the most obvious feature on removing the sternum. It extended upwards to the second space, an inch and a half to the right of the right sternal edge, and downwards for some considerable extent, forming in this direction regular pockets. The pericardium was thickened, and covered all over by thick lymph, but not in the form of long villi, as one sometimes sees. There were about ten ounces of thick greenish pus, but no blood, in the sac. The pus extended chiefly into the pockets already mentioned. The heart and pericardium weighed nine and a half ounces. The heart muscle immediately beneath the epicardium was pale, but elsewhere appeared to be normal. The cardiac valves were normal, but the mitral and tricuspid orifices were dilated. All the mediastinal glands were enlarged, and one in the superior mediastinum contained thick yellow pus. A small gland also in the superior mediastinal cavity contained a hard calcareous nodule. This last was the only evidence of either recent or past tuberculosis.

Lungs and Pleurae.—The base of the upper lobe and the upper part of the middle lobe of the right lung were consolidated. There was no apparent difference between the various portions of the consolidated area. The rest of the lung was congested. There was recent pleurisy at the right base, but no fluid in either pleural sac. The left lung was congested and the apex collapsed; in fact, the whole upper lobe contained very little air. The right lung weighed ten ounces, but the left only three ounces.

The liver was extremely enlarged, weighed forty-five ounces, and was typically nutmeg, with extreme fatty degeneration. The spleen was enlarged, weighed five ounces and a-half, but nothing else was noticed abnormal to the eye or touch. With the exception that the kidneys and intestines were congested, the rest of the contents of the abdominal cavity were normal. Beyond pus in the middle ear there was nothing abnormal found in the contents of the cerebral cavity.

Bacteriological Report.—Cultures were taken at the necropsy from the pus in the pericardium and also coverslip preparations. A pure culture of an organism was grown on numerous media, and in each case, with its morphological and staining properties, it resembled the pneumococcus of Fraenkel in every particular, but the absolute conclusive test—namely, inoculation—was not employed. This last is to be regretted, more especially when the length of time the abscess must have lasted is considered.

The mistake in diagnosis made in the case is, I would plead, an excusable, if not even an unavoidable, one. The patient was seen by most of my medical colleagues, and, although the question of suppurative pericarditis was considered by each one, empyema was the final diagnosis arrived at by the large majority. My former house-physician, Dr. G. A. Finlayson, entertained the diagnosis of suppurative pericarditis more strongly than any one else, and he urged that he would have entertained it more strongly still if my confidence in the diagnosis of empyema had not discouraged him from doing so. For this change I admit there was some valid justification. It may be claimed, however, that the error in diagnosis made no difference in the result. The operation proposed for the supposed empyema would, if carried out, have equally well drained the distended pericardium. My only regret is that the possibility, or indeed probability, of the child's dying on the operating table was not faced, and the operation performed. In a subsequent case of purulent pericarditis, complicated with empyema, in a child aged 2½ years under my care, the mother was told the danger of the child dying during the operation, and she preferred to encounter this risk for the child, and the operation was performed. Both the empyema and pericardial cavities were opened and drained, and at the time of writing, more than three months after the operations, the child, although very ill, is still living, and with a hope of recovery. This case Mr. R. P. Rowlands and I propose to publish as soon as a definite result is attained. Even in its incomplete state this last case is a justification for operations undertaken under desperate straits, when the true condition of affairs has been plainly put before the parents or friends.

The condition of the last patient at the time of the double operation seemed infinitely more hopeless than that of the one at present in question when the anaesthetic was given and the chest explored. This increases my regret that the risk attending the promotion of anaesthesia was allowed to prevail over all other considerations. Under similar conditions, in future cases, I would feel inclined to counsel rib resection under a local anaesthetic, such as eucaine; but at present I have no personal experience of severe operations apart from general anaesthesia.

The case seems worthy of being recorded on several grounds. In the first place, cases where the pericardium is the primary and sole site of a pneumococcal inflammation must be of extreme rarity. The ease, too, with which the heart's apex beat could always be located, and the persistent clearness of the cardiac sounds are very unusual features in cases of pericarditis with such an amount of effusion as existed in the present one. A partial explanation of these last features is, perhaps, to be found in the thick and homogeneous nature of the pus in the pericardial cavity, and in its distribution in the pockets discovered *post mortem;* but such an explanation is far from a satisfactory one. More interesting to me, however, than all the other unusual points in the case is the fact that the child lived for such a prolonged period with a pericardium distended with pus.

In conclusion, I have to acknowledge my thanks to my former house physician, Dr. G. A. Finlayson, and Dr. Leonard S. Dudgeon for their excellent notes of the case and *post-mortem* examination.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF ELEPHANTIASIS: OPERATION UNDER DIFFICULTIES IN UGANDA.

A MHIMA chief was sent to me by the King of Ankole suffering from a huge growth of the scrotum. The mass, which was spheroid, hung between his legs, being equal in size to a large football, and it was impossible for the patient to walk upright. The penis, of which the skin was greatly thickened, had a ridge running along the dorsum marked with evenly-placed, ½ in. deep, serrations of a reddish colour, resembling an immense cock's comb, was quite distinct from, and not buried in, the scrotal mass as is usually found to be the case. The man stated that he had been suffering for nearly ten years, the tumour continuing to increase in size, attacks of fever being very frequent (elephantoid possibly); he suffered also a good deal from epileptic fits.

Having placed him on an operation table consisting of bamboos tied together, and supported on four uprights embedded in the ground, I had the parts thoroughly scrubbed with carbolic soap and perchloride of mercury 1 in 1,000 solution.

For want of a rubber cord to control the haemorrhage, I used a Reliance tourniquet, which I placed beneath the tumour, bringing the ends up the sides, and having crossed them above the penis, brought them round the waist, clipping them together behind the back. All being ready, I proceeded to give him chloroform, but he was a long time becoming unconscious, as the chloroform was rather ancient. The mask used was a tin measure with a piece of lint jammed inside, but it answered very well, as some rust holes in the bottom admitted air. Having instructed a native policeman to keep the pot over the man's mouth, I seized the penis, and inserting the point of a large scissors under the foreskin, cut the sheath right down to the root along the dorsum.

