

ment in these matters can hardly take place so long as the permanent secretary of the College is other than a man educated in and who has practised in the profession. It is known that the secretary is a man of great business capacity, and has probably some sympathy for the profession, but only those in the Council know that his influence is supposed to be paramount in College affairs, and that it would conduce to the well-being of the institution if this power were, so far as the policy of the College is concerned, in the hands of one who by experience knows something of the real difficulties and wants of the profession. I cannot help also thinking that the members of Council are apt to seek the interests of their individual schools, and of the good things in the gift of the Council, more than the position or wants of English surgeons. Again, certain lines of thought and action are apt to cling to men, while education and the conditions of life are constantly altering, and it seems obvious, therefore, that new blood and fresh opinions should be introduced into the Council, and this is one of the reasons why I desire much to see Messrs. Rivington, Tweedy, and L. Tait returned as members of Council. The retiring members of Council have each served eight years; if elected their tenure of office will extend to sixteen years, a period, in my opinion, beyond that which conduces to the efficiency of such institutions as the College of Surgeons. Anyway, after eight years' service in the Council, members, I think, should retire for a year or two, and then, if they desire it, seek re-election. I believe this is especially necessary at the present time, because, as has been pointed out, from one cause and another, the relations of the Council to its constituents are, to say the least, anything but satisfactory. I agree with Mr. Rivington: "There is no personal advantage that can be gained by a seat on the Council—nothing, indeed, but the opportunity of striving to be useful to the profession, and to harmonise and to do justice to all interests in connection with the College." I cannot conceive anything more mischievous than an attempt to set class against class, and to stir up the jealousy and antagonism of the Fellows against the members, who are smarting under a sense of injustice, in order that the votes of Fellows may be given against the advocates of that safe and orderly progress by which the profession will attain its proper position and influence in the community at large.—I am, etc.,

F.R.C.S.

#### THE TREATMENT OF UTERINE TUMOURS BY ELECTRICITY.

SIR,—None interested in gynaecological or obstetric practice can have read the article by Dr. Thomas Keith on the above subject without deep interest. The reputation of Dr. Thomas Keith is too well known, and the respect and esteem entertained for him by those who know him too great, for anyone to doubt for a moment that he would have ventured to express himself so strongly had he not convinced himself of the merits of electrolysis in the treatment of uterine fibroids.

I venture to trouble you with a few lines on the subject, as I have had considerable experience in its use in the treatment of hæmorrhagic fibroids. The result of that experience leads me to say that, when carefully and properly employed, it occasionally affords strikingly beneficial results. I have seen two deaths—one in a case undertaken by my colleague, Dr. Steavenson, for repeated smart attacks of hæmorrhage, in one of which the patient bled to death; and the other in a patient under my own care, who was liable to profuse hæmorrhage, and also to attacks of localised peritonitis. She was certainly improving, and the hæmorrhage was abating. Unfortunately an attack of peritonitis proved fatal, to my great regret; and, although I do not consider that the electrolysis caused the death—seeing that the peritonitis came on about forty-eight hours after the application, which was not followed by any pain, and in this opinion her husband, a gentleman in our own profession, agreed—still it is only fair to include it, as it happened during the treatment. My belief is that the danger, in the great majority of cases where the positive pole is used in the treatment, comes from the large negative electrode on the abdomen, for the whole of the peritoneum lining the abdomen becomes influenced, and may lead to peritonitis.

I need not, however, go into any details, for I have nothing to add to or detract from what I said in my reply to the discussion at the Obstetrical Society which followed the papers on this subject by Dr. Steavenson and myself. Some cases undoubtedly do well under the treatment; others do not seem to derive great benefit; and others, again, are apparently uninfluenced. I for one

cannot say beforehand which will be benefited and which will not. I may say that I have never used punctures, and I have only once employed the treatment to reduce the size of a tumour; in that case pressure symptoms were present, and the patient did well. I have seen several cases of large tumours where I have refused to interfere, because, beyond their size, there was no reason to incur the slightest risk. I have confined this treatment to hæmorrhagic fibroids. But my object in writing is to say that I have practically abandoned the treatment, and for two reasons: first, that my results have not been so striking as to make me feel anxious to continue it, considering the amount of labour involved; and, secondly, that if it is done thoroughly and well—and if not so done, it had better be left alone—it takes up so much time that, with other out-patients to be attended to, the tax upon one is too great. I can only hope that in Dr. Keith's hands the treatment may be more successful. The value of his evidence, with his great experience of other means of treatment, cannot be over-estimated; and it is earnestly to be hoped that he will meet with such success as will warrant the operation of hysterectomy, with its mortality, being spoken of as one of the past.—I am, etc.,

R. A. GIBBONS, M.D., M.R.C.P.,

Physician to the Grosvenor Hospital for Women and Children.

