paid. This is perfectly true. But to consider such work as a "career" is a mistake. Our chief glory is that we give up all ideas of worldly ad-vantage. Some of my personal friends have had most brilliant profes-sional prospects and abandoned them to become missionaries. And unless a man be prepared to do likewise he had much better enter Government service or other more lucrative employ. And the societies do not wish for men who are not single-hearted in the work. We are only paid our "living expenses," not a remuneration for our services. In our society (Church Missionary Society), if a man of 20 years' expe-rience remain a bachelor, he draws no more than a recent recruit. Per haps more might be done in the way of a pension, but unless people give money specially for such an object the societies must keep down such expenses to the narrowest possible limits. They are ready to help those in actual want, and we are old fashioned enough to believe that He Whom we have tried to serve will not forsake us. But if the ideal of our pro-fession is to relieve suffering, no position gives greater scope than that of a Whom we have tried to serve will not forsake us. But if the ideal of our pro-fession is to relieve suffering, no position gives greater scope than that of a medical missionary. Most of us in one year cure more disease than we should have opportunity of doing at home in ten years. There is also the advantage we have of showing by example, as well as by pre-cept, what Christianity is. But your columns are not the place in which to enlarge on our spiritual work. Your correspondent's stric-tures on the difficulty of treating large numbers are reasonable. But it is hardly fair to speak of "scamping the work." Why do such numbers come? In India, although some dislike the preaching, they come be-cause they think, at any rate, that they get more consideration than in the Government dispensaries. How can we limit the numbers? Who are to be sent away? The only limit can be our own endurance. In most missions well-to-do patients are expected to contribute something to the hospital. As to being "mere relieving machines," is not that what we came for? Is it not our duty like our Master, "to minister rather than to be ministered unto"?

OPERATIVE TREATMENT OF ASCITES IN CIRRHOSIS. DR. JOHN HADDON (Deuholm, Hawick) writes: The letter of Drs. W. H. White and H. C. Thomson in the BRITISH MEDICAL JOURNAL of October 31st treats of a point of some importance and deserving of attentiou. I was present lately at the necropsy in a case which many years before had been tapped repeatedly for ascites and got well. There was some difficulty in the diagnosis at that time, but his recovery was un-expected. He took ill again, and had a pyriform swelling in the abdo-men, which on being tapped was found to contain bloody fluid. It gradually enlarged, and he had haematemesis before death. The necropsy revealed a large circumscribed collection of bloody fluid, like a cyst formed by adhesions of the peritoneum. The liver was cirrhotic and small and the spleen large. The former ascites, in the light of the letter above referred to, was no doubt due to chronic peritonitis accom-panying the cirrhosis, and not the ordinary ascites of cirrhosis, which tapping cannot cure. tapping cannot cure.

THE ALVARENGA PRIZE. THE ALVARENGA PRIZE. THE Alvarenga Prize of the College of Physicians, Philadelphia, for 1903 has been awarded to Dr. W. S. Carter, of Galveston, Texas, for an essay entitled "The Relation of the Parathroids to the Thyroid Glands." The next award of the prize, amounting to about $ś_{36}$, will be made on July 14th, 1904. Essays intended for competition may be upon any subject in medicine, but must be unpublished, and must be received by the Secre-tary of the College on or before May 1st, 1904. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope, having on its outside the motto of the paper, and within the name and address of the author. The successful essay or a copy of it shall remain in possession of the College ; other essays will be returned upon application within three months after the award. after the award.

after the award. ISOLATION HOSPITALS. Dr. J. F. D'ABREU, D.P.H.Camb. (Handsworth) writes: If we consider the etiology and infectiveness of scarlet fever we find besides other causes the infection of scarlet fever is given off by the breath and kidneys. After the usual period of segregation, a child is sent out with his dis-infected gaments after a bath. But what about the lungs? They are still the foci for fresh infection. No wonder, therefore, that the present huge buildings. costing millions of money, do not prevent but spread scarlet fever. Would it not be better for every isolation hospital to have convalescent homes to spend some time after the socalled infec-tious period. The money will be well spent in the extra cost in stamp-ing out scarlet fever in a few years and save millions in the up-keep of these huge establishments. If a thing is worth doing at all it is worth doing well. doing well.

- CORRECTIONS. ETC. DR. J. BLUMFELD (London, W.) writes: Will you favour me with a small space in which to correct a statement wrongly attributed to me in the BRITISH MEDICAL JOURNAL, October 315? The reviewer of my little book Anaesthetics writes that I make a statement that no "danger trom inhalation of vomit will occur even in cases of intestinal stoppage if the anaesthetics writes that I make a statement that no "danger trom inhalation of vomit is entirely averted by care on the anaes-thetist's part." Such care concerns really the question of position, not only that of depth of anaesthesia. MR. CHARLES P. CHILDE (Southsea) writes: In the report of my remarks in the Laryugological Section of the British Medical Association at Swansea I an described as "Assistant Surgeon to the South Hants Eye and Ear Infirmary." Somebody has made an error, and I shall be glad if you will correct it. I do not hold that position. ERRATA.—The gentleman who demonstrated certain pathological speci-mens at the July meeting of the St. Pancras Division as reported in our columns on October 31st, p. 1150, was Dr. Herbert Rhodes, of the London Temperance Hospital, and not Dr. Rogers as therein stated.—In the annotation by Dr. Mackenzie, of Glossop, on Continuous Rectal Ali-mentation in the JOURNAL of October 31st, p. 1192, col. i, last line of note, for "June 19th, 1887," read "June 19th, 1886."

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