

surgeon's skin, thereby opening the deeper layers, is hardly a fair one. The surgeon does not usually incise his own skin in the course of an operation.

With Mr. Morison I strongly disbelieve in burying unabsorbable ligatures (euphemistically called permanent), such as silk. They have an unhappy knack of reappearing at intervals of months or years. One of the latest I have seen was a silk ligature from an ovariectomy pedicle, which, after an interval of four years, was working into the bladder. An unabsorbable ligature will keep a sinus discharging almost indefinitely, the sinus only closing with the removal or extrusion of the ligature. An absorbable ligature at the bottom of a sinus always has a chance of disintegrating and coming away with the pus. When it is remembered how, in a patient peppered with shot, the shot are constantly working to the surface, owing largely to the movements of the tissues among which they lie, it is not surprising that the same thing occurs in a patient whom the surgeon has peppered with silk.—I am, etc.,

Plymouth, Nov. 15th.

C. HAMILTON WHITEFORD.

#### THE CLINICAL VALUE OF ENLARGEMENT OF THE SPLEEN.

SIR,—In connection with my short memorandum in the BRITISH MEDICAL JOURNAL of September 24th, on The Clinical Value of Enlargement of the Spleen, the following letter which I have received from Professor Osler, of Baltimore, will be of interest to your readers.—I am, etc.,

Eastwood, Notts, Nov. 14th.

ROBERT TURNER, M.D.

[COPY.]

Baltimore, Md.,

October 31st, 1898.

DEAR DOCTOR.—Your memorandum upon The Clinical Value of Enlargement of the Spleen in the BRITISH MEDICAL JOURNAL for September 24th is interesting, particularly in connection with the sentence that "the most cautious decline to say that a spleen is enlarged till they actually feel it." I have for years paid much less attention to percussion than to palpation of the spleen, and the rule, I think, holds fairly well that a spleen, the edge of which you can feel beneath the left costal margin when the patient draws a deep breath, is enlarged.—Very truly yours,

WILLIAM OSLER.

#### THE CONSCIENTIOUS OBJECTOR.

SIR,—May I suggest that magistrates have some uniform tabulated lists of questions for the above, something like the following for instance:

1. How many, and which authorities, have you read on the subject?
2. How many cases of vaccination have you seen?
3. How many cases of small-pox have you seen?
4. On what ground have you formed your objections?
5. As you are such a conscientious man have you any regard for the feelings of your neighbours, who, on good ground, differ from you in opinion, and have equally strong conscientious objections to their children having small-pox?
6. Do you plead ignorance or obstinacy?

The magistrates may thus possibly be able to satisfy themselves as to the conscience of the objector.—I am, etc.,

W. WOODWARD, M.D.,

Late Public Vaccinator, Worcester District, etc.

Worcester, Nov. 11th.

#### EARLY FEEDING IN TYPHOID FEVER.

SIR,—There is one observation in Dr. Sidney Phillips's paper on the treatment of typhoid fever,<sup>1</sup> upon which I would ask your permission to say a few words. In speaking of the treatment of heart failure, asthenia, and blood failure, which are in his view, I am glad to observe, responsible for the greater part of the deaths in typhoid fever, Dr. Phillips says: "For all of them one essential is to prevent waste of material by diarrhoea or hæmorrhage or profuse sweats, and to supply as much nourishment as can be digested and absorbed." If Dr. Phillips had left this excellent and all-sufficient rule of treatment without limitation, I should have no criticism to make; but, after reference to my paper published in the BRITISH MEDICAL JOURNAL, January 16th, 1897, he goes on to say: "Remembering unfortunate results which have occurred in some patients who have surreptitiously followed Dr. Barrs's treatment, I think liquid food is the only justifiable mode of nourishment in the active stage of typhoid fever."

<sup>1</sup> BRITISH MEDICAL JOURNAL, November 12th, 1898, p. 1487.

May I point out that if Dr. Phillips had mentioned the results in the cases in which early feeding had been adopted under my own observation and published in my paper, the question would have been put more fairly before your readers?

I certainly do not claim to have invented any "treatment" of typhoid fever, but since Dr. Phillips speaks of "Dr. Barrs's treatment," I would venture to observe that my paper was published in January, 1897, and up to the present time I have not seen published or heard of any of the unfortunate results which Dr. Phillips says have followed its adoption. The results of the "surreptitious" adoption of my treatment neither Dr. Phillips nor myself ought to take any responsibility for. I am still pursuing the method of feeding which I then advocated, and I have reason to believe that others are doing the same; and I am still able to say, as I said in January, 1897, that I have lost no case of typhoid fever in which early feeding with solid food has been adopted.

Dr. Phillips does not say that he has made any trial of early feeding with solid food. I venture to think that the results published in my paper would have justified him in doing so before condemning the method, as he does by implication, as unjustifiable.—I am, etc.,

Leeds, Nov. 14th.

ALFRED G. BARRS, M.D., F.R.C.P.

#### DRY URINALS.

SIR,—I feel under a deep debt of gratitude to you for having brought to my notice the "dry urinal" worked with sawdust. I have tried this sawdust in both public and private latrines of a native regiment, and in private bungalows, and have found it answer most admirably. As I look upon the adoption of the principle as a great boon to Indian sanitation, capable of conferring inestimable benefits, while in India I submitted a report on the subject. The fly nuisance, so great and disastrous in India, is very much less where the dry urinal is used. The urinal in no way attracts dipterous or other insects.

The conservancy arrangements made for natives are peculiar, and it is essential that a large supply of sawdust should be available. Where these urinals were used there were saw mills. It would indeed be a great thing if a substance could be discovered giving similar extraordinary results to sawdust which could be obtained in sufficient quantity.

We have in India the so-called "removal" system, which would work better if the liquid sewage were disinfected, as indicated by Dr. Poore.—I am, etc.,

T. MAYNE,

Lieutenant-Colonel, Indian Medical Service.

Colombo, Sept. 28th, 1898.

<sup>1</sup> BRITISH MEDICAL JOURNAL, July 3rd, 1897, p. 54.

DR. R. J. RICHARDSON, the Chairman of the Liverpool Medical Club, gave an "at home" on November 9th in the new quarters of the Club, 64, Mount Pleasant. Since its formation three years ago the Club has prospered, and many interesting discussions have taken place upon ethical matters affecting the profession. During the present winter session other discussions will take place and several smoking concerts will be held.

DUNFERMLINE COTTAGE HOSPITAL.—The Moray Wing, the cost of which has been defrayed by a bequest of £5,000 from the late Earl of Moray, was opened on November 9th by the Countess of Moray. The new wing contains four wards with 3 beds in each, various rooms, and a new operating theatre, which has been built and equipped in the most modern fashion, and contains basins with pedal taps, and sterilising apparatus for instruments, dressings, and water. There are now 30 beds in the hospital, but this number is already found to be inadequate. An isolation ward, separate from the main building, was opened on the same occasion. The hospital was only opened in September, 1894, but that the cases with which it has to deal are serious is shown by the fact that 41 major operations were performed last year. Mrs. Andrew Carnegie recently presented a Roentgen ray apparatus with a 10-inch spark to the hospital.