

paid to constitutional and local conditions, and after ordinary palliative treatment has failed to cure, an exploratory dilatation of the cervix is indicated. With our present methods of rapid antiseptic dilatation this proceeding is practically free from risk, and makes the diagnosis certain, and the immediate treatment of any intrauterine growth or polypus possible. If no intrauterine cause be found, and the case is one of interstitial fibroid, the patient can then undergo one of the above named modes of treatment.

The following extract from Mr. Lawson Tait's paper, published in the BRITISH MEDICAL JOURNAL for November 1st, 1890, p. 1005, will make my contention clearer:

One case (1,315) may be reckoned as a failure, but the evidence is incomplete, as there was no *post-mortem* examination, and I am disposed to believe that it was rather an instance of mistaken diagnosis than of failure, and that the patient was suffering not from myoma but from endometrial cancer. In my whole series there have been three such mistakes (less than 1 per cent.), and I do not see how they are ever to be entirely avoided.

Obviously a digital exploration of the uterine cavity would have prevented these three patients having their "appendages" removed. If an abdominal surgeon objects to undertake such vaginal manoeuvres, let him entrust the case *pro tempore* to one of his medical colleagues.

Again, on p. 1006, Mr. Tait says:—

A curious result was obtained in three of the cases during the process of cure—a result which might have been anticipated as likely to occur in a certain proportion of cases, but which came upon me as a surprise. It was that during the absorption of the tumour, a piece, which I assume had had an intrauterine existence as a polypus before the operation, came to be extruded as the accomplishment of that process became possible after the absorption of the main bulk of the tumour. The polypus, as it were, formed a remanet in the cavity of the uterus, which could be extruded only after the walls had resumed their normal condition. When extruded it was easily removed in the ordinary way. In these three cases the hæmorrhage went on persistently till the extrusion of the polypus and its removal, so that for some considerable time they all looked as if they would be failures.

This extract (in which the italics are mine) almost makes one think that Mr. Tait would advocate "removal of the appendages" as a means of extraction of intrauterine polypi, so easily diagnosed and removed *per vaginam*.

From cases published elsewhere, it seems also that patients with intrauterine polypi, causing metrorrhagia, have been treated by Apostoli's method, in ignorance of the real diagnosis; and one can thus readily understand how death from blood-poisoning has occasionally occurred.

In cases of large fibroids it may be impossible to dilate, or even to reach the cervix; but in the smaller and younger fibroids, prone to become polypoid, where metrorrhagia mainly obtains, this preliminary proceeding is quite easy.—I am, etc.,

Manchester Square, W.

AMAND ROUTH, M.D., B.S.

MEDICO-LEGAL AND MEDICO-ETHICAL.

LONDON GENERAL PRACTITIONER.—Our correspondent should attend the case alluded to in his letter. The malady seems clearly to have been contracted before the man became a member of the club, and no such rule as the one quoted can be considered as retrospective.

MEDICAL PATIENTS AND MEDICAL FEES.

THE correspondent who addressed us, November 1st, against the existing feeling that, in his view, should creditably prevail among medical men, but of the opposite of which he narrated an instance in the case of a skin specialist, arising, as he charitably surmised, from the individual "not knowing any better," again writes expressing gratification through learning in the letter of "An Old Subscriber," November 15th, that the feeling he had assumed as instinctive among representative medical men—indeed, throughout the profession—did still exist, as he had known for above fifty years. But he takes exception to the "Old Subscriber's" lenient conjecture "that had the consultant in question known who his patient really was, or thought for a moment, he would have refused the fee." In this case there was no ignorance of who the patient really was, and there was plenty of time for thought, for the specialist had in his hand the name, designation, and address, and discussed the peculiar affection, as two well-informed medical men discuss any case of difficulty, addressing his patient affably by his title *à la carte*. There was no doubt as to identity in the consultation. The other skin disease specialist, who chanced to be out of town when his provincial medical brother called, has since written, with characteristic courtesy and generous tone of feeling, expressing regret at the mischance that deprived him of meeting what would no doubt have proved an agreeable, and very probably a profitable, acquaintance, and an opportunity especially of giving cordially his best consideration and suggestions for the relief of a medical brother.

FEES FOR LUNACY CERTIFICATES.

O. B. writes: I sent a patient into a lunatic asylum last August, and before doing so I obtained a consultant's opinion and certificate. On sending my bill to her solicitors, who have the management of her property, they tell me that they cannot help me, or pay my bill. Her relatives are poor. She has house property, but there is no executor appointed I am told.

*. The Lunacy Act, 1890, contains provisions under which, on a summary

application being made to the court, the judge may order a sale of the lunatic's property. The proceedings, however, are technical in form. The attention of the lady's solicitors might be drawn to the Act, and perhaps some relative of the lady would take the initiative with regard to the required application to the court. Provision is made for payment of debts of the lunatic out of the proceeds of sale.

