865 boys have passed through it, 344 of whom have joined the army, navy, and colonial forces, and 241 have been provided with civil employment. These boys have almost universally turned out well, according to the characters that have been received of them. The education at the home is of a most practical character and well fitted to make them useful, law-abiding citizens. Officers of the public medical services will be glad to have learned recently from the Duke of York that in this Jubilee year of Her Majesty's sixty years' reign the Home is making progress. It is an institution that well deserves support, and it fulfils a very useful purpose and one that Gordon had most sincerely at heart.

THE BENIN DESPATCHES.

Despatches from Admiral Rawson, Consul-General Moor, and others were published in the *London Gazette* of the 7th inst. Among the officers mentioned and specially commended by Admiral Rawson are the following: Fleet-Surgeon M. Fitzgerald, for having organised the medical department and rendered every assistance. Staff-Surgeons E. R. Dimsey, of the *Phæbe*, and J. McC. Martin, of the *Forté*, were with the flying column, and upon them fell the whole work of attending the wounded and bringing them down. Surgeon R. T. A. Levinge, of the *Alecto*, is specially mentioned in Captain MacGill's despatch. Surgeon C. S. Facey, of the *Widgeon*, is mentioned in Captain O'Callaghan's despatch. Surgeon F. H. A. Clayton, of the *St. George*, although ill himself, worked most assiduously with the sick. Dr. R. D'Arcy Irvine, of the Niger Coast Protectorate, volunteered for, and was attached to, the Sapoba force; he was also most assiduous in his attention to the sick at Warrigi when there was no naval medical officer present.

MOBILISATION OF NO. 5 FIELD HOSPITAL.

The *Irish Times* of the 21st inst. gives an account of the recent mobilisation of this field hospital at Island Bridge Barracks on the 19th inst. under the command of Surgeon-Lieutenant-Colonel Greene. Major-General Viscount Frankfort, in the absence of Lord Roberts, accompanied by several staff officers and Surgeon-Major-General Preston, Principal Medical Officer of Ireland, inspected the hospital, and expressed his warm approval of the highly satisfactory manner in which every detail was carried out. A hospital was prepared for the accommodation of 100 sick, with all necessary arrangements, in a very short space of time. The *personnel* of a field hospital consists of four medical officers, one quarter-master, one warrant officer, and thirty-nine non-commissioned officers and men. Provision is made for 100 sick, the Army Service Corps finding the waggons, &c., necessary for transport.

THE BENIN EXPEDITION AWARDS.

The Queen has given directions for the following appointment to the Most Distinguished Order of Saint Michael and Saint George in recognition of services rendered in connexion with the recent expedition to Benin:—To be Ordinary Member of the Third Class or Companion of the Most Distinguished Order: Fleet-Surgeon Michael Fitzgerald, Royal Navy. Her Majesty has also given orders for the following appointments to the Distinguished Service Order in recognition of the services of the undermentioned officers during the same expedition:—To be Companions of the Distinguished Service Order: Staff-Surgeon James McCardie Martin, Royal Navy; and Staff-Surgeon Edgar Ralph Dimsey, Royal Navy.

THE LATE GRECO-TURKISH WAR.

According to the accounts which have appeared as to the medical arrangements of the Greek Army these do not appear to have been at all satisfactory. There seems to have been an absence of organisation, and the sufferings of the sick and wounded, owing to the want of proper care, are stated to have been considerable. Owing to the heavy rainfall to which the army was exposed at Domoko there was a large amount of sickness and the hospitals are crowded.

BELGAUM.

We learn by the last mail from India that cholera has been very prevalent of late in the villages to the south-east and south-west of Belgaum, and that several cases have occurred in that city and the Sudder bazaar. There were also two fatal cases in the East Yorkshire Regiment at that station.

Two new companies (Berkshire and Kent) have been added to the Militia Medical Staff Corps. For commissions in these companies immediate application should be made to the officer commanding Militia Medical Staff Corps, Aldershot.

Correspondence.

"Audi alteram partem."

THE CALOMEL BATH.

To the Editors of THE LANCET.