#### CANVASSING IN CHARITIES.

SIR,—Will you allow me, on behalf of the Committee of this Association, to supplement my letter of April last, which was kindly inserted by the greater part of the press, to call public attention to the large sum of money expended by the poor candidates for the benefits of some of the voluntary charities of the metropolis, or by their friends, owing to the voting and canvassing system?

Expense, however, is only one of the many hardships imposed upon the poor. Their anxieties, toil, destruction of health, and ultimate failure to obtain the much-needed benefits, have already been communicated to the press.

Statistics recently obtained by this Society show that at nineteen half-yearly elections for various charities there were 1,866 candidates admitted on the voting lists for 377 vacancies, leaving 1,489 unsuccessful orphan, blind, deaf and dumb, aged, crippled, and incurable poor candidates to repeat their weary process of begging for votes, and spending their scanty means in view of future elections. Taking the whole of the voting charities into account, there are about 5,600 candidates for 1,100 vacancies, leaving 4,500 who are unsuccessful every half year, or 9,000 per annum. It has been ascertained within the last month, from information received direct from the candidates, that the average cost of postage and printing is about £5 for each election, which shows that the expense to the disappointed candidates and their friends is about £45,000 a year, and, as many are never elected at all, the greater part of the money is thrown away. The cost to those who succeed is about double the amount expended by the less fortunate ones. Altogether, the total expenditure over the elections must be about £70,000 a year, and this is exclusive of the expenses of the institutions in printing and postage of the voting lists, which amounts to an enormous sum, which is also, so far as charity is concerned, thrown away. All these exorbitant canvassing charges, instead of being applied to the real benefit of the charities themselves, find their way into the hands of the printer and the Postmaster-General.

As the committees of some of the voting charities refuse to alter their rules, their subscribers have now no alternative but to transfer their subscriptions to the non-voting institutions, in which such scandals as the above do not exist; and it is sincerely to be hoped that wealthy and benevolent persons who have the true interests of the afflicted poor at heart will discontinue to leave legacies, the very backbone of charities, to those institutions whose practices have been almost universally condemned by the press and by the greatest philanthropists of the day.—I am, etc.,

J. A. Dow, Secretary Charity Voting Reform Association.

30, Charing Cross, S.W., June 10th.

#### TRICHOMYCOSIS NODOSA.

SIR,—I regret exceedingly that, in searching the literature of this subject, no reference was met with to Dr. Payne's paper on mycosis axillaris in *St. Thomas's Hospital Reports* for 1886, as to him undoubtedly belongs the credit of first having recognised the bacillary nature of the organism associated with the disease. The

figure referred to by Dr. Payne in his *Manual of General Pathology* corresponds, however, much more closely with the characters of the organism formerly classed as the micrococcus prodigiosus, but now rightly regarded as a bacillus, and universally recognised as the cause of red sweat, bleeding head, and other such-like phenomena. In their form they also resemble the micrococci figured by Eberth and Behrend as forming zoogloea masses on the hairs and lying superficially on the cortex; but I have endeavoured to show that a prominent feature in trichomycosis nodosa is the burrowing of the bacilli into the cortical layers of the hair-shaft, and that the formation of the nodes is subsequent to, and consequent on, their development in this position. I cannot, accordingly, agree with Dr. Payne in his views as to the relation of these hard and insoluble masses to a "quiescent or resting stage of the bacterium, if not a state of degeneration or death." All other observers with whose writings I am familiar lay particular stress on these peculiarities of hardness and resistance to reagents, and regard them as constant characteristics; and what thus seems to be such an essential element of their growth and to occur coincidentally with their development can hardly, I think, be looked upon as the last effort of expiring bacilli.—I am, etc.,

R. GLASGOW PATESON.

Dublin, June 10th.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### WHO PAYS?

