

that had elapsed since the last examination the stone had evidently increased greatly in size, for when I saw him the sound came in contact with a stone immediately it entered the bladder and could not easily be passed around and beyond it. With the finger in the rectum a large calculus could be felt directly above the prostate, and its size and shape were roughly ascertained. By using the sound in the bladder in conjunction with the examination per rectum the more important information was gained that the stone was firmly fixed in the floor of the bladder, for it could not be rolled over or moved from its position in relation to the prostate by pressure either from the finger behind or from the sound in front.

Under the circumstances it was clear that the only way of removing the stone was by the suprapubic operation, and this the patient had no hesitation in submitting to for his sufferings were undoubtedly very great. I performed the operation a few days later at the Cowra District Hospital and removed a calculus weighing a trifle over four and a quarter ounces. The stone (which I still have in my possession) is egg-shaped with flattened anterior and posterior surfaces, and is rather bigger than a duck's egg, measuring eight inches in its largest circumference. It appears to be composed of uric acid with a slight deposit of phosphates. About two-thirds of the length of the stone projected into the cavity of the bladder, but its larger end was tightly held in a sacculus behind the prostate, and it was only after enlarging the incision in the bladder sufficiently to introduce the fingers of both hands that I could disengage the stone, the constricting edges of the sac having formed two deep lateral grooves in the calculus.

The operation was in all other respects carried out in the usual way, and the patient, notwithstanding his age, made a rapid recovery, returning to the diggings five weeks after the operation. When I last heard of him several months later he had had no further trouble. I have been told by practitioners of long Australian experience that cases of stone are exceedingly uncommon in that country. I do not know whether that opinion is confirmed by statistics.

I am, Sirs, yours faithfully,
RALPH C. BARTLETT, M.R.C.S. Eng., L.R.C.P. Lond.
Romsey, Hants, Dec. 21st, 1901.

THE BOYCOTT OF CONSUMPTIVES AT MENTONE.

To the Editors of THE LANCET.

SIRS,—The recent semi-official edict of the hotel proprietors at Mentone, in the Continental Bradshaw, intimating that persons suffering from consumption would not be received as guests, has created some excitement in the Riviera and many consider this virtual boycott of invalids as an unjustifiably harsh measure. This attitude of the leading hotel proprietors of Mentone is no new thing, however, though it has not before been so uncompromisingly expressed. It must be remembered that the character of Mentone as a winter resort has materially changed in the last 20 years or so. The history of Mentone, so far as foreigners are concerned, may be divided into three distinct phases. For many years after the late Dr. J. H. Bennett (the tutelary genius of Mentone) "invented" and made Mentone it was regarded as an invalid resort pure and simple, and in the case of consumptive patients ordered to winter abroad the choice of the faculty was practically limited to Mentone or Madeira. Its great vogue as the Mecca of the consumptive gave the place a distinctly funereal reputation, and it was erroneously supposed that the town was simply a consumptive preserve. Everyone remembers Mark Twain's witticism that but for an occasional funeral there would be no life in the place, while the famous French romancer, M. Guy de Maupassant, had much to do with the perpetuation of the "Cave of Despair" legend when he wrote: "This charming and balmy country is the hospital of society and the flowery cemetery of aristocratic Europe. How truly in every part of the world this lovely and terrible spot must be accursed, this ante-room of death, perfumed and sweet, where so many humble and royal families, burghers or princes, have left someone, some child on whom they concentrated all their hopes and lavished all their love and tenderness." Then came the second stage in Mentone's history, when it became a quiet and retired resort, much frequented by non-invalid visitors who objected to the expense of ultra-fashionable Cannes and the gaiety and

hustle of Nice, the metropolis of the Riviera. For many years, too, it was the favourite resort of overworked clergy attracted by the combination of cheap living and lovely scenery.

Of late years a still more marked change has taken place. Mentone has become distinctly fashionable and consequently almost as expensive a residence as Nice or San Remo, though less so than Cannes or Monte Carlo. Then its proximity to the latter place has made it popular with many frequenters of the casino who for obvious reasons prefer not to live actually under the shadow of the palace of fortune. There is no doubt something to be said for the hotel proprietors' point of view. The opinion, whether erroneous or not, now gaining ground, that Mentone is more or less a consumptive settlement would be obviously prejudicial to the interests of Mentone in general as a residential winter resort and to the hotel-keepers in particular. As a preliminary measure steps were taken to convince the public that this beauty-spot of the Riviera was not exclusively to be regarded as a Mecca for invalids. Finally, and within recent years, those interested in the hotel enterprise let it be understood that, taking a leaf out of the book of the Pontresina hotel managers (who have for many years tabooed phthisical visitors), no consumptive person would be admitted.

