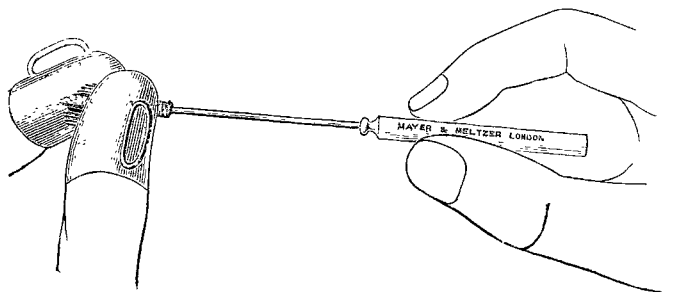


in response to the expressed wishes of its readers. The great attention now paid in medical schools to operations on the cadaver and the importance of this method of instruction have led the author to include those procedures which can be advantageously practised upon the dead body, such as ligation of the vessels, amputations, excisions, operations upon nerves and tendons, and intestinal anastomosis. A number of operations which are frequently required in practice are also included, such as tracheotomy, intubation of the larynx, and the operations for appendicitis and for strangulated hernia. While this edition is therefore a comprehensive manual, covering all but what may be termed Capital Surgery, yet all the features which have met with favour in former editions are retained, including a concise description of the various bandages, surgical dressings, and minor surgical procedures employed at the present day. The art of bandaging is fully illustrated with reproductions of photographs, and a special chapter is devoted to surgical bacteriology. The subject of fractures and dislocations is photographically illustrated. The chapter on the preparation of materials used in aseptic operations and on the details of an aseptic operation is an excellent one and contains much valuable information. The directions in the section on intubation of the larynx are very clear; the author emphasises the necessity of hugging the posterior surface of the tongue closely. This edition will no doubt be as popular as the former issues have been. It is a good book.

New Inventions.

THIMBLES FOR MAKING WOOL MOPS.

THE drawback of making surgical mops by holding the cotton wool between the finger and thumb is that in order to make them clean repeated washing of the fingers is necessary and even when this is done absolute cleanliness is doubtful. To avoid these inconveniences I have had the metal thimbles shown in the accompanying figure made for



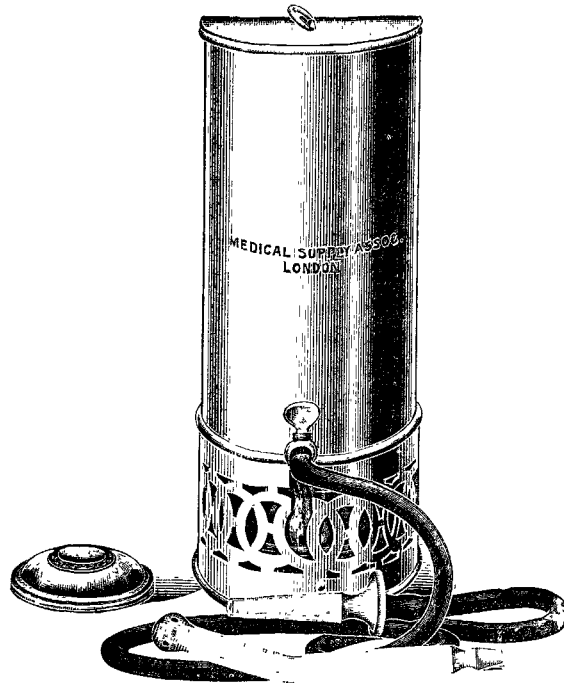
the left forefinger and thumb. They are flattened and provided with several shallow and one deeper groove on the opposing surfaces, where also the metal is dulled instead of being polished. With a little practice mops of any size can be rapidly made. The thimbles, which fit on to a little metal stand, can be boiled, stand and all, before use and if they are only kept on whilst actually making the mops they can be employed for a series of cases without any further cleaning. The handles are merely for lifting them off the stand. They have been made for ear, nose, and throat work but can, of course, be used to make mops for other purposes. I have found them more convenient than Kayser's forceps, which were devised with the same object. The thimbles are made by Messrs. Mayer and Meltzer, 71, Great Portland-street, W., in various sizes.

Brook-street, W.

E. CRESSWELL BABER, M.B. Lond.

A COMBINED VAGINAL DOUCHE AND STERILISER.

THE difficulty so often experienced by midwives in obtaining hot water in cases of emergency is obviated by this appliance. As it is provided with a lamp and is supported on a firm stand the midwife will always have the means of warming water so that a hot douche can be obtained in a few minutes. Again, in case the surgeon's aid is called in she can provide him with a steriliser for his instruments as



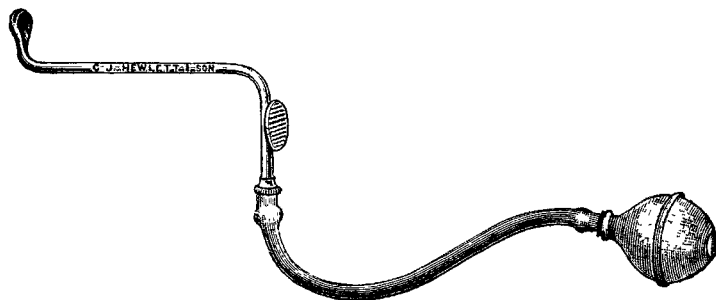
it is large enough to hold forceps, &c., for sterilising purposes. Without the stand and lamp it forms an ordinary douche can. It is made of a convenient size and will easily go in the midwife's bag. It has been made for me by the Medical Supply Association, 228-230, Gray's Inn-road, London, W.C.

CLAUDE ST. AUBYN-FARRER, L.R.C.P. & S. Edin.,
L.F.P.S. Glasg.,

Physician-Accoucheur, Royal Maternity Charity,
Westbourne Park-road, W.

