three or four weeks, though pain still was present on movement. The knee also became reduced in size though some fluid was still present.

In three months he had another attack with rise of temperature to 101°F. , accelerated pulse, and vomiting. On this occasion both legs and arms were affected, the left knee being more swollen than the right. Swellings were noted at irregular intervals. They were at first white in colour like the surrounding parts but quickly became dark red. Pain was severe and only slightly relieved by fomentations and sedative applications. One swelling, which was fluctuant, situated on the tibia below the knee on the inner side of the leg, I incised and found a quantity of gelatinous matter of a reddish white tinge. There was little bleeding and the wound healed perfectly after one dressing. Under the microscope only leucocytes and fibrin could be seen with a few red blood corpuscles. No subsequent swelling occurred in that region. At the end of a week the temperature fell to normal and the swellings subsided and the patient's condition improved though he had considerable difficulty in flexing the knees and ankles. He was sent into the country for six months and on his return to Melbourne he again came under notice, having spat up some dark blood on the previous night. An examination of the lungs showed much improvement. He had gained weight and felt well with the exception of severe pain in the region of the left sciatic nerve. The right knee on this occasion was swollen and contained fluid but was not painful. He was sent to the sanatorium but after two months was sent to town for operation on the right knee. There were redness and swelling with fluctuation two and a half inches below the joint and severe pain down the leg. This disappeared after a few days, so operation was considered unnecessary. He was then able to resume his ordinary occupation but had to use sticks to enable him to move about, both limbs being stiff and painful.

Three months later he was a spectator on a stand and missing his footing he fell down steps a distance of 12 or 13 feet. Beyond a slight shock he experienced no inconvenience and next day was in some remarkable, almost incredible, way able to walk and to move as well as ever he could. He has improved in condition and is now engaged in his business, the lung disease having apparently become quiescent.

At the time of these attacks I was inclined to the belief that they were due to angio-neurotic oedema or purpura rheumatica. There was no hæmophilia nor evidence of purpura hæmorrhagica, and urticaria could not be considered as there were no wheals or itching. Although there was no hæmorrhage from the bowel or hæmoglobinuria as described by Wende the symptoms seemed to point more to oedema angio-neuroticum than purpura rheumatica as there was no constitutional disturbance or petechial painful crops as generally found in the latter disease. The condition and its termination (it is 12 months since the accident) are very interesting.

I am, Sirs, yours faithfully,

Melbourne, Australia, May 24th, 1904.

ROBT. H. STRONG.

SHOULD MEDICAL MEN BE ALLOWED TO DISPENSE THEIR PRESCRIPTIONS OR NOT?

To the Editors of THE LANCET.

SIRS,—THE LANCET of June 18th contains a letter inquiring whether medical men should be allowed to dispense their prescriptions. Your correspondent is evidently of opinion that apart from the question of prohibition, which has for the time ceased to be a question, it is preferable that medical men should dispense. He quotes two instances which he takes to prove the inefficiency of certain druggists in this part of their business. Once he sent for nitrite of amyl (in capsules). The druggist had none. We are not informed whether he was without the nitrite itself. He had "something that would do as well." There are, of course, other drugs which are used for the same purpose, such as trinitrin. Perhaps it is not unworthy of note that your correspondent himself appears for the moment to have exhausted his own supply. On another occasion he prescribed nepenthe but with a like result. Many druggists keep this preparation; others, as well as probably the majority of practitioners, do not, for nepenthe is not to be found in any British Pharmacopœia. It is

simply a proprietary article, one of a thousand stock medicines by means of which, aided not a little by the dispensing system in medical practice, manufacturers of drugs are gradually capturing both the practitioner and the retail druggist. I do not consider, Sirs, that your correspondent's cases are sufficient to justify his sweeping condemnation of the latter. At the same time I admit that many drug-shops are not so fully stocked with all the requisites of treatment as they should be. The reason is clear: so long as medical men continue to dispense demands upon the druggist will be comparatively few. Let them cease dispensing and they will allow an expansion of trade which will insure that the druggist maintains a supply adequate to the needs of his customers. The prices quoted by your correspondent must be extreme in any place. In this part of London 1s. is about the usual charge for dispensing a prescription. I think there can be very little doubt that the educated druggist of to-day is as a rule what he certainly ought to be—the fittest person to carry out that work of dispensing for which he has been carefully and expressly instructed.

I am, Sirs, yours faithfully,

Highbury, London, N., June 27th, 1904.

B. G. MORISON.

THE INSURANCE OF MEDICAL MEN AGAINST THE DANGERS OF THEIR PROFESSION.

To the Editors of THE LANCET.

