

of the rectum that is useful at all must remove certain areas of highly dangerous tissue. The facts of surgical pathology alone are sufficient to damn all such restricted operative procedures as perineal excision and resection with end-to-end anastomosis. I cannot speak of the end results of perineal operation in the hands of others. I only know that I gave them far too long a trial, extending their scope as far as possible, limiting my selection of cases more than I do now, and faithfully following my results. I did 58 such operations; I had 55 recurrences; and I am convinced.

TREATMENT.

The failures of restricted operations and the observations clinically on the areas of recurrence led me to devise the radical abdomino-perineal operation. I shall not now describe my operation, but you will have the opportunity to-morrow of seeing one of these cases operated upon by the method; the other will be operated upon on Thursday, January 30th. Briefly, the operation consists in removing nearly the whole of the pelvic colon, the whole of the mesocolon, the whole of the levatores ani, and the whole of the rectum and anus and ischio-rectal tissues, and making a permanent inguinal colostomy. You will see the results in those patients who have been good enough to return to us to-day for examination after three and more years since the operation, and you will find that they have practically complete sphincteric control of the abdominal anus, and that this artificial anus is neither uncleanly nor unsightly, nor is it a source of discomfort. The operation is a severe one. I do not think that it should be performed on those over 60 years of age; of 10 such cases all died. With regard to the remainder, of whom there were 36, 8 died from the effects of the operation, 4 have had recurrence, 2 died of intercurrent disease, while 22 are to-day alive and well after periods varying from six months to six years.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF OBSTINATE SCIATICA BY PHENAZONUM INJECTIONS.

THE treatment of obstinate sciatica is attended with so many difficulties that success by Tubache's method¹ may be of interest.

A. V., aged 66, of robust constitution, weight 15 stone, came under my care on August 30th, 1912. He had had a sharp attack of sciatica in 1886, and was quickly cured by the baths of Hammam R'irha, Algiers; again, in 1905, he was apparently cured of another attack by visiting the same baths. An attack in September, 1911, was greatly relieved by three weeks of Harrogate treatment, baths, massage, electricity, etc., and in June, 1912, after a sharp attack of lumbago, a more severe trouble arose from a return of the sciatica. Three weeks at Droitwich; baths, massage, and Aix douche made the patient's condition steadily worse. He returned home and took to his bed on September 3rd. The daily application of an electric light bath was tried, and blisters along the course of the sciatica nerve, salicylates, potassium iodide, and other remedies, but he continued to experience the most acute pain on the slightest movement. He could only lie on his left side, the sciatica affecting his right leg from thigh to foot.

On September 21st I commenced the deep hypodermic injections of the following: Phenazonum, 3ijss; cocain. hydrochlor., gr. ijss; aq. destill. steril., 3ijss; 1 c.cm. (m xv) being injected into the upper part of the thigh over the nerve. The injection was repeated at different places along the course of the nerve on September 23rd, 25th, 27th, and October 3rd, 7th, 9th, 13th, 17th. They caused no pain at the time, but invariably about 6 hours after a great deal was experienced, which lasted some hours, and sometimes necessitated an injection of morphine. There was no great relief from the treatment until October 12th, but the nearer the injection got to the nerve the greater

the relief seemed to be. For instance, the injection over the external popliteal behind the head of the fibula gave great relief, and another injection, on October 13th, on the dorsum of the foot completely removed the pain after four hours, and it has not returned.

After October 12th the patient rapidly improved; the pain ceased and movement became easy. About this time some anxiety was felt because of some slight cardiac trouble, causing a slow and intermittent pulse; but a mixture of strychnine and digitalis put this right again. Since October 28th the patient has gradually resumed his usual habits, and experiences only a considerable stiffness in his right leg. The power of walking is gradually improving.

High Wycombe,

LEWIS W. REYNOLDS, M.R.C.S.Eng.

RUPTURE OF THE PLEURA WITHOUT FRACTURE OF RIBS CAUSED BY A BUFFALO.

