first case having occurred in April, 1888. With your permission, I hope shortly to be able to publish notes of seven cases (out of 9000 midwifery cases) in which I have employed the treatment. Believing that Mr. Lane's method is not unattended by risk, I should like to express my opinion that a simple irrigation bottle is much preferable to any kind of syringe; that "normal" saline solution is approximately of the strength of one drachm to the pint, and not twenty grains, as stated by Mr. Lane; that the rate of injection should be one pint in about ten minutes, and the temperature of the solution should be that of the blood.

I am, Sirs, yours faithfully,  
Mansfield-street, W. HERBERT R. SPENCER.

\* \* In a note published in our last issue it will be seen that Mr. Lane has corrected his former statement with regard to the strength of the solution used.—ED. L.

## THE SUGGESTED HIGHER DENTAL DIPLOMA.

*To the Editors of THE LANCET.*

SIRS,—There seems not the least probability that any proposition for the institution of a higher dental diploma will be entertained by the medical corporations, and there is little to be gained by discussion of a question so far outside the range of practical politics. The education for the diploma, L.D.S., if conscientiously carried out, is now well designed to produce dental practitioners admirably equipped with sufficient scientific and practical knowledge, and the examination for the diploma is gradually being made more and more stringent in enforcement of a high standard. As the science and art of dentistry advance, curriculum and examination will certainly be modified accordingly, and the licence in dental surgery will continue, as it is now, to form a guarantee so far as possible that the holder is a thoroughly qualified dental surgeon. The limits of dental science are, after all, very narrow; the subjects are well within the powers of an average student, and it would be very difficult to devise a purely dental examination of a higher level than that at present carried out at the College of Surgeons of England. The best foundation for education in any profession is general culture; the best addition