

this way without any material change until December, 1892, when she died from an acute attack of phthisis.

CASE III.

Mrs. H., aged 52, came to me in July, 1891, with cancer involving the whole of the uterus. Her chief symptoms were pain and haemorrhage. The general condition of this patient was very bad, as she had suffered for years from a large number of chronic ulcers on the legs. Here I again administered cocaine, with the result that the haemorrhage at once ceased and the pain became a very unimportant factor. She improved very much constitutionally, and was able to walk a mile from home a week before her death, which took place in April, 1892, from obstruction of the bowels. She would not consent to operation.

CASE IV.

N. C., aged 38, came under my care in November, 1891. I found a growth involving the entire lumen of the rectum. He had great pain and difficulty in passing his stools, which act was always accompanied more or less with haemorrhage. He continued under my treatment for about ten months, during which time he gained slightly in weight, and had very little pain. The haemorrhage ceased, and the growth seemed to be stationary, as also to become more regular in outline to the touch. Because I could not promise him a definite cure he placed himself in the hands of a quack. He quickly got worse and died.

CASE V.

Mrs. M., aged 50, had cancer in the left breast. The growth was about the size of a pigeon's egg, and the skin was adherent to it. The nipple was retracted, and the axillary glands hard and enlarged. She commenced taking cocaine in September, 1892, and continued until July, 1893, when I amputated the breast and excised the glands. During the six months she was taking the cocaine the growth seemed sometimes to be a little smaller, sometimes a little larger—in fact, correspondingly as she took the cocaine. I have lost sight of this case.

CASE VI.

Mrs. B., aged 47—a case of uterine cancer—came under my care when in a very advanced state. She was shrunk and shrivelled, and had most marked cachexia. In this case also the haemorrhage ceased, and the pain was very much alleviated. She died after ten months' treatment.

CASE VII.

Mrs. W., aged 43, came to me in April, 1892, with advanced cancer of the left breast. She had very large breasts. The growth involved the entire breast; the skin was affected, and the glandular enlargements in the axilla were very marked. This case improved less than any other in which I have administered cocaine, and she died in October, 1892. The treatment at first seemed to stay the growth; but sloughing commenced, and, if there was any peculiarity, it was the size of the sloughs that kept coming away.

CASE VIII.

Mrs. E., aged 43—another case of advanced uterine cancer—came under my care in August, 1893. Here again the cocaine has controlled the haemorrhage, and there is no other symptom of the growth present besides a sensation of weight. The more cocaine she takes the better she is, and she is performing her household duties.

CASE IX.

Mr. W. This was a case of some malignant disease involving the pyloric end of the stomach. Opiates failed to give any relief to his suffering, so I administered cocaine, from which he had considerable benefit. He died suddenly after three or four months' treatment.

CASE X.

Mrs. B., aged 47, had considerable swelling in the right breast, with enlargement of axillary glands. She had the usual pains. After four months' treatment the enlargements have entirely disappeared, and she is now in her usual health.

CASE XI.

Mrs. C., aged 42, had also swelling in the right breast, with pain and enlargement of axillary glands. After two months' treatment the breast has returned to its normal condition, and she is now in her usual health.

CASE XII.

Mrs. R., aged 37. A similar case to Case XI. Here again the symptoms have disappeared under treatment.

CASE XIII.

Miss H., aged 35, had swelling in the left breast, with pain and enlargement of axillary glands. Under treatment with cocaine all the symptoms have disappeared, and she is now in her usual health. The mother of this patient died some years ago from cancer.

CASE XIV.

Mr. B., aged 50. Seven years ago I removed an epithelioma from his lower lip. Some months ago he consulted me as regards a whitish-looking blister which had come on the site of the cicatrix. I gave him cocaine both internally and externally, and the lip has resumed its normal appearance.

In all these cases the administration was followed by benefit.

1. In every case the general constitutional condition of the patient was very much improved, even if that was only for a time.

2. From the observations I have made in these cases, I consider, so far as the relief of pain is concerned, that cocaine stands unrivalled, for while easing, or altogether taking away pain, we have none of the objectionable conditions which opiates produce.

3. In every case of uterine cancer where haemorrhage was a prominent symptom the administration of cocaine was followed by immediate benefit; either stopping the flooding entirely or leaving only at intervals a show.

As to the *modus operandi* of the drug I offer no opinion. The cases cited show the general improvement in health, the relief of pain, and the power of controlling haemorrhage. Whether it has any power over, or effect on, the embryonic epithelial cell, whereby a malignant is converted into a benign tissue, or whether its action is on the nerve terminals, or whether it is only by its powerful stimulating action generally, that cocaine has any control over the symptoms mentioned I do not know, but I know that patients suffering from cancer bear larger doses of cocaine with impunity than is generally understood, looking as if there was some natural affinity between the one and the other.