W. R., a German hunter aged 27, was attacked by a buffalo on October 7th, 1912, near Kasisi Camp, on the Anglo-Belgian frontier, about 40 miles from Fort Portal, Toro, in the Uganda Protectorate.

The buffalo first attacked a native porter, goring him in the abdomen from one side to the other as it tossed him. The man died on the spot. It next turned its attention to W. R., threw him on his back, and tried to crush him by pressing his chest with its head. With great presence of mind W. R. then pushed two fingers of each hand into the animal's eyes, which made it start back suddenly. Before he could get hold of his rifle (which lay by his side) the buffalo made a second rush at him and tried to crush him as before, the hunter trying to relieve the pressure by seizing both the animal's horns. In the meantime one of the other porters succeeded in killing the buffalo after three shots.

In the struggle the following injuries were sustained:

1. General bruising of the whole body and limbs.
2. A lacerated wound of the neck on the right side, and a double wound of the middle of the right arm, caused by penetration with the horn, and another lower down.
3. The principal injury, however, was rupture of the pleura between the fourth and fifth rib just outside the nipple line for 4 to 5 in.

The patient was first seen by me on October 11th, four days later. He was very anaemic, and there was a well marked mitral bruit. At each expiration the lung protruded from the aperture above described to the size of a large walnut. There was extensive emphysema of the chest wall up to the sixth rib in front and to the fourth in the axillary line. No pleuritic rub could be heard, being probably masked by the crepitations. The base of the lung was clear. The temperature was 101° F., the pulse 100, and the respirations 32.

A pleuritic rub was heard reaching to the base of the left lung on October 14th. The temperature was 98.6° in the morning, and 102.4° at 8 p.m.

The patient made a rapid recovery, and on October 18th the temperature was 98.2°, the pulse 84, and the respirations 26. The treatment was then stopped at the patient's request, but there was still dyspnoea and pain on November 2nd.

Note by DR. CROPPER, late of the C.M.S. Hospital, Toro.

I saw this patient on November 2nd and three following days. He was very anaemic, and I diagnosed malaria; this was confirmed by the microscope, which showed well marked benign tertian rings. Quinine in doses of gr. xv quickly put an end to the fever. The wounds were nearly healed. Pain in the left chest was diminishing, but there was still dullness at the left base, probably due to effused blood still unabsorbed. The rent in the pleura was closing, but on forcible expiration there was still a small protrusion of the lung nearer to the shoulder-joint than the nipple, and apparently more external than just after the injury. This could be controlled by a well fitted pad strapped on.

S. R. BHAGWAT, L.R.C.S.E.,
Government Surgeon, Fort Portal, Uganda.

¹Practitioner, July, 1912.

me to disprove again statements which he only repeats, apparently under the impression that repetition will make them true. Your correspondent has so sufficiently answered himself that any further rejoinder from my pen is scarcely required. I therefore confine myself to the particular point regarding which he says he has secured "positive evidence" against me.

He again declares in regard to my lecture that "another part was devoted to the immorality of drinking alcohol and the uselessness and danger of vaccination." I again reply: "This assertion is simply amazing and almost unpardonable; not one word about alcohol drinking or vaccination escaped my lips the whole evening." He produces, as evidence, an anecdote I gave after my lecture was concluded, in reply to an observation from himself in which he sneered at my being almost alone in my opposition to vivisection, and asserted that I had practically the whole of the medical profession against me. The anecdote, as his own quotation shows, had nothing whatever to do with "the immorality of drinking alcohol," but merely went to show that a minority in one generation became converted into a majority in the next. His inability to grasp the point of my argument I can only attribute to the extreme state of nervousness which appeared to possess him at the time.

Similarly in regard to vaccination, not a single word on the subject was mentioned by me in the course of my lecture. I simply stated, in reply to a question subsequently put to me by some one in the audience as to whether I believed vaccination to be a protection against small-pox:

Perhaps my best answer to that will be that I have probably mixed with as much small-pox as any medical man in this city, and yet I have neither been vaccinated nor contracted the disease. My own experience has convinced me that vaccination is no protection against it.