The body of the penis was found to be very much atrophied, and about the thickness of my little finger, but was easily enucleated from its enormous sheath, though, as the administration of the anaesthetic required my attention every now and then, the operation was a little tedious. Having freed the penis, I cut down on each testicle through the diseased skin, which was about 3 in. thick. These, like the penis, were found to be much atrophied, about the size of hazel nuts, with lengthy cords. Having freed and brought up both on to the pubes, a few strokes of the scalpel sufficed to remove the diseased mass.

The numerous vessels being tied, I released the tourniquet, and with a couple of stitches fixed the testicles up to the perineum, covering them in with small flaps left for that purpose. At this point the patient's pulse became very feeble, so I injected 10 minims of liquor strychninae and brandy. After the operation the patient made an uninterrupted recovery, but it was some time before he could be induced to walk upright. Three weeks after the operation the penis was found to have regained its normal size. The mass removed after drainage of serum, etc., weighed 12 lb.

RALPH STONEY,
Medical Officer, Uganda Protectorate.

SUPERNUMERARY NIPPLE.

ON April 27th I attended a patient who was delivered of a healthy male child. On examining her breasts I found the left mamma much larger than the right, with a well-developed nipple and areola in the usual central position, and about 2½ in. directly underneath a second smaller nipple, with a dark pigmented areola. Colostrum with milk was

easily expressed from both nipples, and they became slightly erect with mechanical excitement. The patient informed me afterwards that the lower nipple drained the milk from the upper, and in consequenee caused some little inconvenience. It would appear, therefore, that there were not two separate and distinct portions of the mammary gland for each, but that the lactiferous ducts of the whole gland intercommunicated with both nipples. A small supplementary nipple is not an uncommon anomaly, but the development in this case was, I believe, more perfect than in those usually met with.

Belfast. S. W. Allworthy, M.D.T.C.D.

CASE OF SIMULATED PERFORATING GASTRIC ULCER.

On April 15th I received an urgent message to see a girl who was supposed to be dying. On arrival I found the patient, a girl of 18, lying in bed in a state of collapse, cold, practically pulseless, with abdominal expression well marked, and complaining of severe pain in the abdomen.

On examination the abdomen was found retracted, with complete absence of abdominal respiration. On palpation the muscles were hard as boards, and deep pressure caused great increase of pain, which was referred principally to the epigastric and left supraclavicular regions. The history given was that at 6.30 a.m. she had a cup of tea in bed, and when she had taken about half she gave a scream and said, "Oh, my stomach," and then fainted. She was given some brandy, and after a time revived, the condition above described coming on at once accompanied with retching but no vomiting. She fainted twice during the day from pain.

On the 16th her condition had improved, and by the 20th she was practically well except for some tenderness of the muscles and pain on pressure over the left ovary. Treatment consisted in giving nothing by mouth—hypodermic injection of morphine ⅓ gr. at 9 a.m. and 7 p.m. on the 15th, suppository morphine ½ gr. 3 a.m., hypodermic morphine ¼ gr. at 5 a.m. on the 16th. There had been previous attacks of sickness in conjunction with the menses, and the above attack came on on the third day of the flow, which stopped on the fifth day, her usual period lasting seven days. From first appearances it looked like a clear case of ruptured gastric ulcer, and Dr. Michelmore kindly consented to see the case with me.

The points against gastric ulcer were that the previous attacks of indigestion had always occurred before or during the menstrual period, there had never been any haematemesis, and the liver dullness was normal, although when first seen it was too early to expect that to disappear, and the pain was not increased by the dose of brandy which had been given her. When the matter was explained to the relatives they refused further advice, and decided to let things take their course, which happily turned out to be the proper line to adopt. I have not been able to find any mention of such severe gastralgia or ovaritis mentioned in books, and should be glad to hear if it is at all common, as an error in diagnosis might easily lead to unpleasant consequences.

John R. Pollock, M.R.C.S., L.R.C.P.

Tiverton, Devon.

AN AID TO THE LOCALIZATION BY *X* RAYS OF FOREIGN BODIES EMBEDDED IN THE TISSUES.

While several excellent methods have been devised whereby an object embedded in the tissues can be accurately localized, the surgeon is often in need of some simple method requiring no special apparatus whereby he can rapidly determine, by the use of the fluorescent screen, whether, for example, a broken needle is on the palmar or dorsal aspect of a metacarpal bone.

It has been advised that two views, at right angles to one another, should be taken, but this is not always satisfactory, owing, in the case of the hand, to all the metacarpals being projected together in the view, with the palm at right angles to the screen, giving rather a confused image, while the object, if small, and situated about the centre of the palm, even if at all visible, appears blurred and indistinct.

Another method recommended is to compare the size and sharpness of the image of the embedded body when the hand is turned with its palmar and dorsal surfaces respectively toward the screen, but this plan also often leaves one in doubt, with the flickering and not very brilliant illumination, when using the screen.

As is well known, the relative position of the image of bones and embedded object alters according to whether the part be held directly in front of the point of emergence of the rays or above or below it; and while this is annoying where exact localization is desired, it occurred to me that use might be made of this fact in order to determine the depth of the object in the tissues relatively to the bones.

Owing to the rapid divergence of the rays from the luminous point of the tube, it follows that the shadow of any object not actually in contact with the sensitive surface of the screen will change its position when the screen, carrying with it the object, is moved up and down vertically in front of the tube, and the further the object is from the screen the greater will the apparent movement of the shadow on the screen be.

When, therefore, the embedded object is further from the screen than the bones, its shadow will move with greater rapidity than that of the bones, and thus, when the screen, carrying with it the part to be examined, is raised, the shadow of the object will rise relatively to the bones, and fall when the screen is lowered. On the other hand, when the object is nearer the screen than the bones, the shadow of the bones will rise when the screen is raised relatively to the object, and fall when the screen is lowered. If, then—as in practice one naturally does—we take the bones as our fixed points, the image of the embedded object will rise and fall with the screen relatively to the bones when the embedded object is on the tube side of the bones; and will appear to fall relatively to the bones when the screen is raised, and rise when it is lowered when it is on the screen side of the bones.

