

subsequent brittleness is due to using formalin stronger than 5 per cent., to leaving in formalin more than twenty-four hours for No. 0, or to using too strong alcohol and too little glycerine for storing.

Professor Pearson seems to consider that I wind the gut too tightly and too closely. I consider this advisable, as it prevents the gut from swelling excessively when boiled.—I am, etc.,

Sir Patrick Dun's Hospital, Dec. 22nd, 1901. C. ARTHUR BALL.

THE TREATMENT OF LARYNGEAL GROWTHS IN CHILDREN.

SIR,—Following the publication of my letter in the BRITISH MEDICAL JOURNAL of November 16th, 1901, I invited Dr. Hunter Mackenzie to come to Glasgow, and said that I should endeavour, if he gave me a few days notice, to collect as many cases as possible, in which I had performed cricothyrotomy for the removal of intralaryngeal growths in children. I did so, as I felt it would be much more satisfactory to discuss methods of treatment and results in the presence of the patient operated upon than to describe them in correspondence. Dr. Hunter Mackenzie, however, while thanking me, replied that he would be very glad to accept my invitation, but that he preferred to postpone his visit until this correspondence was closed. For these reasons, I do not intend to trespass further on your space beyond this letter.

Of the cases of thyrotomy published by me in 1896, and referred to in this correspondence, 5 were children varying in age from 1 year and 11 months to 10 years, all suffering from "laryngeal growths;" 3 had numerous papillomatous growths, 1 had chronic hypertrophic laryngitis with irregular out-growths, and 1 had mucous polypus.

When I stated that in one case only had a repetition of the operation been resorted to, I was in error, and am obliged to Dr. Mackenzie for his correction; for a second thyrotomy, I find, was performed in my third case—a child aged 4 years. This was performed three months subsequent to the primary operation, after which no further recurrence of the growths took place.

The appearance of a small "wart" growth on the epiglottis in another case twelve months after thyrotomy was not of the nature of a recurrence in the sense referred to by Dr. Mackenzie, and its removal was readily effected by the galvanocautery applied through the mouth.

I have never seen the operation of thyrotomy performed for the removal of laryngeal growths in children, followed by either chronic stenoses of the larynx, pneumonia, or death. "Permanent alteration or other injury to the voice," when present after removal of laryngeal growths by thyrotomy, is, in my opinion, more likely to be the result of permanent structural changes caused by the chronic inflammatory process than a direct consequence of the operation.—I am, etc.,

Glasgow, Dec. 14th, 1901. WALKER DOWNIE.

* * This correspondence must now cease.

THE TREATMENT OF CONSUMPTION: A DISCLAIMER.

SIR,—Having seen in the BRITISH MEDICAL JOURNAL of December 28th, 1901, a paper on a treatment of consumption written by M. Anslow Alabone, and your editorial remarks thereon, I wish to state it was written entirely without my sanction or knowledge.

I know nothing whatever of my son's treatment, and he little more of mine; his statement, therefore, that he has been conversant with my treatment for many years is not only misleading but perfectly inaccurate, although, as he observes, he has seen many cases of phthisis which were deemed hopeless recover under my treatment, but which were not under his "individual" professional care.

I could point out many errors in your criticism of my treatment, and it is hardly fair to ignore the numbers of cases of authenticated cure, but as an act of justice might I ask you to defer further judgment till my own treatment—and not that of my son's—has been fully tested, which will shortly be the case?

Trusting you will give this the same publicity as you have given to your article.—I am, etc.,

Highbury Quadrant, N., Jan. 1st. EDW. W. ALABONE.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE session of special instruction at the Royal Naval Hospital, Haslar, terminated on December 21st, 1901, when the following surgeons received appointments to His Majesty's ships. Prizes were awarded to Surgeons A. T. Gailleton, M.B. (silver medal and books), and T. B. Shaw, M.B. (microscope).
Surgeons in Order of Seniority.

| Marks. | | Marks. | |
|---------------------------|-------|--------------------|-------|
| T. B. Shaw, M.B. ... | 6,014 | G. S. Davidge ... | 5,121 |
| A. T. Gailleton, M.B. ... | 5,731 | P. T. Nicholls ... | 4,997 |

P. L. Crosbie (entered under special Admiralty regulations.)
The following appointments have been made at the Admiralty: CHRIS- TOPHER PEARSON, M.A., M.D., Fleet Surgeon, and ELYSTAN G. E. O'LEARY, and JOHN STODDART, M.A., Surgeons, to the *Grafton*, January 14th; P. T. NICHOLLS, Surgeon, to the *Vivid*, additional, January 20th; G. S. DAVIDGE, Surgeon, to the *Duke of Wellington*, additional, January 20th; P. L. CHABIK, Surgeon, to the *Pembroke*, additional, January 20th; EDWARD O. B. CAR- BERRY, Surgeon, to the *Seal*, undated; ROBERT HUGHES, Surgeon, to the *Moorhen*, undated; J. MACDONALD, Surgeon, to the *Jackal*, January 1st; T. F. O'KEEFFE, Surgeon, to the *Arrogant*, January 1st.