To say, as Dr. Walker does, that I "spoke at length upon both these subjects," is positively false. I never mentioned them. My lecture dealt wholly and solely with the subject of vivisection in its various aspects. Your correspondent, upon the other hand, dealt only in side issues, mostly of an irrelevant nature, as he seeks to do now.

Dr. Walker appears incapable of construing even a written statement correctly. His faculty for turning things upside down is in the following instance highly amusing. He says:

That Dr. Hadwen should consider the recovery of a micro-organism from the body of an individual inoculated with this organism as an astounding feat is more surprising than the feat itself, which any one with any experience in a pathological laboratory must have seen performed hundreds of times as a matter of routine.

Permit me to say I see nothing "astounding" in the "feat," nor could I have believed that my ironical remark at Dr. Walker's expense could possibly have been taken seriously! He must be strangely deficient in sense of humour. Even had I possessed no laboratory or medical experience whatever, I should have had no difficulty in subscribing to the simple and self-evident proposition he has so laboriously advanced.—I am, etc.,

WALTER R. HADWEN, M.D., J.P.,

President British Union for Abolition of Vivisection,
Gloucester, Jan. 20th.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—G. Browne.
M.B., B.C.—E. G. S. Cane, W. T. C. Pearce, Ff. Roberts.
B.C.—J. W. Joint, G. M. Parker, F. B. Smith.

UNIVERSITY OF LONDON.

The name of the following successful candidate should be added to the list previously published:

Third M.B., B.S.—Vincent Glendinning, Guy's Hospital.

KING'S COLLEGE.

Special Lectures in Physiology.

A course of four lectures on recent advances in chemical physiology and pathology will be given by Dr. Otto Rosenheim

in the Physiological Laboratory, King's College, on the following Monday afternoons at 4.30 p.m., beginning on February 3rd. The lectures are free to all medical students in London medical schools, and to all internal students of the University of London, and to medical men on presentation of their cards.

UNIVERSITY OF LIVERPOOL.

Professor Hebblethwaite.

It is with great pleasure we congratulate Professor Hebblethwaite, Registrar of the University, on his return to work at the university after a term's leave of absence owing to illness. Delighted with his recovery, we join in wishing him many more years of health and ability to do the work to which he is so devoted. The work of the University Settlement is progressing well in the newly erected buildings. In the south end of Liverpool the warden and his colleagues are busy with their social work. There is still a debt of £1,000 upon the building, and a sum of £3,000 is necessary and urgently needed for endowment. Those who are interested in the work sincerely hope that the funds will be forthcoming, and that the work will not be crippled for want of them.

Public Lectures.

The following public lectures will be delivered during the Lent term: At 8 p.m. on January 24th Dr. T. R. Bradshaw will lecture on "Some Aspects of the Doctor and his Work." Professor Ernest Glynn, the newly appointed Professor of Pathology in the University, will deliver his public inaugural lecture at 5.30 p.m. on February 21st, and he has chosen as his subject, "The Study of Diseases in Domestic Animals and its Importance to the Community." On March 7th, at 8 p.m., Dr. Kenneth Forbes, Lecturer in Education in the University, will lecture on "Convention and Conventionality in Teaching." All these lectures will be delivered in the Arts Theatre, and admission is free without ticket.

Prize Essay.

Mr. Robert Caspe, a medical student in his second year, has been awarded the first prize in a competition organized by the Home University Library for an essay on the value and use of such a library. Mr. Caspe is to be congratulated upon his success in an open competition of this character.

UNIVERSITY OF GLASGOW.

Final Year Medical Dinner.