We can suggest no other course unless O. B. can obtain the amount due to him and the consultant from the relatives who required the patient to be attended.

REPUDIATION OF MIDWIFERY CONTRACTS.

P. H. B.—We doubt if our correspondent would be successful in an action. The contract would first have to be clearly established, and then there would be the question of the damage sustained. We have not known of an action having been brought under the circumstances.

PUBLIC VACCINATOR'S ASSISTANTS.

DR. J. A. J.—With reference to the alleged unprofessional conduct of the assistant of the public vaccinator for the H— District in "calling on private patients of the other practitioners, and demanding that he must vaccinate their children," it may be well to solicit professional attention to the following rule laid down in the *Ethical Code*, chap. 2, sect. 5, rule 19, third edition, in the justness of the principle of which there can, in our opinion, be no doubt:—

"It is contrary to professional etiquette for a public vaccinator to call, unsolicited, upon a patient of another medical man, and insist, or otherwise request, that a non-vaccinated child be brought to him for the purpose, or in any way to offer gratuitous vaccination, and thus too often succeed in obtaining an introduction to the patients of other practitioners."

"A CARD."

A MEDICAL STUDENT.—Under the circumstances related we can fully understand and appreciate our correspondent's expression and "wrathful" indignation at the deviation from the honourable traditions of the profession set forth in the card of notification issued by the "physician, apothecary, accoucher (sic), surgeon" (dentist also?) to "the high class dispensary and medical club" at Brixton, for whom the plea of inexperience as a young practitioner cannot avail, inasmuch as he became legally qualified in 1862.

Looking at the matter from a practical point of view, we would, for the honour of the profession and in the interest of the public, suggest that our correspondent should address to the authorities of the four diploma-granting licensing bodies, of which the offending practitioner is a member, a brief and courteous protest against the unethical proceeding, signed by himself and as many advanced students whose signatures are conveniently obtainable, which will not only tend to indicate the interest they take in seeking to uphold the honour and dignity of their "noble calling," but possibly impart a healthy stimulus and a new sensation to the powers that be.

NAVAL AND MILITARY MEDICAL SERVICES.

CHANGES OF STATION.

THE following changes of station among the officers of the Medical Staff of the Army have been officially notified as having taken place during the past month:—

	From	To.
Deputy Surgeon-General T. N. Hoysted	Peshawar...	Umballa.
Surgeon-Major J. S. McCutchan, M.B.	Cork	Kilkenny.
" A. H. Hatigan...	Salford	Carlisle.
" C. F. Pollock, M.B.	Bengal	Warley.
" W. P. Bridges...	Portsmouth	Gosport.
" W. M. James	"	"
" J. F. Brodie, M.D.	Cork	Madras.
" W. A. Parker	Marchwood	Portsmouth.
Surgeon R. H. Forman, M.B.	Edinburgh	Glasgow.
" K. D. Donaldson, M.D.	Ballaghaderreen	Dublin.
" H. L. Esmonde White	Hounslow	Bengal.
" H. L. Battersby	Gosport	Christchurch.
" A. Hewett	York	Sheffield.
" J. M. Jones	Salford	Liverpool.
" F. M. Baker, M.B.	Loughrea	Navan.
" J. O. G. Sandford, M.B.	Glenbeigh	Cork.
" R. Jennings, M.D.	Portsmouth	Portland.
" K. W. Ford	Waterford	Cork.
" A. H. Morgan	"	Sierra Leone.
" W. J. Baker	Devonport	Hornfield.
" W. O. T. Poole, M.B.	Warley	Colchester.
" J. W. Beatty, M.D.	Sheffield	York.
" G. W. Brazier Creagh	Dublin	Bengal.
" R. J. L. Fayle	Cardiff	Devonport.
" K. Kirkpatrick, M.B.	Glasgow	Edinburgh.
" J. R. Stuart, M.B.	Colchester	Warley.
" B. W. C. Deebie	Netley	Portsmouth.
" J. Riordan, M.B.	Cork	Waterford.
" J. I. P. Doyle	Curragh	Dublin.
" C. J. Holmes, M.D.	Nenagh	Cork.
" C. W. Johnson, M.B.	Altcar Camp	Seaforth.
" W. E. Berryman	York	Newcastle-on-Tyne.
" W. Turner	Preston	Lichfield.
" H. E. Cree	Strensall	York.
" A. J. Luther	Portsmouth	Hilsea.
" H. S. Peeke	York	Bengal.
Quartermaster T. Bond	Curragh	Belfast.

THE NAVY.

STAFF-SURGEON WILLIAM MASTERS RAE was among those unfortunately lost by the foundering of H.M.S. *Serpent* off the coast of Spain on November 11th. He was appointed Surgeon September 30th, 1876, and Staff-Surgeon September 30th, 1888.