ARMY MEDICAL SERVICE.

SURGEON-GENERAL A. F. PRESTON has resumed the post of P.M.O. in Ireland, on being relieved at the War Office by Surgeon-General W. Taylor, the newly-appointed Director-General.

ROYAL ARMY MEDICAL CORPS.

MAJOR J. MCM. BOLSTER retires on retired pay, December 21st. He was appointed Surgeon, March 6th, 1880, and Surgeon-Major twelve years thereafter.

Quartermaster and Honorary Lieutenant B. GOATER, having completed ten years service, is granted the honorary rank of Captain, December 23rd.

Lieutenant-Colonel T. P. WOODHOUSE, and Civil Surgeons M. CLEARY, F. L. DICKSON, D. RITCHIE, and J. KEENAN are on passage home from South Africa.

The following have arrived home: Major B. M. SKINNER, Major F. A. SAW, Quartermaster W. N. ARCHIBALD, Captain C. O'C. HODGENS, Civil Surgeons W. A. DENSHA, G. PHILLIPS, W. A. SUMMERS, A. RUTHERFORD, B. K. GOLDSMITH, C. F. ACKLADE, F. J. HATHAWAY, W. GRAHAM, C. Y. FLEWITT.

Civil Surgeon J. KELSO REID, who was severely wounded during the fighting at Tweefontein on December 25th, 1901, has since died.

The progress report states that the condition of Civil Surgeon WILLIAM JONES, suffering from enteric fever at Kroonstad, is grave December 30th, 1901.

Civil Surgeon WRIGHT, taken prisoner at Tweefontein, has been re- leased.

Civil Surgeon F. F. McCABE, reported in the BRITISH MEDICAL JOURNAL of December 14th, 1901, as missing, has rejoined.

Lieutenant JAMES STUART TWIGG, M.B., was killed in the recent fighting near Clanwilliam, South Africa. He was appointed Lieutenant, April 25th, 1900, and went to South Africa in June of the same year.

ARMY MEDICAL RESERVE.

SURGEON-MAJOR S. H. MOORE and Surgeon-Captain C. E. R. BUCKNILL, having resigned their Volunteer commissions, cease to belong to the Army Medical Reserve of Officers, December 21st, 1901.

MILITIA MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT J. DAVIES is promoted to be Surgeon-Captain, November 23rd, 1901.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL P. MULLANE, M.D., Bengal Establishment, is per- mitted to retire from the service from November 1st, 1901.

IMPERIAL YEOMANRY.

EDWARD STEWART, late Surgeon, Middlesex Imperial Yeomanry, is ap- pointed Surgeon-Captain in the Sussex Imperial Yeomanry, December 5th.

Private G. D. LAING is appointed Medical Officer 5th Battalion, with the temporary rank of Captain, April 9th, 1901. [This notification is sub- stituted for that which appeared in the *Gazette* of September 3rd, 1901.] The following notification, which appeared in the *Gazette* of May 28th, 1901, is cancelled: Private G. D. Laing, 5th Battalion, to be Medical Officer, with the temporary rank of Captain, April 9th, 1901.

MESSRS. ARTHUR H. L. STEWART and FREDERICK A. F. BARNARDO, M.B., are appointed Surgeon-Lieutenants in the 2nd County of London Imperial Yeomanry, November 22nd, 1901.

THE VOLUNTEERS.

SURGEON-LIEUTENANT-COLONEL R. GOODING, M.D., 2nd Kent Artillery, resigns his commission, retaining his rank and uniform, December 21st, 1901.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified: HARRY E. HEWITT, M.B., 2nd Sussex Artillery, December 21st, 1901; CECIL H. LEAF, M.B., Electrical Engineers, December 9th, 1901; HERBERT SHIPTON, 2nd Volunteer Battalion Derby- shire Regiment (Sherwood Foresters), December 21st, 1901; THOMAS BEARD, 4th (Strlingshire) Volunteer Battalion Argyll and Sutherland Highlanders, December 21st, 1901; ARTHUR S. GREEN, M.B., 1st Volunteer Battalion the Lancashire Regiment, December 5th, 1901.