A COMPANY of 140 attended the "Final Year Medical Dinner," held in St. Enoch Station Hotel on January 14th. Professor W. K. Hunter presided, and there was a good gathering of the medical professors and lecturers, including Professors Samson Gemmell, Sir Wm. Macewen, Murdoch, Cameron, Muir, Glaister, Stockman, Munro Kerr, Bower, and others. A capital souvenir programme was prepared, illustrated by topical sketches; one of these, entitled "Childe Harold to the dark tower came," depicting the fortress of "General Practice," with a sinister figure of Mr. Lloyd George crouching behind the left wing of the tower, and flourishing a deadly-looking bludgeon. A photo gallery of "Men of the year" (1908-13) was also given, with a list of their names, and opposite each a more or less descriptive couplet. The list of guests was also provided with classic and other quotations for each. After the loyal toasts Mr. Ian D. Grant proposed "Alma Mater," which was responded to by Professor Samson Gemmell, who took occasion to refer to the affiliations which he said were in the air. The Technical College was to be affiliated; music, too, would soon have affinities; and he thought there was no reason why the Veterinary College should not come in also, and bring the university up to date. Professor Ralph Stockman replied for the guests, and Dr. J. Crawford Renton proposed "The Year," which was acknowledged by Mr. William A. Brechin.

General Council Register.

The Register of the General Council of the University of Glasgow for the year 1913 contains the names of 8,546 members, an increase of 301 on the previous year. At the annual revision 409 names were added, and those of 108 deceased members removed, including three who died respectively in 1892, 1899, and 1900, regarding whom information had only recently been received. There is still much room for improvement in the matter of intimating deaths and changes of address; no fewer than 187 reports last October were returned through the Dead Letter Office.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

MATERIA MEDICA AND PHARMACY.—J. C. P. Bayley, J. D. Ferguson, C. T. Gasking.
ANATOMY.—J. B. Fairclough, J. D. Ferguson, L. Kahan, G. Noot, N. W. Rawlings, J. Totton, G. C. Wright.
PHYSIOLOGY.—C. G. Bunn, J. D. Ferguson, W. Fox, H. C. C. Hackney, L. Kahan, G. Noot, N. W. Rawlings, J. Totton, G. C. Wright.

seven years. He had an extensive practice and held the appointments of Medical Officer and Public Vaccinator for the Scunthorpe district in the Glanford Brigg Union, of Certifying Factory Surgeon, and of Honorary Surgeon to the Frodingham Cottage Hospital. His contributions to the medical press included the record of a case of tetanus following burns (*Lancet*, 1879) and treatment of scarlet fever by sodium salicylate (*Lancet*, 1882). He was one of the first members of the St. Lawrence Lodge of Freemasons when it was formed at Scunthorpe, was a devout churchman, and was honoured by being the first churchwarden of the beautiful parish church built by the late Lord St. Oswald. He was very musical and a composer of several hymn tunes. In private life Dr. Couldrey was a man beloved by all who were brought into contact with him. A man of simple tastes, unassuming modesty, of generous and unselfish nature, his counsel was sought by many, and his hand was ever ready to help without ostentation those who were in need; he annually distributed charity to the widows of the district on St. Thomas's Day. He has left behind the fragrant memory of a good man.

The large funeral and the great number of wreaths bore sorrowful testimony to the general esteem in which he was held; he was borne to his last resting place by the churchwardens and sidesmen, while the flag of the church tower was hoisted at half-mast.

WE regret to announce the death of Dr. J. HERBERT FINEGAN, which took place recently at his residence in Liverpool, at the age of 75 years, after a brief illness. He was born in county Monaghan, Ireland, but was brought to Liverpool at a very early age, and received his scholastic education at the Liverpool Institute. At the age of fourteen he was apprenticed to Dr. Hill of Liverpool. Four years later he attended the Royal Infirmary, and obtained his first distinction, consisting of a two years' scholarship. From that onwards his career was steadily successful, not only in his profession, but as a spirited swimmer, yachtsman, marksman, and all-round sportsman. As a general medical practitioner, for a long time he lived in Rodney Street, but about two years ago removed to Upper Parliament Street. At his death he was the oldest practitioner in Liverpool, and the senior member of the Liverpool Medical Institution. He was for many years connected with the 64th L.R.V. (Liverpool Irish), of which he became Surgeon-Colonel. The following is a list of the distinctions which he gained in his profession and otherwise at various times: Scholarship at the Royal Infirmary and medal for midwifery; certificate of honour in practical chemistry; certificate of honour and medal for surgery at the Liverpool Royal Infirmary. He became a member of the Royal College of Surgeons of England in 1858, received the L.S.A. in 1859, and the M.D.St. Andrews in 1862. He obtained the bronze medal of the National Rifle Association in 1860, and was winner of the challenge cup for marksmanship in the L.R.V., 1871. Dr. Finegan was also honorary surgeon to the Maternity Hospital, and on his retirement became consulting medical officer. He was known throughout his career as a man of genial and kindly disposition, always sympathetic with and ready to relieve distress and poverty. Though latterly his health was far from good, devotion to duty found him attending his patients until within a few days of his death.