We may put the matter shortly, for convenience in working, that, if the shadow of the object rises and falls with the screen, the object is on the tube side of the bones, and when it moves in the opposite direction to that of the screen it is on the screen side of the bones. When the shadow of the foreign body does not move relatively to the bones, it must be close to if not actually embedded in them.

Of course the matter is a perfectly obvious one, but, as I have not seen any mention of it in textbooks or journals, I thought it well to draw attention to it as a simple but efficient means of determining in the tissues the relative depth of foreign bodies to the bones.

John A. C. Macewen,
Clinical Assistant to the Regius Professor of Surgery, University of Glasgow.

REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

DINORWIC QUARRIES HOSPITAL.

CASES OF HEAD INJURY.[1]

(Under the care of R. H. Mills Roberts, C.M.G., F.R.C.S.Ed.)

Case I.—R. R., aged 35, admitted October 4th, 1901, in a comatose condition, with bleeding from the nose and mouth. Pupils dilated, no reaction to light; pulse 100, very weak; Cheyne-Stokes respiration. He had been struck by the handle of a crane on the forehead about an hour and a-half before admission. On examination, there was a horizontal lacerated wound or gash about 4 in. long and 2½ in. above the right orbit; a little lower down, at the bottom of the wound, was an extensive impacted fracture of the frontal bone. On manipulating the skull, bony crepitus could be felt and heard. A half-inch trephine was applied to the frontal bone, and with some difficulty the impacted fragment raised and removed. After removing a considerable amount of blood clot, it was found that the dura mater was torn and the brain lacerated. On introducing the finger, a widely-separated fracture was felt at right angles to the horizontal one already described, running downwards and backwards in a line with about the middle of the orbit. Nothing was seen of the middle meningeal artery. The wound having been well cleaned and dried, some chips of bone were replaced, sutured, and a boracic fomentation applied. He regained consciousness the following evening. He made an uninterrupted recovery, and left hospital on November 22nd, 1901. Owing to some dizziness, and perhaps nervousness, he has never resumed his normal work, and now follows the occupation of an insurance agent. He has to a great extent lost the

[1] Read at the annual meeting of the North Wales Branch.

UNIVERSITIES AND COLLEGES.

EDINBURGH UNIVERSITY.

THE following is the official list of passes at the recent professional examinations for degrees in medicine and surgery:

First Professional Examination.—A. D. Anderson, J. L. Annan, Marion H. Archibald, M.A.; J. C. Ashton, E. Banks, C. B. Baxter, C. S. Baxter, J. H. Bell, A. E. Bennee, J. H. Bennett, Mary F. Bignold, F. H. Bradley, J. A. Brand, E. A. Brummitt, T. Buchan, T. Burrell, L. A. P. Burt, J. A. R. Cargill, R. J. Chapman, F. M. Chrystal, C. H. Corbett, D. Cotterill, T. Craig, H. C. D. Cross, F. W. M. Cunningham, G. H. Dart, S. K. Datta, B.A.; Margaret E. Davidson, T. Derrick, P. S. Dias, C. A. A. Dighton, Joanna M. F. Drake, G. L. Duncan, J. Eaves, L. T. Eden, R. Edwards, J. Letitia D. Fairfield, S. B. Faulkner, E. M. Figaro, T. Y. Finlay, W. S. Forbes, P. J. Garvey, D. Geddis, G. H. R. Gibson, J. B. Gibson, M.A.; Grace H. Giffen, J. Gilmour, I. M. Grant, J. G. Greenfield, A. R. Gunn, H. F. G. Hall, J. K. Hamilton, F. G. Harper, Hester M. Henderson, A. F. Hewat, M. Heyns, J. K. A. Hofmeyr, J. H. Horne, T. J. Hughes, R. L. Hutton, S. Jackson, R. H. Jamieson (with distinction), T. A. Johnston (with distinction), G. G. Jolly, S. W. Joubert, Beatrice Kippenberger, J. G. de Kock, D. Lees, G. L. Little, J. Lorimer, T. Lyon, A. M. Macarthur, D. M'Cracken, A. Macdonald, I. C. Mackenzie, Ada J. Macmillan, D. J. M'Rae, S. E. Malherbe, J. A. Manifold, F. W. Michael, G. G. Middleton, A. F. W. Millar, A. P. Mitchell, J. Muckart, J. J. H. Nelson, Katharine B. A. Nelson, F. H. Nixey, C. F. Pattie, G. R, Pillai, W. J. Porteous, D. H. Rai, B.A.; G. Raubenheimer, G. J. Reidy, Barbara Richardson (with distinction), C. L. D. Roberts, A. N. Robertson, D. Robertson, E. Sharpe, F. F. S. Smith, Dorothy W. Stevenson, A. E. Tait, K. R. Tampi, B.A.; R. A. Taylor, M.A.; C. H. Tewsley, D. Thomson (with distinction), W. Thomson, W. W. Thomson, V. F. Usher, A. M. Vlok, Helen M. Wakefield, J. C. B. Williams, G. S. Williamson, J. Wilson (with distinction), Maria P. Winning, W. A. Wyllie.

Second Professional Examination.—D. C. Alexander, A. C. Alport, W. Anderson, G. S. Banks, D. M'F. Barker, W. J. E. Bell, J. W. Bingham, E. J. Black, C. E. Blair, R. A. Blake, G. Britto, Elizabeth H. Brook, J. W. Cairns, T. Campbell, H. M. Cargin, N, S. Carmichael, Marjorie Duake Cohen, Agnes M. Cowan, F. W. Cragg, A. B. Darling, H. A. Edwards, H. F. Fenton, C. N. Finn, J. F. Gallagher, J. A. Glover, M.A.; J. M. Grant, J. Green, E. J. C. Groves, J. A. Gunn, M.A.; J. T. Gunn, R. W. D. Hewson, R. M. Liddell, J. A. Loughridge, F. J. Luck, J. B. Mackenzie, M. Mackinnon, A. C. M'Master, R. W. D. Macrae, W. Magill, Ada E. Miller, F. C. Mills, H. B. Morris, H. Mowat, R. E. Moyes, E. B. Munro, R. E. U. Newman, H. J. Norman, C. R. O'Brien, D. H. Paul, J. L. Pearce, D. E. C. Pottinger, G. Raffan, T. E. Roberts, J. R. Robertson, W. L. Robertson, H. Sauzier, A. Simpson, S. A. Smith, W. T. Smith, W. B. Tannahill, R. B. Thomson (with distinction), F. J. G. Tocher, A. Todrick, J. H. du Toit, W. H. Welsh, F. P. Wernicke, Marian E. Wilson. Old Regulations; Grace H. Giffen, R. W. Telford.