If a patient came to me suffering from a growth in which the diagnosis was doubtful, I would administer cocaine, and if there was then no improvement I could almost certainly say the growth was not malignant. So that I consider cocaine also a valuable diagnostic agent.

Reverting again to the cases mentioned, I may say that I cannot trace Nos. 5 and 8; No. 10 died last year from bronchitis, and Nos. 11, 12, 13, and 14 are still living and have not had any recurrence of the disease.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CANCER HOUSE.

It appears to me that the following facts may be of some interest to your readers.

Some short time ago a man came into my consulting room one evening. He had tuberculous glands in his neck, and in trying to elicit a family history he gave me the following remarkable and interesting account.

His family lived on a farm in Glamorganshire. The house is old, and at one time had been of considerable size, and occupied by the agent of the property on which it was built. Latterly this house had been divided into two smaller houses by a partition wall, each house being occupied by a family of farmers, who were not related to one another—the T.'s, my patient's family, on one side, the R.'s on the other.

Mary T., the farmer's wife, suffered from cancer of the stomach, from which she died at the age of 76 in 1882.

Her daughter-in-law, Emma T., lived in a farm near by, and who nursed her in her illness, moved with her family into the house on the old woman's death. She was operated on for cancer of the breast in 1886, which recurred, and from which she died in 1890 at the age of 49.

Her daughter, Edith T., nursed her mother in her last illness, and she in turn developed cancer of the breast, which returned after operation, and she died from the recurrence in 1896 at the age of 32.

Edith T. was nursed in her last illness by Mrs. R., who lived in the other half of the divided house. Mrs. R. died in 1900, aged 68, from cancer of the breast.

Her husband's nephew, David R., came to live at the farm after Mrs. R.'s death, and he died there in 1903, at the age of 32, from cancer of the throat.

We have here a series of 5 fatal cases of cancer under one roof, if not actually in one house, in a period of twenty-one years, and only two of these persons were blood relations—Emma and Edith T., mother and daughter.

It seems there is something more than coincidence here, and that probably there are predisposing, if not determining, factors to be found in the house and its surroundings. The house is built on the side of a stream that courses down the valley. The stream, which is often swollen with floods, is not sluggish, but the subsoil is always saturated with moisture. The valley is thickly wooded, and many trees are affected with arboreal

tumours, one tree, an ash, close to the house, being much disfigured by these bosses.

Mr. Keith W. Monsarrat, in the *Medical Annual* for 1899 and 1900, summarizes the views of Havilland, Noël, Fiesinger, Lloyd-Jones, and others, that cancer is most prevalent in low-lying districts, near rivers which are liable to floods, and that proximity to trees is connected in some way with the prevalence of the disease. The connexion between the prevalence of cancer and the prevalence of arboreal tumours has also been noted by many observers. These vegetable tumours are apparently contagious, as several usually exist on neighbouring trees, and it is supposed that the infection is borne from tree to tree by insects.

ROBERT J. SIMONS, M.R.C.S., L.R.C.P.

Bridgend, Glamorgan.

RUPTURE OF THE VENTRICLE.

I WAS called to see a man, aged 80, who had been found dead in bed. He had been quite well previously, and had been heard moving about half an hour before he was found. There were no signs of any struggle.

At the *post-mortem* examination the pericardium was found to contain 4 oz. of fluid blood and 8 oz. of clot. The heart weighed 20 oz. On the front of the left ventricle was a zigzag rupture, $\frac{1}{2}$ in. long, communicating with the interior of the ventricle. All the valves were atheromatous, especially the aortic and mitral. There were large calcareous plaques in the aortic valve. The heart muscle was hypertrophied and showed extensive fatty degeneration. The coronary arteries were normal. The aorta and large vessels were atheromatous and calcified. The right pleura was adherent all round and the left pleura at the apex. The right lung weighed 2 lb. 1 oz., and contained a small old tuberculous focus at the apex. The left lung weighed 1 lb. 13 oz., and had a large calcified tuberculous nodule at apex. There were evidences of bronchitis and oedema throughout both lungs. The liver weighed 3 lb. 13 oz. and was fatty. The spleen was very hard and weighed 8½ oz. The kidneys weighed 6½ oz. each and showed chronic nephritis, with diminution of cortex and cysts both on the surface and internally. The capsule stripped easily. The bladder was in a condition of chronic cystitis, and the prostate was enlarged and cystic. The brain weighed 2 lb. 12 oz. The dura mater was very adherent to the bone. The basilar and other arteries showed marked atheroma.

Death was due to rupture of the ventricle, probably the result of some strain, such as coughing. I believe spontaneous rupture of the ventricle is a very uncommon condition.