SIRS,—The first experiments with regard to the action of the calomel bath were made in a small room, the air of which necessarily became impregnated with the vapour. The result was that the action on the gums was quickly produced, and ten grains of calomel was generally sufficient to produce the required effect. In an ordinary room a drachm may be used to begin with. It is well that the calomel should be pure and not contain any free hydrochloric acid, which if breathed is apt to irritate the lungs. The presence of acid is readily ascertained by holding a piece of moistened litmus paper over the fumes. Messrs. Allen and Hanbury informed me that they kept the pure calomel. Mr. Lowe of Stafford-street was in the habit of having the calomel resublimed in order to get rid of any free acid which ordinary calomel generally contains. Mr. Lowe has also a box for administration of the calomel bath; with this apparatus very little of the calomel is breathed. The principal advantages of the administration of mercury by the calomel bath over some other modes of giving it are (1) it is clean and requires little exertion on the part of the patient, and (2) it does not irritate the digestive organs; but (3) by far the most important point is that it determines any action that may be taking place to the skin, and thereby prevents the affection of the internal organs. I can scarcely recall a case in which the treatment was commenced by the calomel bath and properly carried out in which the deeper structures were affected. In one case a patient, who had previously undergone a variety of treatment and had a hole in his hard palate before he commenced the treatment, did not recover. In this case nearly the whole of the outer table of the frontal bone perished. The calomel bath has no influence upon the local or suppurating sore. With cleanliness this will heal without any specific treatment.

In the House of Lords recently Lord Lister mentioned that there was one matter which he did not like in the Act of 1866—viz., that when a woman was pronounced to be clear of disease she received a certificate which she was to carry about with her. This could be no real protection to others. It is true that after a patient has been affected with constitutional syphilis he is much less likely to take the disease again; but this does not apply to the local form of the disease—a patient supposed to be cured one day may be re-infected the next.

I am, Sirs, your obedient servant,

HENRY LEE.

Queensborough-terrace, Hyde-park, W., May 19th, 1897.

"THE QUESTION OF THE SECOND OVARY IN OVARIOTOMY."

To the Editors of THE LANCET.

SIRS,—The diverse opinions expressed by the various writers on this question show how important it is to discuss temperately and without personal bias methods of procedure that may require re-consideration if performed under new conditions and in the light of greater experience. Aseptic surgery has so revolutionised all surgery that every operation requires to be re-considered in the light of the greater safety conferred upon it by antiseptic precautions, and no statistics are of the slightest value collected before this era, or, indeed, in the earlier imperfect stages of this period.

The question which I raised was whether the age of the patient might not be regarded as a determining factor where it was necessary to remove one ovary, and the other was found in an early stage of simple cystic degeneration, not yet robbed of its function or likely soon to cause inconvenience. The plea was put forward for a girl or young woman who might thus still be allowed the chance of becoming a mother, a natural instinct which in many women—and I would say in the best women—is stronger than the love of life itself. That this suggestion is contrary to the practice hitherto generally

adopted renders it worthy of discussion in your columns. Its justification rests on the greater safety of all abdominal operations under modern conditions, so that a second operation need not be regarded as very formidable, if eventually necessary.

The case I gave in illustration was that of a young woman of exceptionally attractive appearance, whose diseased ovary having a long pedicle and not a single adhesion was removed without any exposure of the abdominal contents. The other, with a cyst on its anterior surface, I thought too good to remove. The abdomen was closed, and she was convalescent without any complication in a fortnight. So far as the technique of the operation was concerned it might have been performed by any assistant surgeon's dresser with a knowledge of ligatures and sutures. I have to thank Dr. Duncan for his suggestion of excising the cyst and leaving the ovary. On one occasion when I attempted this it resulted in so much damage that I excised the ovary, and my object was to leave an ovary not robbed of the function of reproduction. On questioning others of large experience I find they have met with similar difficulties in attempting to enucleate ovarian cysts. It will be seen that Mr. Doran and Dr. Duncan are in direct opposition, for whereas the former relates how in a woman aged fifty years he left a suspicious second ovary which eventually required a second operation Dr. Duncan says: "I go further, and say that in *all* cases of ovariectomy near or after the menopause the second ovary should invariably be removed, whether it looks healthy, cystic, or atrophied." The ovaries at this period being functionally either inactive or approaching inactivity, any suspicious ovary should, in my opinion, certainly be removed, but we perhaps want further experience before adopting, as a rule, Dr. Duncan's suggestion in the case of a healthy ovary, since the parallel double operation in men is sometimes followed by nervous symptoms that it is possible a single organ, though atrophied, may prevent. Dr. Thomson's communication in THE LANCET of May 8th is of great interest and importance, showing how long cases of cystic tumour of the ovary may remain quiescent without causing much inconvenience. His case, in which the patient had had two children during the four years he had recognised the existence of an ovarian tumour, has a special bearing on my argument. It would not be difficult, I think, to collect a good many cases where a cyst has been known not to increase for years or where the tumour has actually decreased or disappeared. May not the one ovary be allowed this possibility in a young person where its functional relation to the Fallopian tube remains intact?