Third Professional Examination.—D. J. Anderson, W. F. Archibald, G. G. Bartholomew, W. S. M. Brown, H. C. Buckley (with distinction), V. T. Carruthers, E. A. Elder, J. J. M'L. Falconer, L. Gavin, O. M. Gericke, A. G. Glass, A. M. Gloag, W. Godfrey, D. Golding, H. V. Goldstein, V. R. Gorakshakar, W. Jarvis, F. Jung, S. W. S. Leary, A. P. G. Lorimer, S. A. M'Clintock, J. MacKenzie, Amy M. Mackintosh, A. Malseed, M. M. Mamourian, J. B. Mears, V. Moralejo, J. Morris, D. S. Murray, W. Patton, W. J. D. Robertson, J. Robinson, B.Sc.; L. H. Skene, C. J. Smith, R. A. L. van Someren, A. Stephen, M.A.; G. Stewart, H. M. Thompson, R. S. E. Todd, M.A., B.Sc.; Rose C. Townend; Helen R. Vickers. Pathology only: H. Ferguson, C. Rose Greenfield, A. E. C. Rees, B.A.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on Tuesday, August 4th; Mr. John Tweedy, President, in the chair.

Issue of Diplomas.

Diplomas of Membership were issued to 120 candidates found qualified at the late examination. The Diploma in Public Health of the two Colleges was granted to 17 candidates.

University of Birmingham.

This University was added to the list of Universities whose graduates may present themselves for the Examinations of the Fellowship without first becoming members of the College under Paragraph 2, Section IV, of the Regulations for the Fellowship.

Loan of Museum Preparations.

Facilities were offered to the University of London for holding the examinations in Pathology of the University at the College instead of the Examination Hall, with the object of preventing the injury likely to be caused in course of time to the museum specimens by removal from the College premises. The loan of museum specimens to the Army Medical Department for examination purposes was renewed for another year.

Redecoration of the Museum.

It was decided that Rooms Nos. II and III of the Museum should be repainted during the vacation. This will necessitate the closure of the entire museum from August 8th until October 1st, 1903.

Report of the Finance Committee.

The balance of income over expenditure amounted this year to £2,004. This is less than the exceptional amount realized in the preceding year; but it must be borne in mind that the "extraordinary expenditure" has amounted to £342, and that the "special expenses of the museum" have exceeded the normal amount by some £400. Against these causes of additional expense must be set the reduction effected under the head of the "laboratories." But, having regard to all the circumstances involved, the Committee is well satisfied that on this occasion the balance has reached the sum of £2,000—a margin which it has from time to time suggested should be kept in view as the standard excess of income over expenditure. During the year the investments of the College have been increased by the purchase of £500 Local Loans 3 per cent. Stock, and a sum of £1,000 has been placed on deposit with the bankers of the College with the object of accumulating a sufficient sum to redeem the land tax on certain portions of the College premises.

Board of Examiners in Dental Surgery.

Mr. Sidney Spokes, M.R.C.S., was elected a member of the above Board.

Report from the Committee on the Physical Disability of Recruits for the Army.

A report was submitted, at the request of the Home Office, on the above subject.

General Medical Council.

A vote of thanks was passed by the Council to Mr. Bryant for his services as the representative of the College on the General Medical Council.

The consideration of a letter from the President of the General Medical Council in regard to the character of certain preliminary examinations was postponed until October.

First Professional Examination, etc.

A report of the Committee appointed by the two Colleges to consider the above, was entered on the minutes, but postponed for discussion until October.

Donation to the Library.

The thanks of the Council were passed to Professor Retzius, of Stockholm, for his presentation to the Library of the following works: Thirty tracts by Professor Retzius himself or in collaboration, and 11 volumes of his own and his father's works, including *Anthropologia Suecica* and the *Anthropology of the Finns*, and his edition of Johannes Muller's letters to Anders Retzius.

Date of Next Council Meeting.

The date of the next Council meeting was fixed for Thursday, October 15th, 1903.

OWENS COLLEGE MEDICAL SCHOOL.

THE annual statement regarding the Medical Faculty of Owens College has just been issued, and from it we gather that during the academic year 1902-3 the total number of students in this department was 357 (including 9 women students). The following figures show the numbers graduating and qualifying at the Universities and Licensing Boards, also those preparing for these qualifications: For Victoria University for the First Examination 25 passed Part I and 20 Parts I and II. For the Second Examination 52 passed one part and 5 both parts. For the Final Examination Part I 44; Part II, which means the number taking M.B. and Ch.B., 39, and for M.D. 9, of whom 5 are commended for their dissertations. For the Diploma in Public Health 4. For the University of London 9 took the Preliminary Scientific (M.B.), 4 the intermediate M.B., 2 B.S., and 2 M.D. For the primary Fellowship of the Royal College of Surgeons of England 5, and for the Final 1. For the Conjoint Examination 9 completed the Final, 15 a part of this Examination. For the Second Examination 9, and for the First Examination Part I 9, Part II 17, Part III 8 For the Apothecaries' Hall 14. Licentiates in Dental Surgery 15.

MEDICO-LEGAL AND MEDICO-ETHICAL.

"BLAUD'S PILLS."

ACCORDING to a report which appears in the *Times* of August 8th, Parkes Drug Stores (Limited), of High Street, Camden Town, were summoned before Mr. Mead for selling on June 5th at their branch establishment in Holloway Road iron tonic pills (Blaud's formula) which were deficient in ferrous carbonate to the extent of 78.5 per cent.