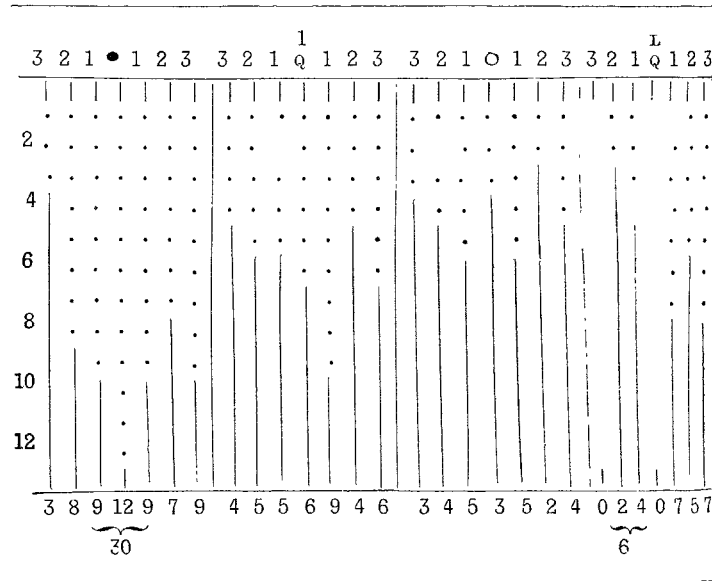
It must be remembered that Mentone is practically one great hotel—there are more hotels in comparison to the population than at any town in the Riviera, except Cannes and Monte Carlo. Hotel-keepers must live, and it is unquestionable that ordinary visitors will not patronise an hotel which is known to take guests suffering from consumption. Thus, to put it bluntly, as there are not enough invalids to go round, the bold alternative of mainly depending upon a consumptive *clientèle* as at Davos is impracticable.—I am, Sirs, yours faithfully,

E. A. REYNOLDS-BALL,
Dec. 19th, 1901. Author of "Mediterranean Winter Resorts."

WET DAYS.

To the Editors of THE LANCET.

SIRS,—May I invite your attention to some weather facts which, I think, are not without their medical bearings? In the rough diagram herewith each dot represents a day with 0.4 in. of rainfall or more at Greenwich; and the diagram



Shows the distribution of such days (in the last 12 years, 1889-1900) in the week about new moon, first quarter, full moon, and last quarter respectively. Please note the following: (1) the preponderance about new moon at once strikes the eye; (2) the third day before last quarter and the day of last quarter were without cases of such rainfall; (3) while the three-day group before last quarter, and that ending with last quarter, had each six cases the three days about new moon had 30 (i.e., five times as many); and (4) it might be shown that the total number of such days in weeks about new moon is greater than in weeks about last quarter in every year of the 12 except two, when the numbers were equal. Whether these facts point to lunar influence or not

it will, I think, be interesting to notice whether the same relation persists in future.

I am, Sirs, yours faithfully,

ALEX. B. MACDOWALL, F.R.Met.S.

Hfracombe, Dec. 20th, 1901.

THE LATE R. B. ANDERSON FUND.

To the Editors of THE LANCET.

SIRS,—Permit me to add a word to the appeal of Lord Stamford and Mr. Timothy Holmes in reference to the R. B. Anderson Fund. It seems a most melancholy and depressing thought that an appeal renewed at intervals over six months, made by men of the highest standing, backed up by the editors of the great medical journals and on behalf of a man who is one of the martyrs of the profession if ever there was one, should only result in the miserable sum of £80. This is both inadequate for the pressing needs of Mrs. Anderson and family and discreditable to the profession.

When Mr. Anderson was alive, when the memory of the gross injustice perpetrated on him (and through him on the profession) was fresh, we rewarded him for his heroic endeavours to secure justice in the usual way. He was looked on as a crank, a misguided enthusiast, a man with a grievance; or even worse, he was regarded with suspicion, and his motives were impugned. Ridiculous as it may seem to those who knew him, I have even met people who talked of him as a "paid agitator." The last few years of his life were spent in anxiety and poverty. I am afraid that sometimes he even had not enough to eat. It is a story we, as a profession, can only recall with shame, but it is not too late to do something for our credit's sake.

Especially would I appeal to those who take an interest in medical politics. I had the honour of Mr. Anderson's intimate acquaintance and never did I meet a man to whom the honour and interests of the profession were so dear. Even his own wrongs were swallowed up in his enthusiasm for the cause. When the rights of the profession were assailed in his person he defended them with a courage and tenacity that nothing could shake. He faced prison and financial ruin rather than compromise one jot of those rights. He hastened his own death by the privations and mental anxiety incurred in fighting a battle which was not his alone but that of the whole profession. We may think his conduct quixotic, that he was foolish in neglecting his family and financial interests in order to fight the battle. But those of us who in his place would have been less courageous (more prudent, if you will) may at any rate honour his undaunted courage and sympathise with his family, left in very distressed circumstances. Every man who reads this could afford a few shillings, and I trust for the honour of the profession that the fund will not be closed at anything like its present miserable state. I shall personally be glad to receive and forward to the treasurer any subscriptions which may be sent to me.