DR. JAMES BARCLAY MONTGOMERY, of Penzance, Cornwall, who died on the night of Christmas Day, was born in 1829. He graduated M.D. in Glasgow in 1851, and took the diplomas of M.R.C.S.Eng. and L.R.C.S.Edin. in 1852; he became a Member of the Royal College of Physicians of London in 1859, and a Fellow in 1875. He settled in Penzance, and had a very wide and select practice, extending at one time from Truro to the Land's End. He was in that part the last of a fine type of general practitioner and consultant and physician in one, which is now everywhere dying out. He was honorary physician, with personal attention to out-patients and in-patients, at the West Cornwall Infirmary and Dispensary from 1856 to 1906. When, at his jubilee of office, he retired he was honoured with a presentation of plate and a purse. As a consultant physician his services were sought by medical men all over Cornwall. He was a J.P. for the borough of Penzance, but did not, outside his medical

work, enter much into public life, though probably one of the best informed and most cultured men in the county. He was of a cheerful, witty disposition, with all the kindly courtesy of the physician of his time. The latter years of his life were, however, saddened by the loss of his only son, Dr. Hugh Montgomery, who had lived with him since 1886 and was associated with him in his practice. He nevertheless retained his marvellous memory for people and events and his love and knowledge for music until the end. His wife, with whom he lived so happily, survives him.

CAPTAIN JAMES MARTIN BUIST, R.A.M.C., who died on January 8th at Davos, Switzerland, aged 36 years, was the youngest son of the late Major-General D. S. Buist. He obtained the degrees of M.B., Ch.B.Edin. in 1899, and entered the service in December of the same year, becoming Captain in December, 1902.

Public Health

AND

POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES (1912).

WE are indebted to the Registrar-General for the following statement showing the birth-rates and death-rates and the rate of infantile mortality in England and Wales, and in certain parts of the country during the year 1912.

ENGLAND AND WALES.

Birth-rates and Death-rates in the Year 1912 (Provisional Figures).

	Annual Rates per 1,000 Living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.		
		Crude.	Corrected*	
England and Wales...	23.8	13.3	13.3	95
95 great towns, including London	24.9	13.8	14.6	101
146 smaller towns...	23.8	12.4	13.0	99
England and Wales, less the 241 towns	22.6	12.9	12.1	83
London	24.7	13.6	14.3	90

* The corrected death-rates are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901. The corrections applied to the crude rates have been necessarily based upon the constitution of the populations of the areas as enumerated in 1901, and are therefore only approximately applicable to the conditions of 1912.

Medical News.

PROFESSOR ARTHUR KEITH, Conservator of the Museum of the Royal College of Surgeons of England, has been elected President of the Royal Anthropological Institute of Great Britain and Ireland.

THE anniversary dinner of the Hunterian Society of London will be held at De Keyser's Hotel, Blackfriars Bridge, on Tuesday, February 4th, when the President, Mr. A. H. Tubby, will take the chair at 7.30 p.m.

THE *Times* states that Mr. Lloyd George has decided to appoint a committee to consider how far medical benefits under the Insurance Act should be extended to Ireland. Mr. H. T. Barrie will represent Irish Unionists on the committee.

On January 21st the Isle of Man House of Keys passed, by 17 votes to 5, the third reading of a Vaccination Amendment Bill, which contains clauses making it impossible for a person to be convicted twice in respect of the same unvaccinated child.