Mr. Bramall prosecuted for the Islington Borough Council; Mr. Bonsey (instructed by Mr. Kirby) was counsel for the defence.

Mr. Bramall said that Blaud's pills were a common specific for poorness of blood, but unless they contained 20 per cent. of ferrous carbonate they were of little or no value as medicine. In this case 1s. 4d. was paid for a bottle of the pills, and the analysis showed that they only contained 4.3 per cent. of ferrous carbonate. Some of the carbonate had, however, oxidized through long keeping or defective manufacture—turned practically to rust—but giving credit for this rust the original ferrous carbonate could not have exceeded 8.4 per cent., or a deficiency of 60 per cent.

Inspector Ward gave evidence as to the purchase. He paid 1s. 4d., and said that he could get genuine Blaud's pills in similar quantity for from 6d. to 10d. at other shops.

Dr. Teed, public analyst of Islington, said that in the current edition of the *British Pharmacopoeia* iron pills were described. This formula was practically the same as the formula for Blaud's pills, which appeared in the addenda of a previous edition of the *British Pharmacopoeia*. Apparently that formula was copied from the French *Codex* of 1866, the editor of which obtained it from a formula contributed by Dr. Blaud himself to *Le Bulletin Général de Thérapeutique* of 1831. This journal was the official organ of the French Academy of Medicine. The formulas varied in detail, but essentially they were the same, for all stipulated that Blaud's or iron pills should contain 20 per cent. of ferrous carbonate.

Mr. John Humphrey, editor of the *Pharmaceutical Journal*, said that he was a pharmaceutical chemist, and had studied the history of Blaud's pills. Dr. Blaud was a French physician, and he discovered that iron as a carbonate could be assimilated by the blood. The quantity of ferrous carbonate which he found necessary to make a pill was 20 per cent.—the nature of the packing was immaterial.

Mr. James Ince, of Alfred Road, Acton, for 14 years lecturer to the Pharmaceutical Society, gave similar evidence.

Mr. Bonsey said it was expressly stated on the label of the bottle that the pills were not made in accordance with the formula in the *British Pharmacopoeia*.

Mr. Mead: But you call them Blaud's pills.

Mr. Bonsey: We say that no formula exists for Blaud's pills; and, further, that the pills we sold are a proprietary medicine, and, as such, protected by the Act.

Mr. Mead held that the purchaser of Blaud's pills was entitled to get pills made in accordance with the formula for iron pills of the *British Pharmacopoeia* or the Blaud pills of the French *Codex*.

Previous convictions under the Food and Drugs Act having been mentioned, Mr. Mead imposed a fine of £50, with £10 10s. costs.

it concludes have but an imperfect notion of the opinions and advice the Committee really entertained and gave. Thus, while the English Local Government Board will probably not adopt similar regulations based on its own report for several years to come, the Board of Health of New South Wales has promptly acted in the interest of the public health in a manner on which its responsible advisers can be heartily congratulated.

GUARDIANS AND MIDWIFERY ATTENDANCE.

ESSEX, who is a district medical officer, writes to say that he was one evening called out by a stranger to attend his wife in confinement. He found a woman in labour who had been recently married. The labour was long and difficult, necessitating his attendance throughout the night, and in the morning the patient was delivered by forceps of a stillborn child. When convalescence ensued and our correspondent paid his last visit, and asked the patient for his fee, she told him she had no means and could not pay. Application was then made by the doctor to the guardians for them to pay him the usual fee for such a case. This they declined to pay, giving as a reason that they had no power to do so. A long correspondence ensued with no satisfactory result, and "Essex" asks what he ought to do, as he still believes that the guardians have the power to pay him for his attendance on this case.

*** We question whether the guardians have the power to pay any fee for this case. Our correspondent attended the patient at the request of her husband, and we do not understand that the question of his being paid by the guardians was ever discussed, or even ever thought of, till the patient was convalescent and the fee could not be obtained from her. Under such circumstances, if the guardians paid for her attendance they would be paying her husband's back debts. This would be very unusual and probably illegal. The only legal claim our correspondent has is on the husband of the patient.

SALARY OF MEDICAL SUPERINTENDENT OF ISOLATION HOSPITAL.

M.O.H. writes: Can you kindly tell me what you consider the lowest salary that should be accepted by the medical superintendent of a 10-bed isolation hospital for a district of 15,000 inhabitants. The Board have decided on a yearly salary, not fees. The medical superintendent would not supply drugs, but would dispense. The hospital is one mile and two-thirds from the centre of the town. As the matter is to be decided within a week, a reply by letter, if possible, would be a great convenience.