London, N.

SIDNEY F. FOURACRE, L.S.A.

A CASE OF FOREIGN BODY IN THE PLEURAL SAC.

THE patient in the following case was a baby of 8 months, which when I first saw it on August 4th presented all the phenomena of severe right-side pneumonia, and in addition an incessant short cough.

Progress.—During the next few days its condition oscillated, and on the 9th I found evidence of pus in the right pleura, though much of the dyspnoea was gone. As I was going away early next day, I asked my locumtenent to place the case first on his list and visit it, prepared to operate if need be.

Treatment.—This he did, and, my partner, Dr. H. W. Garden, administering chloroform, incised the swelling which I had located and let out a little very fetid pus. A drainage tube was inserted and kept in till August 22nd, the child meantime improving somewhat. Three days later, having returned home, I reassumed charge of the case. I found the orifice of the sinus inflamed, the surrounding tissue, oedematous, and a little non-offensive pus exuding. On passing a probe a spot was felt which suggested bare bone, but did not feel quite like it.

Result.—About a week later, during which the child's condition improved somewhat, I noticed, when about to dress the case, a little brown spot in the wound not larger than the point of a blunt pin. I seized it with forceps and drew out a body about 1½ in. long and as thick as the lead pencil supplied with pocket-books. It was soaked with pus, and a little offensive. After carefully washing it I thought at first it was a piece of a sweeping broom, but on more minute examination I recognized it to be a spike of the common meadow barley, *Hordeum pratense*. The spike was quite perfect. The next day the child was vastly better, the wound had taken on a healthy appearance, and in ten days the wound was healed and the child quite well.

REMARKS.—It seems incredible that a baby of this age could have sucked a body of the size and shape stated into its larynx, and that this should have passed down the right bronchus, worked its way through the base of the lung, and finally into the pleura, whence it was removed through the chest wall. On the other hand, if the body were swallowed and passed up from the stomach through the diaphragm into the pleural cavity, the dyspnoea, stridor, and symptoms of pneumonia could not be explained. The mother could throw no light on the affair. One whole day the child had been out of her sight and in the care of a neighbour, but this woman denied having given the baby any grass stalks to play with, and I could elicit no history of sudden spasm or partial asphyxiation, such as one would expect to occur when the foreign body passed the epiglottis.

Chadwell Heath.

T. REVELL ATKINSON, M.D.Durh.

VARICELLA AND HENOCH'S PURPURA.

THE two following cases exemplify certain morbid relations:

CASE I.—In December, 1907, D. B., a girl of 7, recovering from varicella, began to suffer from pain and swelling in the larger joints. Salicylate of sodium was prescribed, and in two days these symptoms abated, to give place to vomiting and abdominal pain, tenderness, and distension. Treatment gave little relief until, after several days, blood began to appear in the evacuations. The heart was now found to be affected, and exocardial and endocardial murmurs were audible at base and apex. Coincidentally there was a return of arthritic pain, and about wrists and ankles appeared an eruption of purpuric spots. There was no renal nor other complication. Recovery was slow, and a cardiac bruit persists. The child was fair, of delicate appearance, defective teeth, motherless from early infancy, without evidence of past tuberculosis, but exhibiting in her stature and gait (congenital) dislocation of both hips, a state confirmed by skiagram.

CASE II.—A. W., a boy of 2½ years, had pertussis and bronchopneumonia in March, 1908, and by June had only partially recovered, when he, with other members of the family, were attacked by varicella. The lesions were of the usual distribution, the severest those on the belly, where an intense red aureola surrounded each, and where into each vesicle haemorrhage had obviously taken place. Above the knees and on the arms were several subcutaneous ecchymoses. The boy was very sick and in constant gastric pain. The abdomen became swollen; the surface around the varicella lesions oedematous, tender to palpation. An intestinal haemorrhage was predicated; it appeared after several days of constipation. The vesicles soon began to slough, and so deeply as to expose the muscles—varicella gangrenosa. Haemorrhage ceased; the abdomen, however, continued to be swollen, the inguinal glands enlarged, and when the boy was well enough to run about, and the family removed to another town, he still presented the picture of tuberculous peritonitis. This patient had not been vaccinated, as his mother attributed the death of an earlier child to the severity of vaccinia.

REMARKS.—The two cases illustrate the play of related morbid processes—the infective and the rheumatic, the rheumatic and purpuric, purpuric and tuberculous.

Clifton.

DAVID A. ALEXANDER, M.B.

THE TREATMENT OF CHILBLAINS BY PEROXIDE OF HYDROGEN.