THE next Oxford Ophthalmological Congress will assemble on July 16th, and the business will be transacted on the two following days. A discussion on the present position of ophthalmology will be opened by Mr. Robert W. Doyne, Master of the Congress. Members who desire to take part in the discussion or to show cases and specimens are requested to communicate with the Honorary Secretary, Mr. Sydney Stephenson, 33, Welbeck Street, London, W.

THE King has authorized Dr. Llewellyn Powell Phillips, Professor of Medicine at the Medical School, Cairo, to accept and wear the Insignia of the Third Class of the Imperial Ottoman Order of the Medjidieh conferred upon him by the Khedive of Egypt.

THE Lent term of lectures at the Royal Eye Hospital, Southwark, commenced on Tuesday last. The subsequent lectures will be given at 4.30 p.m. on every alternate Tuesday till April 1st. The course fulfils the conditions of Clause 4, Paragraph XXI, Section II of the Regulations of the Examining Board in England. Further particulars can be obtained on application to the Dean at the hospital.

MISS M. E. VERRALL, honorary treasurer of the Lady Chichester Hospital for Women and Children, writes to call attention to an omission from the account of it which was given in the course of an article on Brighton in the JOURNAL of January 4th, p. 34. In this account reference was made to two departments only of the work—the hospital for nerve cases in Brunswick place, and the out-patient department in Ditchling Road. It should have been said that at Ditchling Road there is a third department, a hospital for medical and surgical cases containing twelve beds. This was opened last November, and is quite full. Two houses have been made to communicate, the lower part being used for the out-patient department and the upper for the hospital.

ON the occasion of his retirement from the editorship of the *Bristol Medico-Chirurgical Journal* after twenty-one years of service Dr. Shingleton Smith was entertained at a complimentary dinner at Fort's Restaurant on January 18th, by the members of the Bristol Medico-Chirurgical Society and other local medical men and afterwards presented with a picture, an antique silver salver, and an album with the names of the subscribers. Mr. N. C. Dobson, in making the presentation, thanked Dr. Shingleton Smith for all he had done for the profession during and since the foundation of the society in 1874. Mr. Richardson Cross, who also spoke, said that to no man did the local profession owe so much for his ceaseless energy on behalf of the society and *Journal* and during the early days of University College.

THE Home Secretary has appointed a committee to inquire and report as to the conditions necessary for the adequate and suitable lighting (natural and artificial) of factories and workshops, having regard to the nature of the work carried on, the protection of the eyesight of the persons employed, and the various forms of illumination. The members of the committee are: Dr. R. T. Glazebrook, C.B., F.R.S., Director of the National Physical Laboratory (Chairman); Mr. Leon Gaster; Dr. Francis Gotch, Professor of Physiology in Oxford; Mr. J. Herbert Parsons, Ophthalmic Surgeon to University College Hospital; Mr. W. C. D. Whetham, Fellow of Trinity College, Cambridge, well known as a writer on heredity, and Sir Arthur Whitelegge, K.C.B., M.D., Chief Inspector of Factories. The Secretaries of the Committee are Mr. D. R. Wilson, an inspector of factories, and Mr. C. C. Paterson, of the National Physical Laboratory. All communications should be addressed to Mr. Wilson at the Home Office.

A SERIES of lectures to advanced students and others interested in the subjects discussed will be given at the Lister Institute of Preventive Medicine, Chelsea Gardens, during February and March. The lectures are open to students of the university free, and others can obtain a card of admission on application to the Secretary of the Institute. The first lecture, to be given on Tuesday, February 4th, at 5 p.m., will appropriately deal with the early bacteriological work of Lord Lister, and will be given by the Director of the Institute, Professor C. J. Martin, F.R.S. On February 6th and 11th Dr. G. H. K. Macalister will deal with the various products of the tubercle bacillus used in diagnosis and treatment, and current views upon their mode of action; on February 13th and 18th Dr. J. A. Arkwright will lecture on some recent work on the agglutination of bacteria, with special reference to agglutination with acids; on February 20th and 25th Dr. J. Henderson will speak on recent work on haemolysis and serum-fast bacteria respectively; on February 27th and March 4th Dr. H. Maclean will lecture on lipoids; on March 6th Dr. H. Chick will deal with the subject of the laws governing disinfection by various agencies; and on March 13th and 18th Professor A. Harden, F.R.S., will lecture on the chemical action of bacteria—the chief types of chemical change produced by bacteria and the aid which can be obtained from chemical action in the identification and classification of bacteria and the enzymes concerned. The lectures will be given at 5 p.m. on each day.