NEMO writes: A. was assistant to B., a general practitioner. They did not work together well, and A. gave B. a month's notice of resignation. Before the expiry of that time, however, A. received another appointment, and, being anxious to leave, he obtained B.'s permission to go provided he found a substitute. A. suggested a medical agent, to which B. agreed, and a substitute was sent from the agency. The salary paid to A. was not for the whole month, but only for the actual time he was with B., and some fees for "commission" due to A. were forfeited. Who pays the agent's fee?

\*.\* Whoever employed the agent is primarily liable to pay him. If A. paid him he might recover the balance of his month's salary from B. If B. paid him he might recover the amount paid from A., the latter having a counterclaim for the balance of his month's salary. The matter should be amicably arranged if possible.

### AN ASSISTANT'S HOLIDAY.

MEMBER B.M.A. writes: A. (the principal) has an assistant B., for whom he provides a house partly furnished, and a salary of £120 per annum. B. is a married man doubly qualified, and manages a branch practice. There is no written agreement, and the question of holidays has never arisen. A. has had his holiday, and during his absence provided a *locum tenens*. B. asks for a holiday (three weeks).

1. If A. considers a substitute necessary during B.'s absence, on whom should the expense of *locum tenens*'s fee, board, and lodgings fall?

2. If you consider that B. should pay the expenses, should he pay the whole, or part?

3. Can B. claim his salary during his holiday?

\*.\* In the absence of express agreement, B. is not legally entitled to claim a holiday; and if he requires one he would have to provide a substitute at his own expense if A. is unwilling to do so.

The matter is eminently one for an arrangement to be made between the parties, as each case of this kind has its own peculiar features, and cannot be settled on general lines.

### THE STATUS OF L.S.A.

L.S.A.—If registered since June 30th, 1887, a L.S.A. is qualified to practise medicine, surgery, and midwifery. If registered prior to that date he is qualified to practise medicine and midwifery only.

In the latter case he is not eligible to hold the appointment of medical officer to a union, the Local Government Board requiring that the holders of such appointments should possess a double qualification.

## NAVAL AND MILITARY MEDICAL SERVICES.

A COURT martial was held on May 31st, on board Her Majesty's ship *Benbow*, off Corfu, for the trial of Dr. Biddulph, Staff-Surgeon, on the charge of disobedience to orders and neglect of his duty. It was stated that Dr. Biddulph was on shore on leave, when he was sent for by Captain Paliser, of the *Edinburgh*, to attend a man on that vessel who was supposed to be in a dying state. The accused sent word that he was not well, and could not go on board. The Fleet-Surgeon was thereupon despatched to visit Dr. Biddulph, and report to Captain Paliser. The Fleet-Surgeon, on his return, stated that there appeared to be nothing which justified Dr. Biddulph in remaining away from his duty.

After more than five hours' deliberation, the court found the charges proved, severely reprimanded Dr. Biddulph, and ordered him to be dismissed his ship.

### THE NAVY.

FLEET-SURGEON WILLIAM ROCHE has been placed on the retired list, with the rank of Deputy Inspector-General. His commissions are dated: Surgeon, October 17th, 1856; Staff-Surgeon, September 18th, 1865; and Fleet-Surgeon, August 13th, 1882.

Surgeon P. M. SIMPSON, M.A., M.D., has been appointed Honorary Surgeon to the Clyde Brigade of the Royal Naval Artillery Volunteers.

The following appointments have been made at the Admiralty: EDWARD G. SWAN, Surgeon, to the *Hibernia*, June 7th; EDWARD H. WILLIAMS, Surgeon, to Malta Hospital, June 7th; HERBERT CANTON, Surgeon, to the *Duke of Wellington*, June 7th; H. BEAUMONT, Staff-Surgeon, to the *Edinburgh*; W. BROWN, Staff-Surgeon, to the *Invincible*.

### THE MEDICAL STAFF.

DEPUTY SURGEON-GENERAL P. B. SMITH, M.D., who is serving in the Bengal command, has leave of absence for six months on medical certificate.

Surgeon G. WILSON, M.B., on general duty in the Bombay district, is transferred to general duty in the Mhow district.