The following appointments have been made at the Admiralty: W. S. LIGHTFOOT, Surgeon, late of the *Swiftsure*, to the Plymouth Division Royal Marines, November 8th; M. FITZGERALD, Staff-Surgeon to the *Shannon*, November 15th; J. DUDLEY, M.D., Staff-Surgeon to the *Impérieuse*, additional, November 8th; H. M. ELLIS, to the *Cambridge*, November 15th; J. ACHESON, M.D., Surgeon to the *Brisk*; D'A. HARVEY, Surgeon to the *Anson*, November 8th; J. SUGRUE, Surgeon to the *Invincible*, November 8th; J. E. PENN, Surgeon to Haslar Hospital, November 8th; J. H. ANDERSON, M.D., Staff-Surgeon, to Plymouth Hospital, November 24th; E. W. BRERETON, Staff-Surgeon, to the *Defiance*, November 24th; A. T. CORRIE, Staff-Surgeon, to the *Agamemnon*, November 24th; W. THOMPSON, Staff-Surgeon, to the *Audacious*, November 24th; J. C. B. MACLEAN, M.A., M.B., Staff-Surgeon, to the *Dreadnought*, November 24th; A. A. H. L. COX, Surgeon, to the *Swift*, November 24th; L. BIDWELL, Surgeon, to the *Rattler*, November 24th; J. CHAMBERS, M.A., M.B., Surgeon, to the *Dreadnought*, November 24th; C. J. MATTHEWS, Surgeon, to the *Agamemnon*, November 24th; H. P. SHUTTLEWORTH, Surgeon, to the *Excellent*, additional, November 18th.

ARMY MEDICAL RESERVE.

SURGEON H. F. STOKES, 1st (City of London Rifle Volunteer Brigade), is appointed Surgeon, ranking as Captain.

INDIAN MEDICAL SERVICE.

SURGEON H. M. BRABAZON, Bengal Establishment, is appointed to the officiating medical charge of the 17th Royal Poorbeah Regiment, *vice* Surgeon G. A. CONES, on field service with the Zibb Field Force.

SURGEON C. R. M. GREEN, Bengal Establishment, is transferred from the officiating medical charge of the 21st Punjab Infantry to the medical charge of the regiment, *vice* Surgeon-Major E. S. Brander, transferred permanently to civil employment.

SURGEON-MAJOR W. COATES, M.D., Bengal Establishment, civil surgeon of Murree, is appointed to be civil surgeon of Simla, in succession to Surgeon G. F. A. HARRIS.

SURGEON-MAJOR J. LEWTAS, M.D., Bengal Establishment, medical officer Queen's Own Corps of Guides, is appointed to be joint medical officer of Simla, in succession to Surgeon-Major O. Baker.

SURGEON P. J. LUMSDEN, Bengal Establishment, is transferred from the officiating medical charge of the 21st Punjab Infantry to the officiating medical charge of the 33rd Bengal Infantry, *vice* Surgeon C. R. M. Green.

SURGEON-MAJOR W. R. MURPHY and Surgeon F. A. ROGERS, both of the Bengal Establishment, are nominated Companions of the Distinguished Service Order for their services during the late Chin-Lushai Expedition.

SURGEON-MAJOR GRIFFITH GRIFFITH, Bengal Establishment, is promoted to be Brigade-Surgeon from July 6th. He was appointed Surgeon, March 30th, 1886, and served in the Abyssinian war in 1867-68 (medal), and in the Afghan war in 1879-80 (medal), and with the Mahsood Wuzere Expedition in 1881.

The transfer of Surgeon E. R. DA COSTA, Madras Establishment, to the half-pay list has received the approval of the Queen.

THE VOLUNTEERS.

ACTING-SURGEON G. MACKAY, M.D., 1st Midlothian Artillery, is promoted to be Surgeon, November 15th.

Acting-Surgeon J. S. CLAYTON, M.B., 3rd Lancashire Artillery, is appointed Second Lieutenant, November 15th. He joined the corps as Acting-Surgeon June 28th last.

MR. JAMES SOUTTER is appointed Acting-Surgeon to the Humber Division, Submarine Miners, Royal Engineers, November 15th.

MR. WILLIAM PHILIP WRIGHTCOMBE is appointed Acting-Surgeon to the 1st Volunteer Battalion Warwickshire Regiment (late the 1st Warwickshire), November 15th.

WHY DISTINCTIONS?

A CORRESPONDENT points out, at page 691 of the *Army List*, "published by authority" are given the names of officers of the militia and volunteers forming the "Army Medical Reserve," and opposite each the dates of the relative or other supposed, but unnamed and undefined, rank they are said to possess. But another body, medical officers on the retired list, "liable to be recalled to service," constituting—but most carefully and probably intentionally not yet so named—the Regular Medical Reserve, have nothing beyond the dates of retirement to show the dates or value of their supposed, or rather inferred, relative rank. How is this?