SINCE 1903, when Dr. Norman Walker quoted Courtin of Bordeaux (in the *Medical Annual*) as originating this treatment, I have frequently employed it, and have been greatly pleased by its almost unvarying success. My plan is for the patient to bathe the affected parts in peroxide of hydrogen (10 vol. strength), diluted with equal parts of previously boiled water, still hot, for fifteen or twenty minutes, twice daily. This treatment has the additional advantage of being capable of being carried out even if the chilblains are cracked and ulcerated, though it is well to diminish the strength of the peroxide if much pain and irritation is produced by the application. A continuation of this treatment for two or three days in most cases will effect a cure.

Lincoln.

E. MANSEL SYMPSON, M.D.

DIACHYLON AS AN ABORTIFACIENT.

DR. EDMUND HAY's interesting memorandum in the JOURNAL of January 23rd, p. 214, giving an account of three cases of plumbism due to the taking of diachylon to procure abortion, calls attention to the somewhat curious fact that hitherto London seems to have escaped this evil, which has spread so widely in the populous centres of the Midlands. Thanks to one or two sentences of hard labour upon midwives, who were proved to have sold these "diachylon pills" for improper purposes, there appear to be somewhat fewer cases in the districts about here. Cases still, however, occur from time to time. Only last month I saw one which ended disastrously. Its history is briefly as follows:

A young single woman, aged 23, the daughter of highly respectable parents living near Sheffield, was brought to my consulting rooms by her parents, on account of great weakness and very severe headache. She looked extremely anaemic and very ill. On examining her chest, I found the breasts full and tense, with a small quantity of secretion from the nipples on pressure. Further investigation showed the uterus reaching to the umbilicus. An amenorrhoea of about six months was admitted. On looking at the gums, I found a deep blue-black border. Everything was denied by the patient herself, both the possible pregnancy and the taking of diachylon. However, I pointed out to her parents the gravity of the symptoms, sent them back home, and urged them to call in their own medical man at once. I wrote to him explaining the position of things, and two days later I received from him a letter, saying that he had been hastily summoned to the patient the day before to find she had been delivered of a dead fetus whilst at stool. Unfortunately that is not the worst. One month later he telephoned, asking me to go over at once and see the girl with him. She was then in the last stage of cardiac failure secondary to subacute nephritis. The headache had been agonizing. There was double optic neuritis, with extensive haemorrhagic retinitis; vision almost gone; the blue line was still very marked, and she was in extreme distress from dyspnoea. In fact, her condition was quite hopeless.

It seems that she had suffered from albuminuria for some years previously, so that the effect of the diachylon on the already impaired kidneys was doubly severe.

With cases such as the above coming under observation, it does seem that some steps should be taken to put a stop to this evil. So far it has been found impossible to move the authorities in the matter. In spite of much trouble and many meetings, with strong resolutions passed, urging the desirability of putting diachylon on the poisons schedule (as is ergot), we were informed that, acting upon "expert" advice, they considered that it was unnecessary. I can only say, "*Ne crede Experto!*"

I am satisfied that by the simple procedure of putting diachylon on the poisons schedule nobody would be the loser, and on the other hand the evil we suffer from would soon die out, at any rate in its present form.

As it is, no respectable chemist in the affected districts sells diachylon without pointing out its dangers, and the disreputable people who trade in it, knowing the purpose for which it is being purchased, require checking. By scheduling it as a poison such a check would be provided.

Should this scourge extend largely in London it is possible that adequate pressure may be brought to bear upon the authorities to do something; hitherto, the provinces have failed to stir them.

Sheffield.

ARTHUR J. HALL, M.D., F.R.C.P.

A METHOD OF TREATING EXCESSIVE AXILLARY SWEATING BY OPERATION.

THIS condition is very common and is a source of very great discomfort to those who have to work in hot climates, wearing tight clothing.

About three years ago an army surgeon was unfortunate enough to contract septicaemia while operating, and eventually had to suffer extensive loss of his left axillary glands. Owing to sinuses it was necessary to excise a large portion of skin, and when he recovered he noticed that he no longer sweated from this axilla. Investigation showed that the whole of the hair-bearing skin of the axilla had been removed, and with it the large sweat glands as well.

The contrast to the other axilla was so great that, being under orders for service on the West Coast of Africa, he determined to have something of the same kind done to the right axilla. Under eucaïne and adrenalin the whole of the hair-bearing skin was excised, and now he has two non-sweating axillae.

The operation is very simple, quite painless, does not entail opening the axilla, and is free from risk. If careful suturing is carried out the incision heals by first intention, and the arm can be used in a week or sooner if necessary. This may appear rather a drastic method of treating hyperidrosis, but it is satisfactory and radical. Ordinary measures were quite useless, and the officer now regrets that he did not know of this method of cure before.

