

of France and Japan in deciding between "S. gallica" and "S. japonica." I am inclined to think, therefore, that no more accurate or convenient name than spirochaetal jaundice is likely to be found.—I am, Sir, yours faithfully,

Netley, Feb. 11th, 1917.

ARTHUR F. HURST.

THE DATE OF WEANING.

To the Editor of THE LANCET.

SIR,—The Health Society of the Borough of St. Marylebone, of which the medical officer of health is chairman, has recently circulated a copy of certain recommendations which it has addressed to its borough council with the suggestion that a similar appeal may be sent to other borough councils "to strengthen the position." The committee's appeal is concerned primarily with the effects produced by the present costliness of cow's milk, and contains the following words:—

The medical officers of the infant consultation in St. Marylebone report that the work is falling short of success because their advice as to feeding cannot be carried out owing to the high price of milk. In many cases the baby, when it is weaned, whether early or at 9 months, goes short of milk and in consequence loses weight or at best puts on 1 or 2 oz. a week—where a healthy baby makes an average of 6. Often the mother does not feel justified in weaning at the proper time, as she sees no prospect of being able to afford the quart of milk a day (3s. 6d. a week) which the baby should have. So she continues to nurse the baby long beyond nine months to the detriment of her own health and that of the baby. Unless steps can be taken to enable the mothers to obtain milk at a lower price, the infant mortality rate is likely to be higher next year.

It is impossible not to be in sympathy with the spirit of this appeal, nor to regret the very real hardship which the high price of cow's milk entails to many poor families and weakly infants. But the particular form of these recommendations scarcely commands the same assent. In the first place, it is by no means clear whether the rates of gain in weight quoted are intended to apply to the early months of the first year or to those after the ninth month, and in either case for how long they should be maintained. At the rate of 6 oz. a week a child would gain 19½ lb. in a year. This is certainly above the average for the first year of life, and would be grossly pathological for the second. For the latter period 2 oz. a week (6½ lb. a year) is much nearer the normal. The medical officers, moreover, employ a common contradiction in terms when they urge that a child should be "weaned" at the age of 9 months, and in the same sentence declare that a quart of milk must still be included in the daily diet. The word "wean" should imply that the child can do without milk, not that a transference from one kind of milk to another takes place. Either 9 months is too early an age at which to recommend weaning in this sense; or, if it is the "proper" time, the child does not need a quart of cow's milk daily. Both statements cannot be scientifically correct.

I would respectfully submit that this needs wider recognition. It is not, Sir, merely an etymological quibble, but a point which very vitally concerns infants, and particularly those of the class of woman attending schools for mothers and similar institutions. The practice of continuing to nurse a child beyond the age of 9 months is extremely common. But in view of the stern moral denunciation which its mention frequently receives from the medical and nursing professions, women are most reluctant to admit that after this age their children still obtain breast-milk. As the result of a large number of inquiries and observations in cases where a longer period of nursing is customary, I have been quite unable to ascertain that a healthy woman suffers thereby any decline in strength. Evidence of any actual harm to the child from continuing to take the breast is equally difficult to obtain, so long as allowance is made for the very frequent mistakes in choosing food to supplement the milk about this age. From a biological point of view, this is so exactly what might have been expected that it seems desirable to take exception to the statement of the medical officers quoted above. For if it means anything at all, it means there is something in breast milk which after nine months of lactation is inherently harmful to the child, and that the act of suckling is at the same time necessarily detrimental to the woman. It is, I believe, extremely important to qualify any such assertion by explaining that it only applies to special cases where the mother is not healthy or the child is delicate. For such cases it would be a most excellent achievement to obtain special facilities for a supply of clean milk at cheap rates.

In support of its views the committee states that it has forwarded to the borough council a list of a "few cases which have been very carefully investigated and which are typical of a very large number of those attending schools for mothers." Most medical officers of such schools could, unhappily, do the same. But there would be no difficulty in collecting from another borough of London, no more favourably situated than St. Marylebone, a large body of evidence to demonstrate the point I am at pains to emphasise—namely, that many children of the poor classes are able to maintain a perfectly satisfactory rate of gain in weight after 9 months of age, and are yet practically independent of cow's milk as food, except in so far as it is used as a convenience in cooking. Indeed, were the price of cow's milk to be lowered to a point at which it was possible for these recommendations to come into force, and were every child to start consuming a quart daily after the age of 9 months, one is tempted to wonder whether a serious rise in the death-rate would not follow automatically; the very point this Health Society is anxious to prevent. Where, also, are the cows coming from to supply such a colossal demand?

I am, Sir, yours faithfully,

Gray's Inn, W.C., Feb. 21st, 1917.

HAROLD WALLER.

SURGEON-PROBATIONERS.

To the Editor of THE LANCET.

SIR,—Surgeon-General Rolleston, R.N., in his remarks on the medical personnel of the Royal Navy (THE LANCET, Feb. 17th, p. 255) states that surgeon-probationers, R.N.V.R., were appointed after mobilisation. Reference to a Navy List of July, 1915, shows that the first appointment to a commission as above was made on April 22nd, 1914, and that seven appointments were made before mobilisation. I think it is due to the Director-General of the Navy that this fact should be known, as it shows that the arrangements for the utilisation of the services of medical students were thought out in peace-time.

I am, Sir, yours faithfully,

P. CALDWELL SMITH,

London, Feb. 17th, 1917.

Lieutenant-Colonel, R.A.M.C., T.

THE PLACE OF SANATORIUM TREATMENT IN TUBERCULOSIS.

To the Editor of THE LANCET.

SIR.—In the leading article on Tuberculosis and the War in your issue of to-day's date, you give prominence to Dr. D. Dunbar's statement as to the relative ineffectiveness of sanatorium treatment at Aysgarth, and go on to suggest that, as far as the chronic consumptive is concerned, residence in a sanatorium is not necessarily even the best form of treatment. It would be highly unfortunate if these observations should unwittingly foster the idea that sanatorium treatment has been a failure.

In the first place, such figures as Dr. Dunbar's are quite meaningless in the absence of various data—e.g., methods of selection, milieu, duration of treatment, &c., while, even if they were quite beyond criticism, it would be extremely unfair to saddle the sanatorium with blame which could more justly be imputed to after-conditions. Without any desire to exaggerate the rôle of the sanatorium or to belittle that of the dispensaries, I should like to lay emphasis on the fact that for *all* forms of phthisis the one is quite as essential as the other. It is probably true that, as modern research suggests, many latent-active cases would get well of themselves without either sanatorium or dispensary treatment (particularly the so-called abortive cases described by Bard); but it is equally true that for all cases existing on lower planes of resistance than these sanatorium treatment for at least one period, if not for several distinct periods, is absolutely essential. Moreover, in laying emphasis on the prohibitive cost of housing, even for a time, the chronic consumptive, one is apt to ignore the direct return to the State in the form of increased working capacity over astonishingly long periods, to say nothing of educative value, opportunities for administering tuberculin under observation, &c. It is not suggested by Dr. Dunbar that dispensary methods would have increased his percentage of permanent cures; and there are few public authorities who would have the courage to pursue the reactionary course