*** The question is a very difficult one to decide, so much depending on local circumstances. In a hospital with 120 beds known to us a salary of £150 is given. For a smaller hospital like the above £25 per annum might be asked *plus* additional fees, when more than two visits a week are required on the average throughout the year.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,257 births and 4,139 deaths were registered during the week ending Saturday last, August 8th. The annual rate of mortality in these towns, which had been 13.5, 13.4, and 14.4 per 1,000 in the three preceding weeks, fell last week to 14.3. The rates in the several towns ranged from 5.1 in Burton-upon-Trent, 5.3 in Hornsey, 5.7 in Coventry, 6.2 in Smethwick, 6.8 in Leyton, 7.1 in Barrow-in-Furness, 7.4 in Bournemouth, and 7.6 in Swansea, to 21.0 in Wigan, 21.5 in Burnley, 22.7 in Ipswich, 23.8 in Grimsby, 24.3 in Sheffield, 24.8 in Birkenhead, and 26.6 in Bootle. In London the rate of mortality was 13.0 per 1,000, while it averaged 14.9 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 2.5 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.7 per 1,000, while it averaged 2.8 in the seventy-five large provincial towns, among which the highest death-rates from the principal infectious diseases were 5.2 in Walsall and in Newport (Mon.), 6.3 in Warrington, 6.7 in Wigan, 8.3 in Sheffield, 8.6 in Bootle, 8.7 in Birkenhead, and 10.3 in Grimsby. Measles caused a death-rate of 1.6 in Sheffield, 2.2 in Stockport, and 2.3 in Ipswich; diphtheria of 1.1 in Nottingham, and 1.8 in Wallasey; whooping-cough of 1.1 in Sheffield, 1.2 in Rochdale, 1.4 in Reading, and 1.5 in Newport (Mon.); "fever" of 2.4 in Grimsby; and diarrhoea of 4.2 in St. Helen's, 4.6 in Rotherham, 5.0 in Wigan, 5.3 in Sheffield, 5.5 in Warrington, 6.9 in Bootle, 7.1 in Grimsby, and 8.7 in Birkenhead. Of the 8 deaths from small-pox registered in these towns last week, 1 belonged to Birmingham, 1 to Liverpool, 1 to Manchester, 2 to Halffax, 1 to Leeds, and 2 to Newcastle-on-Tyne. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 71, 71, and 66 at the end of the three preceding weeks, was 48 at the end of last week; 4 new cases were admitted during the week, against 7, 12, and 9 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital on Saturday last, August 8th, was 1,771, against 1,710, 1,711, and 1,726, on the three preceding Saturdays; 216 new cases were admitted during last week, against 243, 229, and 237 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 8th, 971 births and 478 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality, which had been 15.2, 15.4, and 14.7 per 1,000 in the three preceding weeks, fell again last week to 14.6 per 1,000, and was 0.3 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 11.3 in Paisley and 11.6 in Aberdeen to 19.0 in Leith and 20.3 in Greenock. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in these towns; the highest rates being recorded in Leith, Glasgow, and Greenock. The 237 deaths registered in Glasgow included 4 which resulted from measles, 4 from whooping-cough, 5 from "fever," and 21 from diarrhoea. Two fatal cases of scarlet fever and 2 of diphtheria were recorded in Edinburgh; 4 of diarrhoea in Dundee, 3 in Edinburgh, 3 in Leith, and 3 in Greenock.

HEALTH OF IRISH TOWNS.

DURING the month ending Saturday August 8th, 1,988 births and 1,221 deaths were registered in six of the principal Irish towns, being a mean average for each week of 497 births and 305 deaths. The mean annual death-rate of these towns, which had been 21.6, 17.6, and 14.3 per 1,000 in the three preceding weeks, went through the following variations in the month: 13.9, 15.6. 14.9, and then jumped up to 21.5 per 1,000,. These numbers are respectively 0.2, 2.2, 1.2, and 7.2 per 1,000 over the mean rates during the same period in the seventy-six English towns. The death-rates ranged in these six Irish towns during the month from 5.1 in Limerick and 9.7 in Waterford in the third week, to 23.9 in Londonderry and 26.0 in Limerick in the fourth week. The death-rate from the principal zymotic diseases in the six principal towns averaged during the month 2.8 per 1,000, against 0.55 in the preceding fortnight. The highest rate, 7.6, was reached in Londonderry, while Waterford broke its five-week record of no deaths from zymotic disease by 1 death, due to diarrhoea, in the first week, but has since regained its position. From small-pox only 4 deaths were registered in all Ireland during the month, all of which occurred in the Dublin area; while 20 deaths altogether were ascribed to enteric and 4 to scarlet fever. In Belfast there has been a big jump up in deaths from diarrhoeal diseases, to which 39 fatalities have been ascribed during the past fortnight. The latter period has also seen a rapid variation in the calculated annual mortality, from all causes, which has risen from 5.5 to 26.0 at Limerick, and from 9.7 to 17.5 at Waterford. It is to be remembered, however, that the first-named town has a population of only some 38,000, while that of the latter is under 27,000. In towns of this size, of course, a very small addition to the actual number of deaths makes an apparently violent fluctuation.

MEDICAL NEWS.

THE LONDON HOSPITAL.—The sum of £2,656 8s. 10d. has been handed to the Hon. Sydney Holland, Chairman of the London Hospital, as the proceeds of the ball given in aid of this hospital at the Royal Albert Hall in June by the committee of ladies under the presidency of the Countess of Derby.

COSSHAM MEMORIAL HOSPITAL.—The first meeting of the trustees appointed by the court for the carrying out of the testamentary wishes of the late Mr. Handel Cossham, M.P., for Bristol East, was held on August 6th, the Lord Mayor of Bristol in the chair. The scheme which is to be carried out at once, and has been approved by the Court of Chancery, involves an expenditure of £23,300 for building and furnishing, and the remainder of the money left by the testator, £80,000, is to form an endowment for the charity. The object of the latter is to erect, establish, and maintain a general hospital for the treatment and relief of sick and injured persons of both sexes. The site is on the top of Kingswood Hill, and the building will face south and west. The grounds, which are several acres in extent, will be used by patients, and still leave ample space for a kitchen garden sufficient to supply the needs of the hospital. The accommodation will be for forty-four patients.

A VOLUNTEER NURSING MOVEMENT IN PHILADELPHIA.—The Philadelphia School for Nurses, a branch of the Philadelphia Supply and Medical Dispensary, has organized a volunteer movement for the nursing of the sick poor. A complete system of training in the care of the sick has been established wherein all the essential facts pertaining to practical helpfulness in the sickroom are presented in a brief yet careful way. Over one hundred young women, representing the best families of Philadelphia, are enrolled in the volunteer organization. This part of the work is under the direction of thoroughly trained and competent nurses of wide experience in home nursing and hospital methods. The work as a whole is practically an introduction of the scientific and modern methods of the hospital into the homes of the poor. So important are the results that a movement has been set on foot to establish throughout the Southern States schools which shall minister to the needs of both the white and coloured races. Some large gifts are already available for establishing separate institutions for this purpose, and one has already been organized in Alabama for coloured young women. It is also intended to establish in connexion with the school in the mountain districts a sanatorium which shall receive nervous patients and persons who are predisposed to tuberculosis.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

BIRKENHEAD AND WIRRALL CHILDREN'S HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

BIRMINGHAM GENERAL HOSPITAL.—House-Physician, resident. Salary at the rate of £50 per annum. Appointment for six months.