F. J. W. PORTER,
Major, R.A.M.C.

Colchester.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, January 25th, 1909.

CHARLES BARRETT LOCKWOOD, F.R.C.S., President,
in the Chair.

Wertheim's Operation.

DR. COMYNS BERKELEY read a paper on the radical abdominal operation for cancer of the cervix by Wertheim's method. Wertheim modified the original operation by clamping forceps across the vagina before he divided this structure, and since he had performed the radical abdominal operation more consistently and in a larger number of cases than any one else, this operation had, at any rate in England, been attributed to him. Dr. Berkeley had collected full statistics of 229 cases of the true Wertheim operation from different operators in the United Kingdom. He pointed out that Wertheim's operation had a great advantage over simple vaginal hysterectomy both in its percentage operability and percentage of cures, whilst if only similar cases were taken there was not much difference between the primary mortality. The primary mortality for simple vaginal hysterectomy with Continental operators was on an average about 9 per cent. Doderlein gave a table of 4,368 vaginal hysterectomies with a mortality of 9.1 per cent. The mortality for Wertheim's operation in early cases worked out at 6.8 per cent., in moderate cases 8 per cent., and in advanced cases 26.7 per cent. The mortality of the 229 Wertheims which he had collected was 18.3 per cent., the mortality of his own cases was 16.6, of Wertheim's 458 cases 15.2. The primary mortality, taking all the cases, was high, but the statistics showed that this death-rate was considerably lowered with the increased experience of the operator; in Wertheim's first 30 it was 40 per cent., in his last 30, 7 per cent. The high mortality when compared with simple vaginal hysterectomy was entirely due to the fact that cases of a much more advanced nature could be operated upon with safety by Wertheim's method. The percentage operability of vaginal hysterectomy was about 12. In comparison with this a large number of operators had a percentage operability of 40 and over. He (Dr. Berkeley) and Dr. Bonney had kept careful record of all cases of cancer since they commenced operating by Wertheim's method, and their percentage operability to date was 67. Although vaginal hysterectomy might have a low primary mortality, the after-results of this operation were disappointing. Waldstein out of 274 cases had 4 living after five years, and the statistics of other operators gave similar results. As the Wertheim operation had only been performed in England, with the exception of a case by Wallace in 1903 and one by Spencer in 1904, since 1905, the statistics as to the percentage of cures were at present of no use, as five years was regarded as the shortest limit for that purpose. Of 200 cases that Wertheim had operated upon more than five years ago, 138 were still living, a percentage of 62. Polosson had 60 per cent. and Bumm 30 per cent. living free from recurrence after five years. That increased percentage of cures was due to two factors. By Wertheim's method the parametrium and cellular tissue could be removed, whereas in vaginal hysterectomy it had to be left behind, and Wertheim's clamps prevented local cell implantation. Dr. Berkeley discussed the pathological findings of the parametrium and cellular tissue in cases of cancer of the cervix, and showed that it was infected with cancer in 60 per cent. of the cases. He also discussed the question of local recurrence and cell implantation, and showed that by the extended abdominal operation local recurrence was rare. In comparing the operation of paravaginal section with Wertheim's operation, Dr. Berkeley

him is a despot. Simplicity, modesty, truth! Charming things—everywhere else than by a patient's bedside where "simplicity" is taken to be hesitation; "modesty," diffidence of oneself; "truth," roughness. Medicine is the only profession in which lying is a duty. The doctor who goes away has the same chance as a lover of finding himself replaced by a substitute on his return.

As in the case of the other maxims already quoted, we do not wish to be understood as recommending these as embodying the highest perfection of professional morality. But that they are profoundly true few men who know the world will deny, and they may be commended to enthusiastic youths as useful prolegomena to all introductory addresses.

Medical News.

SIR WILLIAM GOWERS will give a lecture on unilateral optic neuritis from cerebral tumour at University College Hospital on Wednesday next at 4 p.m.

HIS EXCELLENCY THE LORD LIEUTENANT has accepted the invitation of the President and Fellows of the Royal College of Surgeons in Ireland to the annual college dinner on Saturday, February 20th.

HIS MAJESTY THE KING has been pleased to grant permission to Dr. George Ogilvie to accept and to wear the Insignia of Knight of the Royal Order of Isabel la Catolica, conferred upon him by the King of Spain.

DR. F. M. SANDWICH, Gresham Professor of Physic, will give four lectures at Gresham College on February 9th, 10th, 11th, and 12th, at 6 p.m., in which he will discuss Malta fever, diphtheria, and the life-work of Pasteur.

THE annual dinner of the Chelsea Clinical Society will take place at the Galety Restaurant, Strand, W.C., on Thursday, March 4th. Particulars can be obtained from Dr. K. R. Collis Hallowes, 104, Buckingham Palace Road, S.W.