SIRS,—Dr. J. Eyre's unfortunate experience as described in THE LANCET of June 25th, p. 1811, entirely bears out my own experience as regards the accident policies issued by Scottish companies. On four occasions, and only four, I have had to certify for accidents incurred by holders of Scottish policies and each time the claim has been disputed, and if allowed at all only paid after a good deal of difficulty. One case in particular I remember when a Scottish office absolutely refused to allow a "total disablement" claim which was paid without demur by an English company. Nothing would induce me to take out a Scottish accident policy for myself and I always advise anyone whom I know to hold one to drop it and take a policy in a well-known English company instead. I do not remember that I have ever had a claim disallowed in an English office.

I am, Sirs, yours faithfully,

Plymouth, June 25th, 1904.

C. E. RUSSEL RENDLE.

THE NOMENCLATURE OF THE SIGMOID FLEXURE.

To the Editors of THE LANCET.

SIRS,—I notice that in the last edition of Sir Frederick Treves's "Manual of Operative Surgery," vol. ii., p. 291, the author and his colleague, Mr. Jonathan Hutchinson, jun., have perpetuated an error into which Sir Frederick Treves fell when writing his "Anatomy of the Intestinal Canal and Peritoneum." On p. 61 of that work Sir Frederick Treves suggested that the form of the sigmoid flexure was rather that of the Greek capital letter Omega with which we are all familiar, and that the name of this coil of bowel might with advantage be correspondingly altered.

Permit me to point out that the sigmoid flexure takes its name from a form of the Greek letter Sigma which resembles the capital Omega laid on its side, or our modern capital letter C with a little hook added below. This form of Sigma will be found in all the old Greek books in which contractions are used in the type and it has disappeared from modern ones; whence Sir Frederick Treves's error. The editors of the various editions of Quain's Anatomy take care to give the correct explanation in the index to that work (for example, ninth edition, vol. i., p. 740). The sigmoid notch of the lower jaw and the sigmoid cavities of the ulna and lower end of the radius are consequently correctly named.

With regard to the sigmoid flexure this matter is far from having a merely academic interest and that is my reason for this communication. Sir Frederick Treves is quite right in pointing out what is the actual shape of this bend of the bowel because arguments for and against the use of O'Beirne's tube which I have read in medical literature have evidently been affected by the conception formed in the mind of the arguer of the exact form of this part. In his work on "Intestinal Obstruction" Sir Frederick Treves shows himself quite sufficiently alive to the dangers of what he

terms "the long tube" as a means of diagnosis (second edition, p. 319). He rightly describes the part as a *loop* provided with an extensive mesocolon, in some examples amounting to from 18 to 20 inches in length and capable of touching the gall-bladder, the cæcum, or the umbilicus. The importance in everyday practice of keeping in the mind a correct conception of this part of the intestine is obvious and I think the practitioner will be greatly aided if he remembers the sigmoid cavities of the radius and ulna and why they are so called.

I am, Sirs, yours faithfully,
J. B. NIAS, M.D. Oxon.
Rosary-gardens, S.W., June 22nd, 1904.

THE ROYAL ORTHOPÆDIC HOSPITAL.
To the Editors of THE LANCET.

SIRS,—I am instructed by the committee of the Royal Orthopædic Hospital to inform you, with reference to the circular issued by the secretary of the City Orthopædic Hospital dated Jan. 14th, 1904, that the statement contained in that circular to the effect that the Royal Orthopædic Hospital has ceased to exist is entirely untrue. As you have been informed, the Royal Orthopædic Hospital is amalgamated with the National Orthopædic Hospital under the sanction and with the strong approval of King Edward's Hospital Fund for London.

Arrangements have been made for the erection of a new building in which the work of the combined institution will be carried on under one management. In the meantime the work of the Royal Orthopædic Hospital is being carried on in temporary premises at 55, Bolsover-street, W., where both in-patients and out-patients continue to be received. So far as my committee can learn, not one patient of the Royal Orthopædic Hospital has gone to the City Orthopædic Hospital and the suggestion that the amalgamation has in any way increased the work of the City Orthopædic Hospital is without foundation.—I am, Sirs, yours faithfully,

TATE S. MANSFORD, Secretary.
Royal Orthopædic Hospital, 55, Bolsover-street, W., June 27th, 1904.

THE GOVERNMENT OF INDIA AND THE ROYAL ARMY MEDICAL CORPS.
To the Editors of THE LANCET.