Surgeon-Lieutenant M. J. EUSTACE, M.D., 2nd Gloucestershire (Bristol) Engineers, retires under paragraph 118, Volunteer Regulations, December 21st, 1901.

Brigade-Surgeon-Lieutenant-Colonel W. J. FLEETWOOD, M.D.; 4th Volunteer Battalion King's Liverpool Regiment, resigns his commission, December 21st, 1901; he retains his rank and uniform, and vacates at the same time his appointment as Senior Medical officer to the Mersey Volunteer Infantry Brigade.

Surgeon-Major W. D'O. GRANGE, M.D., Third (Dumfries) Volunteer Battalion King's Own Scottish Borderers, resigns his commission, retaining his rank and uniform, December 21st, 1901.

Surgeon-Lieutenant W. T. BROOKS, M.B., 1st (Oxford University) Volunteer Battalion Oxfordshire Light Infantry, is promoted to be Surgeon-Captain, December 21st, 1901.

Surgeon-Captain A. KINSEY-MORGAN, 1st Dorsetshire Artillery (Southern Division Royal Garrison Artillery), is promoted to be Surgeon-Major, December 25th, 1901.

Surgeon-Lieutenant F. W. W. WHYTE, 2nd Volunteer Battalion the Northumberland Fusiliers, resigns his commission, December 25th, 1901.

VOLUNTEER MEDICAL STAFF CORPS.

MESSRS. WALTER R. N. SMITHARD, M.B., and CLAUDE W. S. SABERTON, M.B., are appointed Surgeon-Lieutenants in the Manchester Companies, December 21st, 1901.

Surgeon-Lieutenant M. TAYLOR, M.B., the Woolwich Companies, is borne as supernumerary whilst serving with the R.A.M.C. in South Africa, December 4th, 1901.

THE KAISER-I-HIND MEDAL.

In the list of Birthday Honours published in the BRITISH MEDICAL JOURNAL of November 16th, 1901, the name of Captain J. N. MacLeod, M.A., M.B., F.R.C.S.E., of the Indian Medical Service, who received the Kaiser-i-Hind silver medal, was accidentally omitted. The honour was conferred upon Captain MacLeod for work in connection with an epidemic of plague last spring in Rajputana.

THE RANK OF FLEET SURGEON.

A FLEET SURGEON writes to draw attention to the anomalous position of the fleet surgeons who rank "after" lieutenant-colonel. Under this rule a fleet surgeon, no matter of what seniority, would seem to be junior to a lieutenant-colonel, R.A.M.C. Our correspondent believes that the Director-General of the Royal Navy Medical Service, an officer who has the good of the service at heart, and who has during his term of office done so much for the department, will, when his attention is drawn to it, cause the apparent injustice to be remedied.

THE PROPOSED EXAMINATIONS.

FUNK writes, somewhat ironically, from South Africa: Kindly tell me whether, under this new scheme, majors who have served during the war and been mentioned in dispatches for special recognition will still be required, for promotion to lieutenant-colonel, to pass on the subjects on which commended under officials who have never left, say, Aldershot, or themselves have been a day in the field? Also name the textbooks on the various subjects of examination, those particularly which may for choice be picked up on the African veld? I passed a garrison class in military law for promotion to major, and am therefore supposed to know enough for any branch except the R.A.M.C., in which I am apparently expected to know as much as a judge-advocate-general. I should also like to know whether under this grand scheme starvation during a siege counts for anything; or if I am expected to detail the military medical arrangements of savage as well as civilised nations? Unless the Ordnance Store Departments tell me, how am I to know the number of bedpans per ward in the German or Japanese armies?

I.M.S.—We are not in a position to supply the information.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL COMMUNICATIONS TO THE LAY PRESS.

We have been requested to state that the letter published in the *Pall Mall Gazette* and *Morning Post*, signed by the surgeon to the Roentgen Ray Department of the London Skin Hospital, was written without the knowledge of the rest of the medical staff, and for it the writer takes sole responsibility.

UNQUALIFIED MIDWIFERY PRACTICE.