THE Lettsomian Lectures at the Medical Society of London will be delivered by Dr. Sidney Martin, F.R.S., on February 1st, 15th, and March 1st, at 9 p.m. on each evening. The subject of the lectures is functional disorders of the stomach and intestines, their diagnosis from organic disease and treatment.

THE French Congress of Scientific Societies will be held this year at Rennes. Among the subjects proposed for discussion are: The relations of sociology and anthropology; healthy and cheap dwellings; alcoholism—the evil, its causes and remedies; tuberculosis and the means of avoiding contagion; high altitude and seaside sanatoriums; methods and disinfection against contagious diseases, and the results obtained in towns, rural districts and establishments in which disinfection is practised; the water supply of towns—the contamination of subterranean lakes; leprosy and pellagra in France; the part played by insects and especially the common fly in the dissemination of contagious diseases; hygiene of the school child.

IN the course of his presidential address to the Royal Meteorological Society on January 20th, Dr. R. H. Mill remarked that it was popularly held that sunshine, heat, and dryness were necessarily good, and rain and cold necessarily bad. These current and erroneous beliefs affected the meteorological departments maintained by many municipalities so strongly that to be above the local average in the "bad" elements and below it in the "good" was held to be a disgrace never to be acknowledged if it was possible to deny it. He had even heard of instances in which reports were suppressed in order to obviate misconception, and of others in which instruments were moved to obtain more agreeable records.

THE first Negro Congress on Tuberculosis was (we learn from the *Medical Record*) held at Tuskegee, Alabama, during the third week in December, 1908. On the opening day, "Health Sunday," seven meetings were held, and in the course of the next six days the 1,500 students of the Tuskegee Institute attended the evening meetings, at which addresses, illustrated by stereopticon views, were delivered. It was decided to establish a permanent tuberculosis committee at Tuskegee, with similar committees at other leading negro institutions. A propaganda will be set on foot in the press that circulates among the negro population, and the State Boards of Health will be asked to supply printed matter about the disease and the means of preventing its spread.

A REPORT by Dr. Masson on the administration of the isolation hospital and camp during the recent outbreak of

bubonic plague in Trinidad has been issued. In the period May 30th to September 28th there were 19 cases with 15 deaths, giving a death-rate of 78.9 per cent. This would indicate that the disease was of a virulent strain, though no frankly pneumonic cases were seen. The report says little about infection of the rats in the town, but this will probably be dealt with by the medical officer of health later. It will largely depend on this whether the disease will break out again, and Thompson's report on a seventh outbreak of plague at Sydney should be well studied by the authorities in Trinidad. There is nothing unusual in the clinical details and pathology of the cases reported on; they are typical of ordinary bubonic plague.

LORD ROBERT CECIL will preside at a dinner of the staff and students of the London School of Clinical Medicine at the Savoy Hotel on Friday, February 19th. Among those who have promised to attend are Sir Thomas Barlow, Bart., K.C.V.O., Sir W. J. Collins (Vice-Chancellor of the University of London), Sir William Watson Cheyne, C.B., Sir William Church, Bart., K.C.B., Dr. J. F. Goodhart, Admiral Swinton C. Holland, Sir Malcolm Morris, K.C.V.O., Sir Richard Douglas Powell, Bart., K.C.V.O. (President of the Royal College of Physicians), Colonel W. B. Leishman, R.A.M.C., Inspector-General James Porter, C.B. (Director-General of the Medical Department of the Royal Navy), Lord Ridley, Mr. A. W. Mayo Robson, Sir Thomas Smith, Bart., K.C.V.O., and Professor Starling.