Surgeon F. S. LE QUESNE, who has been doing duty in Upper Burma, and who was wounded in the recent affray in which he was engaged with the Chin Field Force, has been recommended for the Victoria Cross for conspicuous gallantry in attending the wounded under a heavy fire.

Quartermaster S. WARREN has taken up his appointment at the Aldershot Training School, *vice* T. Phillips, who has gone to Egypt.

Surgeon R. J. MCCORMACK has arrived in England from Malta on leave till September 21st.

Deputy Surgeon-General FRANCIS CHARLES ANNESLEY died at Hastings on May 22nd. He entered the service as Assistant-Surgeon, September 17th, 1839; became Surgeon, August 15th, 1848; Surgeon-Major, September 17th, 1859; Deputy Inspector-General, August 11th, 1863; and Honorary Inspector-General on his retirement, February 1st, 1867. He was with the 8th Regiment at the siege and capture of Delhi in 1857 (medal with clasp).

### INDIAN MEDICAL SERVICE.

SURGEON-MAJOR G. HUTCHESON, M.D., Bengal Establishment, is appointed to be Sanitary Commissioner of the North-West Provinces and Oude, *vice* Deputy Surgeon-General J. Richardson, M.B.

Surgeon H. HENDLEY, Bengal Establishment, is appointed to the civil medical charge of Dalhousie.

Brigade-Surgeon H. COOK, M.D., Bombay Establishment, is appointed Deputy Surgeon-General with temporary rank, *vice* Deputy Surgeon-General W. E. Cates, appointed to act as Surgeon-General with the Government of Bombay.

Surgeon JOHN CRIMMIN, of the Bombay Establishment, who accompanied the expedition sent against the Saw La Paw, the chief of Eastern Karennis, in December, 1888, has received special mention in the despatches of the General in command. On one occasion, while attending a wounded man, he was surrounded, and defended himself and his patient, killing several of the enemy.

Surgeon S. E. PRALL, Bombay Establishment, is posted to general duty Bombay, Deesa, and Aden districts.

The under-mentioned have leave of absence for the periods specified: Deputy Surgeon-General G. FARRELL, C.B., Bengal Establishment, Inspector-General of Civil Hospital, Punjab, for four months; Surgeon-Major R. JAMESON, M.D., Bengal Establishment, Deputy Sanitary Commissioner, North-West Provinces and Oude, for 213 days on private affairs; Surgeon D. F. DYMOTT, M.D., Madras Establishment, for one year on medical certificate.

### ARMY MEDICAL RESERVE.

SURGEON G. R. T. PHILLIPS, of the Pembroke Yeomanry, is appointed Surgeon ranking as Captain.

### THE VOLUNTEERS.

ACTING SURGEON E. CURETON, 1st Shropshire and Staffordshire Artillery, is promoted to be Surgeon in the same corps.

Mr. B. J. GUILLEMARD, M.D., is appointed Acting Surgeon to the 1st Volunteer Brigade Southern Division Royal Artillery (late the 1st Hampshire).

Acting Surgeon J. H. IRVIN, 1st Volunteer Battalion Royal Lancaster Regiment (late the 10th Lancashire), has resigned his appointment, which was dated August 17th, 1881.

The surname of the Surgeon to the 1st Volunteer Battalion Hampshire Regiment, whose promotion to be Surgeon-Major was announced in the *London Gazette* of May 28th (*vide* JOURNAL of 1st instant), is Rickards, and not "Richards," as therein stated.

Surgeon-Major (ranking as Major) W. DAWES, 1st Volunteer Battalion North Staffordshire Regiment (late the 2nd Staffordshire), has resigned his commission, which bore date March 23rd, 1869; he is permitted to retain his rank and uniform.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### CARDIFF UNION HOSPITAL.

WE have received the report of Dr. Sheen, Medical Officer of Cardiff Workhouse. It is for the year ending March 29th, 1889, and has, of course, special reference to the hospital attached to the workhouse, and the cases therein. It appears that, during the twelve months referred to, 2,123 cases came under medical treatment; and that there is a tendency for these hospital cases to increase in number year by year.

It is very satisfactory to find that the guardians have recognised the necessity of efficient nursing, Dr. Sheen being able to