A NEW POST-NASAL SYRINGE.

THE advantages of post-nasal syringing over the more usual methods of flushing out the nasal passages are obvious. The only objection thereto consists in the somewhat greater difficulty of the proceeding. In order to facilitate this I have devised a modified post-nasal syringe which I find can be used by most people themselves with at least as much ease as the ordinary enema syringe, though, of course, there are some exceptions. The general appearance of it is shown in the illustration. The straight part of the



metal nozzle is about five inches long and the extremity is turned up for a length of about three-quarters of an inch. The orifice is in the form of a deep, narrow slit, which delivers a flat jet of fluid when the indiarubber ball is compressed. The instrument is made by Messrs. C. J. Hewlett and Son, Charlotte-street, London, E.C.

Argyll-road, W.

F. H. BURTON-BROWN, M.D. Oxon.

THE LANCET.

LONDON: SATURDAY, AUGUST 18, 1906.

Infantile Mortality.

WE publish this week three important articles bearing directly or indirectly upon the great question of the control of infantile mortality, articles which were read at the National Conference on that subject held on June 13th and 14th under the chairmanship of the President of the Local Government Board. Mr. JOHN BURNS showed himself to be fully conscious of the magnitude of the questions to be discussed, but the pressure of public affairs and of intelligence of other kinds served greatly to divert public attention from the proceedings of the Conference. It is not, however, too late to return to a subject of the first national importance, and the three contributions which we now place before our readers will afford excellent material for reflection not only to medical men but to all thinking people. Of the three articles that by Dr. GEORGE REID, medical officer of health of Staffordshire, throws the largest amount of light upon the actual causation of mortality, while the articles on milk-supply by Dr. A. K. CHALMERS and Dr. G. F. MCCLEARY indicate the directions in which remedies for the absence of breast-feeding may most hopefully be sought. Dr. REID informs us that his attention was early directed towards the high infantile mortality of north as compared with south Staffordshire, the inhabitants of the former division being chiefly potters, whose women are largely engaged in factories, and those of the latter chiefly miners and iron-workers, whose women remain at home. A comparison between the two, carefully carried out over a series of years, entirely justifies the conclusion that maternal factory work is the chief and most widely operative cause of a high infantile death-rate. The figures given are conclusive. The percentage of female married and widowed factory workers to the whole female population between the ages of 15 and 50 years was taken from different localities. In five towns, in which this percentage was 12 or more, the infantile mortality was 193. In 13 towns in which the percentage was under 12 and over 6 the infantile mortality was 156; and in eight towns in which the percentage was under 6 the infantile mortality was 149. The lowest rate leaves much to be desired, but the difference between the highest and the lowest is far too great to be accidental. It appears, moreover, that the preponderant mortality of the children of female factory workers is at least partly due to defective viability induced by work during pregnancy, and on this part of the question the operation of the Midwives Act has already furnished important statistics. Up to the present time the midwives in the northern district have returned 9.4 per cent. of still-births and 15 per cent. of abnormalities in labour, against 3.2 per cent. of still-births and 6 per cent. of abnormalities in the southern. Dr. GEORGE NEWMAN, in his recent work on Infantile Mortality

which we reviewed in our columns recently,¹ quotes Dr. REID'S figures, and declares that they are perhaps less emphatic than would be those of similar tables for Lancashire, where there are "seven times more married women employed than in Staffordshire."

If we leave out of consideration the manifestly considerable proportion of infants who come into the world handicapped by the operation of unfavourable maternal conditions during pregnancy, infants, that is, whose mothers suffer from long standing, exhausting labour, or unsuitable or insufficient food, we shall obviously find a chief cause of mortality, even among infants born healthy, in the deprivation of breast-milk, which is incidental to the absence of the mother at the factory, as well as in the ordinary character of the substitutes which are employed. Dr. CHALMERS and Dr. MCCLEARY show us how much might be done, if local sanitary authorities were acquainted with the nature of their duties and were desirous of fulfilling them, to improve the management of dairy farms and the quality of urban milk supplies; but, even if nothing were left to be desired in these respects, there would still be an active production of infantile mortality by the sheer ignorance of mothers. Sir WILLIAM BROADBENT recently characterised the indiarubber teat as "an invention of the devil," and it is by no means the only popular appliance which might be so described. The mothers among the industrial classes, as a rule, know nothing about the primary conditions of health for infants, and are guided by traditions handed down from bygone ages. A medical writer has placed on record that his instructions about the management of a sick child were departed from on the advice of a neighbour whose claims to be accepted as an authority were based upon the fact that she had "lost nine children of her own," and the experience of this writer is one that might have been anticipated. Similar things happen daily. Parents of the working classes constantly say of their baby, "We give it what we have ourselves," this including not only forms of food wholly unsuited to the infantile digestive organs, but not seldom "a sup of beer." To medical practitioners, conversant with the habits and dwellings of large classes of the poor, it is less wonderful that children die than that they survive, more especially when, as often happens, the discomfort produced by improper feeding is relieved by the administration of a narcotic. Professor RAY LANKESTER, in his recent address as President of the British Association for the Advancement of Science, dwelt with much force upon the truth that the political administrators of this country, as well as the permanent officials, are altogether unaware of the importance of the knowledge which we call science, and of the urgent need for making use of it in a variety of public affairs. He traces the defect, quite correctly, to the "defective education, both at school and university, of our governing class," but he fails to call attention to the fact that the education of the middle-class, which supplies the bulk of our "local authorities," is at least equally defective, and that the business committed to them is as badly done as that of the nation. We have had a third of a century of compulsory so-called "education" of

¹ THE LANCET, July 28th, 1906, p. 230.