Letters, Notes, and Answers.

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.

S. asks for results of experience of the value of hypnotism in stammering.

G. P. B. would be grateful to learn of a portable typewriter in which jarring of the fingers is reduced to a minimum. One suitable for use in neuritis of the arm, or writer's cramp, is required.

RECURRENT PHLEBITIS.

V. asks for suggestions as to the possible etiology, prophylaxis, and treatment of a case of recurrent phlebitis. The vein usually affected is the left internal saphenous vein. The first attack dates back nearly four years and was due to trauma, but the three or four subsequent attacks have been without ascertainable cause. The patient is a man aged 24, whose urine presents no abnormality, who is not constipated, and who, except for these attacks, is apparently perfectly healthy. There is no history of gout in the family, and his father and grandfather are both alive. Of the half-dozen doctors who have seen him none has been able to throw any light on the case. Most of the attacks have been below the knee.

ANSWERS.

BRAIN EXTRACT.

DR. W. MAULE SMITH (Worcestershire Asylum, Barnsley Hall, Bromsgrove) writes, in reply to Mr. Phiroze A. Dalal's request, contained in the JOURNAL of January 11th: I have to state that the extract is given by the mouth three times a day. The dose varies from two to four teaspoonfuls. In private practice I would recommend commencing with the former, but the latter is the routine dose given in asylum cases. Messrs. Martindale, New Cavendish Street, London, have placed the preparation on the market.

VARICOSE ULCERS.

DR. W. E. PAIN (London) writes: If "J. H. M." will apply hot boracic fomentations night and morning, bandage the leg with a crêpe bandage, taking internally a tablet of omnopon at night, which relieves pain without inducing constipation or headache, giving a dose of magnesium sulphate every morning, his ulcer will soon get well. I have been the means of curing a great number by using hot calamine, when there is much irritation, for the hot fomentation and bandaging.

LETTERS, NOTES, ETC.

THE RISK OF ECLAMPSIA RECURRING IN A SUBSEQUENT CONFINEMENT.

"A VILLAGE DOCTOR" writes: Dr. Athelstane Nobbs's most unfortunate experience (BRITISH MEDICAL JOURNAL, January 4th, 1913, p. 19) might, in my limited experience, be considerably mitigated should the general practitioner take up a bolder attitude in dealing with such cases on the recurrence of pregnancy. I happen to be the village doctor he mentions in Case I, and immediately after attending her I delivered another case single-handed by vaginal Caesarean section, and she got quite well. Just at the same time as Dr. Nobbs's Case I became pregnant a second time my own case also became pregnant. I was aware that she had had eclampsia during her two previous pregnancies from her history and my own previous experience of her. I therefore sent her to a maternity hospital and strongly urged the authorities there to induce abortion. My humble suggestion was absolutely ignored, and she was sent home. On my own responsibility, I induced abortion at the third month, and she got absolutely well. The ultimate result, compared with Dr. Nobbs's case, created a deep impression on my mind. I have therefore made it a rule that, should a previously eclamptic patient in her next pregnancy show any sign of renal inefficiency which does not immediately yield to general treatment, the uterus should be emptied at once, and should a patient have shown eclampsia in her two preceding pregnancies gestation should on no account be allowed to proceed in her next beyond the third month.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	0 4 0
Each additional line	0 0 6
A whole column	2 13 4
A page	8 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

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.

NOTE.—It is against the rules of the Post Office to receive *postes restant* letters addressed either in initials or numbers.