VOLUNTEER AMBULANCE DINNER.

THE annual dinner of the Volunteer Ambulance School of Instruction will take place at the Banqueting Room, Crosby Hall, Bishopsgate Street, E.C., at 7 p.m., on Saturday, December 13th. Mr. Maclure, the President, will take the chair, and Surgeon Parke, of the Stanley Expedition, will be present as the guest of the evening. Tickets can be obtained of C. J. Townner, Glenholme, Willesden Park, N.W.

THE CAMPERDOWN COMMISSION.

AUT CÆSAR AUT NULLUS writes: While deeply grateful to the BRITISH MEDICAL JOURNAL and others for gallantly fighting the battle of the Army Medical Service all along the line, I regret to find lately a distinct favour shown to the imperfect recommendations of the Camperdown Commission. These are at once and unquestionably inadequate. Nothing but unequivocal military status and titles will remedy the notorious service and social evils under which medical officers labour. The medical officers should firmly demand neither more nor less than what they are clearly entitled to, and that is equal status and justice with other branches of the army.

.. Our position in the matter is this. We are deeply interested in everything which affects the status of the profession, whether in military or civil life; but disabilities which have arisen through ages of ignorant prejudice, privilege, and even proscription are not removed in a day. Reforms of this

class are proverbially tentative and slow, and each step forward is not to be despaired. We demand equality and justice for army medical officers, not only because necessary, but as their natural due. We recognise in the recommendations of the Camperdown Commission a clear advance towards these aspirations, which prudence should not reject. They, at any rate, are authoritative official expressions of opinion, which—although inadequate to meet full demands—are of a character which command public attention, and cannot be ignored by responsible persons, and will prepare and educate both the public and official mind for the ultimate goal of autonomy. In evidence that our view is probably correct, judging from the history of similar struggles, we recommend our correspondent to study our article on the "Autonomy of the Medical Service of the Army of France" in the BRITISH MEDICAL JOURNAL of December 21st, 1889.

OBITUARY.

EDWARD WATERS, M.D., F.R.C.P. Ed.

By the death of Dr. Edward Waters not only has the city of Chester lost one of its chief citizens, but it has lost at the same time an able physician, whose place it will be very difficult to fill, not only on account of his great professional ability but by reason of his social qualities also.

To the British Medical Association his loss will be as nearly irreparable as is possible, for, to those who are able to look back upon the work of the Association and can call to mind all the great efforts that have been made within its ranks for the advance of the interests, the prosperity, and the welfare of its members, the figure of Dr. Edward Waters will always stand prominently in the foreground.

He will be seen shoulder to shoulder with Sibson, Stewart, Falconer, Borchardt, Husband, Chadwick, and others labouring when the prestige, the power, the influence, and pecuniary position of the Association were very different from what they are to-day, determined that it should not sink and be lost when assailed by adversity, if any effort he could make, either alone or in combination with others, could save it.

Joining the Association somewhere about 1860, he soon became a marked man in the ranks of its members, and he was very early selected by his colleagues as one of the elected "twenty" to form the Committee of the Council of that day, for the Council, with whom the election of the Committee of Council then rested, early observed and recognised his conspicuous business ability and the eagerness with which he was ready to devote himself to any good cause they desired to accomplish.

Thus it was that very early in his career as an Associate he became a prominent actor in the movement, destined in the end and mainly through his unceasing efforts to become successful, of medical reform.

Exactly twenty years ago, in 1870, Dr. Waters was elected Chairman of the Medical Reform Committee, and from the day of that appointment until he saw his efforts crowned with success, no amount of personal labour or monetary sacrifice, no expenditure of time ever daunted him; day by day and night by night, in season and out of season, he might be seen journeying between Chester and London, haunting the precincts of the House of Commons, urging with unflagging zeal and pertinacity the cause he had at heart upon every member of the House whom he believed or hoped he might influence; and those members of the Association who now reap the advantage of his labours little remember or know how much they owe to the untiring energy and unflagging zeal of Dr. Edward Waters.

As he laboured for medical reform, so, also, he determined that he would win for his profession the right of "direct representation" in the General Medical Council; and into this cause, as into that of medical reform, he threw the whole force of his energy and character, and laboured again with unceasing activity and with dauntless pluck. Session after session his efforts were unsuccessful, and session after session he retired defeated, but not disheartened; until at last, in 1886, success again crowned his labours, and he won for his profession the second great boon for which he had contended with untiring energy, and at great self-sacrifice. For not only did this amount of public effort cost Dr. Waters large sums of money in expenses, but it entailed also, by