SIRS,—Paragraph 429 of the Regulations for the Allowances of the Army, 1903, reads as follows :—"Married officers when necessarily employed on duty with troops on board ship will be entitled to free accommodation for their wives and children, if permitted to accompany them." With regard to India, to which place a very large percentage of the officers of the Royal Army Medical Corps go, this regulation is got over in the following manner. About last January a letter was received by the Director-General of the Army Medical Service from the War Office directing that in future only bachelor officers were to be detailed for duty with troops for India. This must have been done at the instance of the Indian Government. A married officer of the Royal Army Medical Corps with three children thus loses at least £150 over each voyage to or from India, as shown by the following table :—

Per P. and O. steamboat.				Per hired transport.			
	£				£	s.	d.
Self	52	...	...	...	...	...	...
Wife	52	...	...	20 days' messing at 5s. 6d.	5	10	0
Child 8 years old	26	...	...	"	4s. 0d.	4	0
" 5 "	26	...	...	"	2s. 6d.	2	10
" 4 "	26	...	...	"	2s. 6d.	2	10
Nurse (2nd class)	32	...	...	"	2s. 6d.	2	10
Total ...	£214			Total ...	£17	0	0

Deducting from the £214 the £17 for messing on board the transport and the £47 10s. received from the Government the above-mentioned officer loses quite £150, taking into account the lesser cost of extras on board the transport. As a medical officer will in ordinary course perform three journeys to and from India in seven years he would lose at least £450 in this short period. Moreover, when he reaches India he probably has at least one expensive move in front of him in his new command.

Veterinary officers, in accordance with paragraph 426 (b) of the Allowance Regulations are always entitled to free passage for their wives and families whether travelling with

or without troops. As may be seen, this invidious distinction is a cruel hardship on the medical officer. Regimental officers, as a rule, travel with troops and accordingly are allowed free passages for their families.

The Government of India has recently (May 7th, 1904) ruled that an officer of the Royal Army Medical Corps transferred to a station carrying a higher rate of charge allowance must be viewed as transferred to a more lucrative appointment for the purpose of paragraph 103 (2) of the Army Regulations of India, vol. x. According to this ruling a medical officer landing at Bombay and ordered to Quetta as a specialist at Rs. 50 a month may be put to the expense of Rs. 1000 over the journey of his family and very likely would regret the day he became a specialist. The same thing happens in the case of an officer transferred, say, to an appointment with an increase of charge pay of Rs. 60 a month, the expense of the journey possibly amounting to much more than the total sum received over the larger rate of charge pay. If, say, an officer moves from Darjeeling to Dinapore to assume charge of a station hospital with an extra Rs. 60 per month charge pay he is never likely to be able to recoup himself for the great expense of the journey of his family. If these moves occurred at the officer's own wish one might possibly be able to understand it. In fact, the senior or specialist officer will often prefer to remain in the lower-paid appointment, but unfortunately will not always be allowed to.

The Government of India recently raised the pay of certain of the ranks of the Royal Army Medical Corps after great pressure but by the above new rules it will more than recoup itself for its great generosity.

I am, Sirs, yours faithfully,
QUATUOR MARIA.

THE ROYAL HOSPITAL FOR INCURABLES AND THE DISPUTED LEGACY.

To the Editors of THE LANCET.

SIRS,—Your issue of Dec. 5th, 1903, p. 1611, contains a paragraph headed "Inaccurately Worded Legacies." In this paragraph particulars are given of a then recent decision by a judge of first instance in the Chancery Division to the effect that the British Home and Hospital for Incurables at Streatham was entitled to receive a legacy expressed by a testatrix to be given to "The Royal Home for Incurables, Streatham," and which had then already been paid to the Royal Hospital for Incurables at Putney by the testatrix's executors.

The board of the Royal Hospital for Incurables desire us to acquaint your readers with the following facts. First, that the decision in question was in the month of March reversed by an unanimous decision of the Court of Appeal, and the institution which they represent was held to be entitled to the legacy; and, secondly, that besides the evidence of the donor's intention, legally admissible, there existed in the executors' control additional evidence, not legally admissible, but leaving no moral doubt as to the institution which it was the testatrix's intention to benefit. It has recently come to the knowledge of the board of the Royal Hospital for Incurables that the paragraph from your paper has been reprinted and circulated. As this states the facts only up to a certain point the board think it desirable that the additional facts above detailed should be before your readers and hence we would ask you to permit the insertion of this letter in your next issue.

We are, Sirs, yours faithfully,
FARRER AND CO.
Lincoln's Inn-fields, London, W.C., June 27th, 1904.

FIFTY YEARS OF PAROCHIAL MEDICAL SERVICE.
—Mr. Robert Girvan, L.R.C.S. Edin., who was appointed to his present position as medical officer to the Parish council of Maybole, N.B., on June 7th, 1854, has been congratulated by the chairman on behalf of the council on the occasion of his jubilee, the chairman also expressing the appreciation of the council of the thorough and conscientious manner in which he had always performed his duties. Mr. Girvan served for 35 years in the 2nd Volunteer Battalion Royal Scots Fusiliers and retired with the rank of Surgeon-Lieutenant-Colonel, being awarded the volunteer decoration. It is entirely owing to Mr. Girvan's retiring disposition that no public ceremony has taken place to mark his 50 years of parochial service.