At the Hammersmith Coroner's Court on December 20th, 1901, Mr. Luxmore Drew held an inquest on the body of the newly-born child of Frederick Thomas Rice. From the reports in the *West London Observer* and *Advertiser* it appeared that the mother was attended by a "pupil" of St. Clements Maternity Home, who on her arrival found the child dead, that she cut the cord, and that the midwife who followed the pupil tied it. Upon this the coroner observed: "In any case where the child is dead everything ought to be left as it is. . . . You destroyed the evidence, and in another case of this kind I should advise you to leave things alone until the doctor arrives." Dr. Barnes gave evidence that he found the body of the child in a box, and that at first he saw no apparent cause of death, but that he had been informed that the child was born suddenly, and was passed by the mother accidentally into a vessel whilst micturition was taking place, and that death was due to suffocation owing to the child having in its efforts to breathe drawn up into its lungs the contents of the vessel—blood and water. The *post-mortem* examination confirmed this. He added: "If any one had been present at the time the life could have been saved." Adelaide Hall, the midwife who tied the cord and cut it after she had found the child dead, described herself as hold-

ing a certificate from Miss Heatley. It does not appear that Miss Heatley either attended the case or gave evidence at the inquest, but we are informed that she is at the head of a private midwifery training institution called St. Clements Home, and that she sends out midwives and pupils to attend midwifery cases in the district, and issues certificates of competency to them. We offer no comment.

VALUE OF PRACTICE.

J. S.—A correspondent asks what would be the usual price paid for a share in an old established practice, that is, one year, or a year and a half, or two years' purchase? He also enquires in what proportion the expenses of the practice would be paid by the partners?

** We are advised that such a practice would probably be worth at least a year and a half's purchase. The expenses of the practice would be paid in proportion to the shares of the partners. The usual way is to deduct the expenses first, and then divide the profits according to the shares.

INTRODUCING A SUCCESSOR.

A CORRESPONDENT asks if there is any objection: (1) To a practitioner introducing his successor personally to *bond fide* patients, although he may not happen to be attending them at the time. (2) To introducing his successor by sending him to such patients with his visiting card, having written thereon "To introduce Dr. ———."

** A practitioner may always give a personal introduction to *bond fide* patients, but to send cards round as suggested is open to objection. If they are only sent to *bond fide* patients, no harm is done, but a practitioner should bear in mind that he is not justified in sending a card in any case where he would scruple to make a personal call.

BLANK; E. R. D.; L.R.C.P. and S. Edin.—It is customary as a matter of courtesy to employ the title of "Dr." when addressing an M.B. of a university, except within the precincts of that university. Whether it is wise for a person who does not possess the degree of M.D. to assume the title of "Dr." or not because he is a medical man and commonly addressed as "Dr." by his patients, is a question which must be decided by each man for himself, having regard to the by-laws of the college to which he belongs.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the congregation on December 12th, 1901, the following degrees were conferred:

M.D.—E. L. Evans, M.A., Trinity; J. G. Forbes, B.A., D.P.H., Christ's.

UNIVERSITY OF LONDON.

B.S. EXAMINATION FOR HONOURS.—The following candidates have satisfied the Examiners in the subjects undernoted:

Surgery.—First Class: F. B. Carter, M.D., University College; A. Edmunds, B.Sc. (scholarship and gold medal), King's College; T. C. Savage (gold medal), University College. Second Class: C. A. S. Ridout, St. Bartholomew's Hospital; R. P. Williams, King's College; W. H. McMullen, King's College. Third Class: E. L. Lilley, Charing Cross Hospital.

UNIVERSITY OF DUBLIN.

At the winter commencements, Michaelmas Term, held on Thursday, December 19th, 1901, in the Theatre of Trinity College, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:

Baccalauri in Medicinâ, in Chirurgiâ, et in Arte Obstetriciâ.—R. H. Atkins, H. Crossle, J. R. Collins (*B. Ch. stip. cond.*), S. J. Cullum, J. H. Douglass, E. D. Edwards, W. F. Erskine, M. J. Gibson, R. E. Hajahan, A. L. Hoops, A. E. B. Jones, K. W. Jones, C. S. Miller, G. F. White.

Doctores in Medicinâ.—C. K. Bushe, J. J. Crawford, G. Fitzgibbon, W. S. Haughton, J. W. Hillier, T. D. Homan, H. E. Littledale (*stip. cond.*), T. P. McKell, H. H. Orr, M. J. Smith, J. Tichborne, G. F. White.

THE LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

A STUART MILL Scholarship, of the value of £30 a year for four years, will be awarded in May. The holder of the Scholarship is required to take his entire medical course at the school, and to enter into a legal agreement to practise in India under the Countess of Dufferin's Fund on the completion of her course of study. Applications should be in the hands of the Secretary of the School, 8, Hunter Street, W.C., by February 1st.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

WHEN IS A SEWER NOT A SEWER?

For the consolidation into one Act of the Public Health Act 1875 and the numerous Public Health Acts which have been passed since, certain alterations, the necessity for which time