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on January 13th at 5.30 p.m., Dr. Blandford, president, in the chair. Fifteen directors were present. The deaths of three members were reported, among them being that of Sir Henry Pitman, a vice-president of the society. A vote of condolence to Lady Pitman was passed from the chair. Three new members were elected. A sum of £528 had been distributed among the annuitants of the charity as a Christmas present, each widow receiving £10, each orphan £3, and each orphan on the Copeland Fund £5. Since the last court one of the annuitants of the charity had died; her husband had paid in subscriptions £33 12s., and died in 1855; since that date his widow received in grants from the society the sum of £3,300. This is a most striking instance of the advantages of joining the society. The sum of £1,242 10s. was voted for half-yearly grants to the widows and orphans at present on the books of the society. Relief is only granted to the widows and orphans of deceased members, and during the past three months five letters had been received from widows of medical men left penniless asking for relief, but this had to be refused, as their husbands had not been members of the society. Membership is open to any registered practitioner who at the time of his election is residing within a twenty miles' radius of Charing Cross. Full particulars and application forms for membership may be obtained from the secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W. The invested funds of the society now exceed £100,000.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on January 15th, Dr. de Havilland Hall in the chair. In accordance with custom, at the first meeting of the year special reports on the cases of those members who seem to be unlikely to be ever able to resume professional work were examined, when it was determined to make provision for chronic illness. It was foreseen that this would involve a considerable outlay, but the number of chronic cases has increased more quickly than was anticipated, and now, numbering over 40, they require an outgo exceeding £3,000 per annum, and at each valuation of the society's business a substantial special reserve has been made in respect of them. Five years has elapsed since the last valuation, and the actuaries are now engaged in estimating the necessary reserves for the business. The amount required for the chronic cases is growing very large, and this part of the business bids fair to become one of its most important features. Although last year the ordinary sickness claims amounted to rather more than the expectation, they have generally shown a margin in favour of the society. When the report is presented to the members at the annual general meeting to be held in May next, it will be found that both during the year 1908 and during the quinquennium of which it is the final year, the financial strength of the society has grown in a satisfactory manner. Prospectuses and all further particulars on application to Mr. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees were conferred on January 16th :

M.C.—R. Davies-Colley, Emm.
B.C.—A. E. Stansfeld, Joh. ; F. J. Cleminson, Gonv. and Cai. ; R. F. Priestley, Gonv. and Cai. ; B. Hughes, H. Selw.

The following have passed the examination in Tropical Medicine and Hygiene :

H. C. Brown, J. Dorgan, H. R. Dutton, L. T. R. Hutchinson, J. M. O'Brien, A. G. Payne, P. L. Stallard, H. E. Stanger-Leathes.

UNIVERSITY COLLEGE, LONDON.

LECTURES ON NATIONAL EUGENICS.

A COURSE of eight lectures on National Eugenics, in connexion with the Galton Laboratory, will be given at University College on Tuesdays at 5 o'clock beginning on February 23rd. The first lecture will be given by Professor Karl Pearson on "The Purport of the Science of Eugenics." On the four following Tuesdays the lectures will be given by Mr. D. Heron, and will deal with the following subjects : Methods of Eugenic Inquiry ; Transmission of Physical Characters in Man ; Transmission of Psychical Characters in Man ; Inheritance of Disease and Deformity. The course will be continued in the third term, beginning on May 4th, when Miss E. Elderton will lecture on "Effects of Kinship in Marriage" and "Comparison of Heredity and Environmental Factors." Full particulars of the lectures can be obtained from the Secretary of University College.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated :

FIRST EXAMINATION.—H. L. Batra, K. Bhushan, E. W. Marsh, A. F. Henriques, P. A. Dastoor, B. G. Shiradkar, A. I. Luke, M. M. Daru, J. K. Sharma, D. B. Gazdar, E. D. Shroff, N. B. Mehta, K. Nath, N. S. Williams, S. N. S. Aiyangar, T. Sebastian, W. Elder, J. Hegarty, H. W. Ward, V. T. W. Eagles, F. Chand, W. A. Reardon, W. A. Rees, H. W. M. Wallace, C. M. Willmott, E. P. Ghose, J. W. Craig, F. F. Keravalla, W. P. Over, P. C. Banerjee, and A. S. Douglas.

SECOND EXAMINATION.—E. Thorp, T. E. Ferguson, J. M. Chrystie, J. M. Dalzell, F. W. Grant, W. J. H. Davies, Z. A. de Cruz, E. C. Hamilton, D. A. Evans, N. P. Vaid, and J. Adams.

THIRD EXAMINATION.—B. J. Hattam, H. V. A. Gatchell, W. Whitfield, W. T. Henderson, H. L. Batra, E. W. Wilbourn, G. B. Moon, Emma M. Johnstone, D. Hickey, K. Bhushan, E. W. Marsh, A. F. Henriques, and A. I. Luke.

FINAL EXAMINATION.—H. D. Dadyseth, F. J. de Souza, W. F. Mitchell, T. M. Jamieson, A. G. Curphey, J. B. Kelson, W. F. Buis, G. N. Braham, Kathleen Reed, Hilda L. Keane, T. J. Vaughan, G. F. Forde, H. A. Higginson, H. W. Turner, A. O'Flaherty, B. M. Tembe, E. Gibson, E. C. Wilford, J. E. Brown, A. M. Shah, G. V. Bhatavadekar, H. R. Gogte, A. Davidson, K. S. Commissariatwalla, T. B. McKendrick, F. H. Kiddle, D. S. Sardesai, P. Stewart, H. S. Harling, J. Aiken, and E. J. Lumsden.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated :

FIRST PROFESSIONAL.—M. J. Ahern, A. T. Cannon, T. F. Collins, H. J. Cotter, C. J. Hegarty, C. Hennessy, C. F. D. Kelly, F. Mulcahy, A. Verling.