BULAWAYO MEMORIAL HOSPITAL.—Resident Surgeon," Salary, £300 per annum.

CANCER HOSPITAL, Fulham Road, S.W.—House-Surgeon, resident. Salary, £70 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Physician, resident. Salary, £90 per annum.
CLAYTON HOSPITAL.—Junior House-Surgeon, resident. Salary, £80 per annum.
DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL.—Resident House-Surgeon. Salary, £82 per annum.
HULL CITY AND COUNTY LUNATIC ASYLUM.—Second Assistant Medical Officer, resident. Salary, £150 per annum.
JENNER INSTITUTE OF PREVENTIVE MEDICINE, Chelsea.—Studentship value £150 for research in the Bacteriological Department.
LANCASHIRE COUNTY ASYLUM, Whittingham.—Assistant Medical Officer, resident. Initial salary, £175 per annum.
LANCASHIRE COUNTY ASYLUM, Winwick, Warrington.—Assistant Medical Officer, resident. Salary, £150 per annum.
MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon, resident. Salary, £70 per annum.
NEWCASTLE-ON-TYNE: HOSPITAL FOR SICK CHILDREN.—Male Resident Medical Officer. Salary, £100 per annum.
NORTHAMPTON GENERAL HOSPITAL.—Honorary Dental Surgeon.
ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—House Surgeon; resident. Salary at the rate of £100 per annum.
STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon; resident. Salary at the rate of £40 per annum.
WILLESDEN ISOLATION HOSPITAL.—Medical Superintendent. Salary, £400 per annum.

MEDICAL APPOINTMENTS.

BIRKBECK, Henry C. L., M.B., Medical Referee under the Workmen's Compensation Act for Bridgwater, Chard, Langport, Taunton, Wellington, and Williton, in County Court Circuit No. 57.
BRUCE, R. T., M.B., M.S.Edin., Certifying Factory Surgeon for the Thame District, Oxford.
BULGER, M. J., M.D.Dub., B.Ch., District Medical Officer of the Islington Parish.
CAMPBELL, Peter, M.B., Certifying Factory Surgeon for the Newport District, Fifeshire.
FERGUS, Wm. J. Brereton, M.B., B.Ch., B.A.O.R.U.I., Assistant House-Surgeon and Visiting Surgeon to the Stockport Infirmary.
GODWIN, G. L., L.S.A., District Medical Officer of the Worksop Union.
HARRATT, T. T., M.R.C.S., L.R.C.P.Lond., Certifying Factory Surgeon for the Rye District, Sussex.
HART, J. H., M.R.C.S., L.R.C.P., Assistant Medical Officer of the Wandsworth and Clapham Union Infirmary.
HOWARD, T., M.B., Certifying Factory Surgeon for the Portland District, Dorset.
HUTCHINSON, J. R., M.B., Ch.B.Vict., Resident Assistant Medical Officer of the Chorlton Union.
LAWSON, T. C., M.R.C.S.Eng., District Medical Officer of the Bourne Union.
LEMARCHAND, Arthur W., M.R.C.S., L.R.C.P., Medical Referee under the Workmen's Compensation Act for Barnstaple, Bideford, South Molton, and Torrington in County Court Circuit, No. 57.
MCCLINTOCK, J., L.R.C.P. & S.Edin., District Medical Officer of the Church Stretton Union.
MCLAUGHLIN, J., M.D.(R.P.), Lieutenant-Colonel R.A.M.C., Recruiting Medical Officer at Bradford.
ROBERTS, R. L., M.D.Lond., M.R.C.S., Certifying Factory Surgeon for the Ruabyn District, Denbighshire.
TIBBETTS, T. M., M.B.Lond., M.R.C.S., District Medical Officer of the Dudley Union.
TUXFORD, Arthur W., M.B., L.R.C.P., M.R.C.S., D.P.H., Resident Medical Officer to the Baguley Sanatorium, near Manchester.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered as follows: Monday, 3 p.m., Surgical Cases; Tuesday, 5 p.m., Peripheral Neuritis; Wednesday, 4 p.m., Medical Cases (Medical Wards); Thursday, 5 p.m., On Some Diseases of the Stomach; Friday, 5 p.m., Skin Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CLARKE.—On August 5th, at Mena House, Horley, Surrey, the wife of S. Arathoon Clarke, M.R.C.S.Eng., L.R.C.P.Lond., of a son. (Indian papers please copy.)
CORBEN.—On August 7th, at The Grove, Caldicot, Mon., the wife of Charles Corben, M.R.C.S., etc., of a daughter.
COUTTS.—On August 7th, at 50, Wallwood Road, Leytonstone, the wife of F. J. Coutts, M.D., B.S.Lond., of a daughter.
REYNOLDS.—On August 3rd, the wife of B. Gore Reynolds, M.R.C.S.Eng., L.R.C.P.Lond., "Silverhowe," College Park, N.W., of a son.
WALKER.—At Las Acacias, Durazno, Republic of Uruguay, South America, on June 23rd, the wife of Herbert J. Walker, M.B.Edin., M.D., Uruguay, of a daughter.

MARRIAGES.