I am, Sirs, yours faithfully,

Cotfield House, Gateshead, Dec. 18th, 1901.

ALFRED COX.

CANCER AMONG HINDOOS.

To the Editors of THE LANCET.

SIRS,—The letter of Colonel J. Maitland, I.M.S., in THE LANCET of Dec. 21st, 1901, p. 1763, has re-stimulated my previous intention, formed at the time that Mr. C. B. Keetley's paper appeared in THE LANCET (Oct. 5th, p. 939), of refuting the statement contained therein—to wit, "Hindoos (*sic*) suffer comparatively little from cancer." Dr. C. N. Saldanha, judging from his name, hies evidently from the Malabar coast, most probably from Mangalore, South Canara, and has had his medical education at the medical institutions of either Bombay or Madras. Not having a Medical Register at hand I am unable to assert definitely. I have had over three years' experience of surgical work on this coast, from the north of South Canara to the south of Malabar (Cochin) and can avouch for the fact that cancer, in its general signification, is common—indeed, very common—among the natives in this tract of the Madras Presidency. All the various organs and tissues obnoxious to this infection were represented: the penis, the jaws, throat, cervix uteri, breasts, &c. The most prevalent were cases affecting the lower jaw and the penis. Colonel Maitland speaks for the

Madras General Hospital, where cases from all over the Madras Presidency come for operation.

Thus my local, though limited, and Colonel Maitland's general and considerably more extensive, experiences of the Madras Presidency do not bear out the sweeping generalisation attributed to Mr. Keetley's informant. Of course, the word "Hindoos" is employed by Mr. Keetley in a very loose sense and might have passed muster 50 years ago as of sufficient scientific accuracy; but in this more enlightened twentieth century this now obsolete and vague word should be replaced by one more in accordance with our advance in anthropology. Mussulmans are not Hindus, yet the former are subject to the same ills as the latter. The term "natives of India" would remove the objection. It was a pity Mr. Keetley did not refer to the annual reports of the medical institutions of India, obtainable at three or four accredited booksellers in London, before accepting the *ipse dixit* of Dr Saldanha.

I am, Sirs, yours faithfully,

C. DONOVAN, B.A., M.D., B.Ch. R.U.I.,
Captain, I.M.S.

Instow, N. Devon, Dec. 22nd, 1901.

PERMANGANATE OF POTASSIUM IN THE TREATMENT OF DYSENTERY.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 21st, 1901, Mr. W. B. Bennett of Liverpool records a most interesting case of diarrhoea in which he finally adopted the treatment of washing out the bowel by a weak solution of permanganate of potassium. I have been more than usually interested in this contribution of Mr. Bennett, and I think it will be of interest to him and to your readers to know that this form of treatment was successfully adopted in connexion with a mild epidemic of so-called asylum dysentery at this institution more than two years ago. At the time every conceivable remedy was tried with little or no effect, but no sooner had we adopted irrigation of the bowel by means of permanganate of potassium than our cases began to improve and we had no more deaths. From Mr. Bennett's reference to his experience of this method of treating dysentery in South Africa it would seem as if it had been employed here prior to his South African experience. It is to be regretted that these facts were not put on record earlier, but it is hoped that a short contribution on the subject will see daylight before long. The plan adopted here was to wash out the bowel morning and evening, and seldom had this to be repeated after the second day. In every case of severe diarrhoea with any tendency to straining we now always employ this method of treatment.

I am, Sirs, yours faithfully,

P. W. MACDONALD, M.D. Aberd.

The Asylum, Dorchester. Dec. 30th, 1901.

THE BRITISH ELECTRO-THERAPEUTICAL SOCIETY.

To the Editors of THE LANCET.

SIRS,—I write to ask those who are interested in this subject to support the movement started by Mr. Chisholm Williams for the formation of an Electro-therapeutic Society. The number of those who make use of electrical methods in medical work is steadily increasing in this country, and a society which will provide a meeting-place and an opportunity of exchanging ideas should be a very useful one. The list of those who have already sent in their names as supporters of the proposed society is a good one, and it includes a majority of the gentlemen who are in charge of the electrical departments of the London hospitals. I hope that many others who may be waiting to see how things are going to turn out will be encouraged to send in their names to Mr. Chisholm Williams, 20, Bedford-square, London, W.C., before Jan. 10th. or will attend the meeting to be held on that day for the formal establishment of the society.

I am, Sirs, yours faithfully,

Wimpole-street, W., Dec. 30th, 1901.

H. LEWIS JONES.

To the Editors of THE LANCET.

SIRS,—The first general meeting of the above will be held on Friday, Jan. 10th, at the rooms of the Medical Society of London, 11, Chandos-street, Cavendish-square, London. W.,