SECOND PROFESSIONAL.—T. F. O'Donnell, J. H. Barry, P. W. Black, P. Daly, J. M. Gilmor, C. J. Halpin, A. Hamilton, C. W. Joynt, C. J. Lenahan, A. G. MacIlwaine, D. McDevett, A. J. Neilan, P. J. O'Connell, D. P. H. Pearson, F. Phelan, C. Roche, P. R. Todd, A. Wiley, F. Webster.

* With honours.

SOCIETY OF APOTHECARIES OF LONDON

THE following candidates have been approved at the examinations indicated :

Surgery.—*†G. K. Aubrey, *J. Bramley-Moore, *†J. B. Tackaberry, †H. B. Waller, *†H. V. White.
Medicine.—†H. W. B. Danaher, *†J. S. Rowe, *†J. B. Tackaberry.
Forensic Medicine.—J. B. Tackaberry.
Midwifery.—H. S. Brown, A. C. Jenkins, B. A. Keats, J. B. Tackaberry.

* Section I. † Section II.

The diploma of the Society has been granted to Messrs. G. K. Aubrey, J. J. S. Rowe, J. B. Tackaberry, H. B. Waller, and H. V. White.

It is announced that an International Antivivisection and Animal Protection Congress will be opened in London on July 6th. In connexion with the congress there will be an exhibition at the Caxton Hall of appliances for making the transport and slaughter of animals humane, and of clothing materials which have been obtained without any cruelty to animals.

Letters, Notes, and Answers.

BRITISH MEDICAL ASSOCIATION AND BRITISH MEDICAL JOURNAL CHANGE OF ADDRESS.

THE offices of the British Medical Association and of the BRITISH MEDICAL JOURNAL have been removed to 429, Strand.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

H. B. wishes to know of a school or tutor in France where a boy of 10, whom he wishes to send up to Osborne, may receive a good English education, and at the same time learn to speak French fluently. H. B. would like to hear from a parent who has had personal experience of such a place, and who can vouch for the sanitation of the house and locality.

TREATMENT OF BRONCHIAL ASTHMA.

A MEDICAL MAN who has suffered from bronchial asthma for many years, has been able by care in diet and his mode of living to attend to his practice, but during the last six months has been much worse. He asks for advice, but adds that he cannot take potassium iodide.

ANSWERS.

AJAX.—Country members of the Association may have letters sent to the office of the British Medical Association, 429, Strand, London, W.C. Letters will also be forwarded on request.

LETTERS, NOTES, ETC.

CANCER OF THE TONGUE.

DR. A. S. MORTON (Putney, S.W.) writes : I have read with very great interest the article on cancer of the tongue by Mr. Butlin. The statistics seem evidently to have been prepared with great care, but there appears to me to be one great source of fallacy, and that is the diagnosis, for if the diagnosis is wrong the entire statistical results must be wrong also. Many years ago a case of cancer of the tongue was seen by me ; it was treated in the orthodox manner of the period, such as various local measures, antisyphilitic and other constitutional remedies, removal of a tooth, avoidance of tobacco, and so forth ; finally, the man was seen by Sir James Paget, who pronounced the case cancer of the tongue, and advised removal of the organ. The man was afterwards seen by Mr. Edward Cock, of Guy's, who said it was not cancer at all ; he advised a certain line of treatment, which was useless ; and finally the patient disappeared from observation. Some considerable time afterwards I met the man in the street. He then said he was quite well, and the tongue appeared to be healed perfectly, due to the skill of some old woman. Now, if this tongue had been removed, either with the entire glands or otherwise, it would have gone to swell the percentage of successful operations. Regarding microscopical diagnosis, some time ago, at a post-graduate course of lectures, Sir Jonathan Hutchinson said, "I do not wish to decry the use of the microscope as an aid to diagnosis in cancer, but do not rely upon it entirely." He then proceeded to relate a case in which the subsequent results proved it to be one of cancer, although the histologist had pronounced it to be benign. I do not pretend to be one of the "scientific" and "academic" brigade of the Royal College of Surgeons, but I could multiply such cases as the above, and I have no doubt that many of the despised and ignorant members of our College could do likewise. I can also state that I have seen many cases of cancer of various organs where the patients had declined all surgical interference, and yet they managed to live for a great number of years. It would be very interesting if some statistics could be prepared showing how many years such patients do live after diagnosis and refusal of operation, and in some way to compare these cases with those who have suffered the operation to be performed.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication ; and, if not paid for at the time, should be accompanied by a reference.

N.B.—It is against the rules of the Post Office to receive letters at *Postes Restantes* addressed either in initials or numbers.