GILMOUR—RUTHERFORD.—On August 6th, at the Crichton Memorial Church, by the Rev. Thomas Rutherford, M.A., Minister of Dunkeld (uncle of the bride), assisted by the Rev. John Paton, D.D., Minister of St. Michael's, Dumfries, John Rutherford Gilmour, M.B., F.R.C.P.Edin., Medical Superintendent of Scalebor Park Asylum, Burl y-in-Wharfedale, near Leeds, to Dorothy, youngest daughter of James Rutherford, M.D., F.R.C.P.Edin., J.P., Crichton House, Dumfries.
JAMESON—HODDER.—On July 15th, 1903, at All Saints, Bellair, Natal, by the Venerable Archdeacon E. Hammick, M.A., Frank Walton, Borough Engineer, Maritzburg, third son of the Honourable R. Jameson, M.L.C., J.P., to C. Kathleen, only daughter of Colonel T. W. L. Holder, M.B., J.P., Army Medical Staff, retired.
MCLAREN—WILKINSON.—At Capetown on July 13th, Thomas D. McLaren, M.B., Ch.B., District Surgeon, Herschel, third son of the late John R. McLaren, M.A., Edinburgh, to Ada Wilkinson, M.B., Ch.B.Ed., of New Zealand.
ROBINSON—HOEF.—On August 4th, at the British Embassy Church, Paris, by the Rev. P. S. Mesny, Leonard Robinson, M.D.Edin., M.D.Paris, son of the late S. H. Robinson, Esq., of Ghoosery Howrah, Bengal, to Victoria, daughter of Monsieur and Madame David Hoef, of Melun (Seine and Marne), France. (Indian and Australian papers please copy.)
WAKLEY—BARRON.—On Saturday, August 8th, at St. Mary Abbot's Church, Kensington, by the Rev. Prebendary E. Digby Ram, M.A., Vicar of Hampton-on-Thames, assisted by the Rev. G. A. Lewis, M.A. Vicar of Thornton Heath, cousin of the bridegroom, and the Rev. H. H. Lowe, M.A., Thomas Wakley, only son of Thomas Henry Wakley, F.R.C.S., and grandson of the late Thomas Wakley, M.P., to Gladys Muriel Barron, eldest daughter of the late Norman Barron and of Mrs. Norman Barron, of Elberton, Gloucestershire, and granddaughter of the late Dr. G. B. Barron, J.P., of Southport.
WOOLLEY—SCOTT.—On July 29th, at Holy Trinity Church, Weston-super-Mare, by the Rev. T. J. Sewell, Vicar of Lynsted (cousin of the bridegroom), assisted by the Rev. J. Dawson, Vicar of the Parish, Thomas Fisher Woolley, M.R.C.S., L.R.C.P., of Ansty, near Leicester, son of the late William Francis Woolley, J.P. of Stafford, to Jessie Vallance Thomson, youngest daughter of William Scott, R.N., of Plymouth.

DEATH.

TANNER.—On August 8th, at Ben Rhydding, Yorkshire, Esther (Ettie), the beloved wife of John Tanner, M.D., of 19, Queen Anne Street, London, W., suddenly, at last, after a long and distressing illness, aged 57 years.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone, unless the contrary be stated.*

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aetiology, London.* The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London.*

☞ *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.

A. G. would like to know where he could get practical instruction in light treatment without having to pay the full fee necessary to become a student of the London or other hospitals.

J. C. would be glad of information as to the water supply of Vienna, especially as to whether the water is reasonably good and safe to drink.

CONVALESCENT would be glad to hear of a convalescent home on south-east coast where a young working man would be received on payment of a few shillings a week.

SOMNOFORM AND NITROUS OXIDE.

SWANSEA would like to learn the experience of country practitioners in the use of these gases for teeth extraction in a country practice. (1) Is somnoform as safe? (2) Which would they recommend in a country practice? (3) What are the dangers? (4) What is the best apparatus? (5) Any other information would be gratefully received.

ANSWERS.

A. S. A.—The treatment referred to is recommended for a variety of disorders, but is chiefly indicated for the relief of sprains, stiff joints, and muscular rheumatism. It is a legitimate and useful form of treatment, but ought to be carried out under the direction and supervision of a qualified medical man.

THE PLAGUE OF FLIES.

M.O.—In regard to our correspondent's question as to an effective remedy for the plague of flies in sick wards, a correspondent writes that at the Poplar and London Hospitals it has been found that small electric fans keep off flies. They cannot settle on patients in a wind. He remembers it was a burn case, where the flies were a most intolerable nuisance, where they first called these fans in aid, with excellent result. The doctor would perhaps settle how near to the patient the fan should be placed, but, of course, the nearer the more effectual it is in keeping the flies away.

CULTURES OF BACILLI.

WE advise our correspondent to apply to Herr Dr. Kral, 1, Kleiner Ring, II, Prague, Austria.

MUSCULAR RHEUMATISM IN CHRONIC BRIGHT'S DISEASE.

Dr. J. STENSON HOOKER writes: In reply to "M.B.," I would suggest his patient trying some electric light baths, followed by electric massage. I should be glad to give him further particulars of this treatment.

OSTEOARTHRITIS.

WIGWAM.—Our correspondent will find the observations of Dr. F. J. Poynton and Dr. A. Paine in the BRITISH MEDICAL JOURNAL, vol. ii, 1902, p. 1414, and vol. i, 1902, p. 79. A good summary of the literature is to be found in Fritz Meyer's article, *Zeit. f. klin. Med.*, Bd. xlvi, p. 311. See also a monograph by Menzer, reviewed in the BRITISH MEDICAL JOURNAL, vol. ii, 1902, p. 1348.

TREATMENT OF CHRONIC PROSTATITIS.

M.R.C.S. writes: In answer to the query of "Prostate," I recently read the *Pathology and Treatment of Sexual Impotence*, by Victor Vecki, M.D. (London: Rebman, Limited). I think "Prostate" may get some help from the book. (A review of the book appeared in the BRITISH MEDICAL JOURNAL of February 8th, 1902, p. 340.)

DR. JAMES MACMUNN (Finsbury Pavement, E.C.,) writes: "Prostate" might refer to Taylor on venereal diseases, or to Hyde and Montgomery, or to Bang's or Morrow's systems as the best books. There are many other books, yet I find them all unsatisfactory on the treatment of chronic prostatitis. This disease is best treated by pressure combined with hot followed by cold rectal douching carried out by a double channel instrument described by me (see *The Medical Press*, February 8th, 1893,) and sometimes by the daily use of Petersen's bag, or by massage. Blistering the perineum, and cold perineal douching I always find to increase the symptoms. The counter irritation should be applied to the groins and inside of the thighs, and hot baths gradually made cold, should be substituted for the cold douching. Anthropores are very objectionable. As a means of curing the mucous membrane, the use of steel sounds, gradually increased to a full size, and the application of argent. nit. up to 60 gr. ad. ʒj. may be required. Sometimes adrenal extract and eucaine combined do good. Bodily exercise gradually increased greatly contributes to cure, and spite