Exception has been taken to my description of a young woman deprived of her ovaries as "an unnatural monster, cut off from the next generation." This has arisen from the confusion of two distinct ideas included in the same term—a potent cause of logical fallacy—viz., the child's bogey, meaning a huge repulsive beast—and the same term, as generally applied in medicine, meaning simply an abnormality, not necessarily in any way repulsive, large, or even obvious. The siren, with her tail immersed, is represented as a seductively beautiful woman, but her aquatic tail being abnormal to the human ideal renders her a monster. The second proposition, that if not previously a mother she is "cut off from the next generation" is so obviously correct as not to require further comment. The medico-legal question included in the sentence, "if married with this condition secreted [viz., loss of both ovaries] would, I presume, be liable to be divorced," has also been adversely commented upon, but I have taken a very good legal opinion on the subject, and am assured that as marriage is a legal contract, in which the procreation of children up to a certain age is definitely stated as one of the objects, fraudulently to conceal an absolute and artificial bar to this part of the contract would be a good ground for divorce.

I am, Sirs, yours faithfully,

R. CLEMENT LUCAS, B.S. Lond., F.R.C.S. Eng.,

Surgeon to Guy's Hospital.

Wimpole-street, W., May 15th, 1897.

THE LIABILITY TO CANCER IN OLD AGE.

To the Editors of THE LANCET.

SIRS,—A point of general interest was raised in a recent discussion at a meeting of the Life Assurance Medical Officers' Association, but time did not admit of its being

followed out in detail. The age-incidence of cancer as a cause of death was well shown by a table derived from the Registrar-General's returns. During childhood and early life the mortality from cancer per million living is, of course, very small; it increases in middle life, especially in women, and becomes considerable in the decade forty-five to fifty-five, and large in subsequent decades, increasing slightly to the end of life. Now there is an impression derived from clinical experience that whilst malignant disease is common in the earlier period of old age, yet when a person safely reaches sixty-eight or seventy years (as the President put it at the meeting above) he is less likely to die from cancer. The above statistics seem to confute this. But the clinical impression has a basis of fact. For the mortality from cancer must be looked at also, as shown by Dr. J. F. Payne, whose lucid paper opened the discussion, in its relation to other causes of death. Comparing it in this way—I take the figures from the Supplement to the Registrar-General's Fifty-fifth Annual Report, giving the mortality in England and Wales for the ten years 1881-90—the deaths from cancer, which are as 1 to 59 of all deaths between the ages of twenty-five and thirty-five, increase to 1 to 20 in the decade thirty-five to forty-five, 1 to 11 between forty-five and fifty-five, and the same between fifty-five and sixty-five, but after this they decline to 1 to 16 from sixty-five to seventy-five, and are only 1 to 36 after seventy-five years of age. For females alone the proportion is throughout higher, and at the ages of prevalence is: from thirty-five to forty-five, 1 to 12; from forty-five to fifty-five, 1 to 7; from fifty-five to sixty-five, 1 to 8; and from sixty-five to seventy-five, 1 to 13.

Relatively, then, to other causes of death cancer attains its maximum soon after the middle period of life, between the ages of forty-five and sixty-five years; and although in later old age the actual liability does not diminish, but even increases a little, the relative liability, as compared with other diseases, diminishes greatly. Hence, although it is not strictly accurate to say that a man who escapes cancer up to seventy years of age is less likely to be attacked, there is this ground for the current belief, that he is much more likely to die from something else. Cancer is accountable for a much smaller proportion of deaths at these later ages.

The Registrar-General's report for the decade 1881-90 deals also with the local distribution of cancer; the mortality at ages over thirty-five years, in proportion to the population living at such ages, is taken to avoid inequalities arising from differing age conditions. London, as is well known, takes the lead with a mortality of 2250 per million; of course, the special hospitals are partly responsible for this. The higher rates are mostly found amongst the eastern and south-eastern counties, especially Huntingdonshire, Cambridgeshire, and Sussex; whilst in the southern, western, and midland counties the cancer death-rate is apt to be low. Dorset, Bucks, and Monmouth enjoy the least mortality at about 1578 per million; the rate for all England and Wales is 1844.

I am, Sirs, yours truly,

Finsbury-square, May 11th, 1897.

R. HINGSTON FOX.

FOREIGN MEDICAL STUDENTS AND PRACTITIONERS IN FRANCE.

To the Editors of THE LANCET.

SIRS,—The campaign which has so long been waged against the invasion of French medical schools and practice by foreigners has made considerable progress during the past twelvemonth. During this period no legislation bearing upon the subject has been enacted, but Ministerial decrees and circulars have been issued materially modifying the regulations heretofore affecting foreigners. For those not intending to practise in France a degree of Doctor of Medicine has been created which, like that conferred by the German universities, does not entitle the holder to practise in the country where it is obtained. Aspirants to this degree may matriculate (upon approval of certificate showing the completion of studies approximately equivalent to those of the French *lycées*) and take the regular course at any French medical school except that of Paris. In these cases the candidate possessing a foreign medical degree is exempted from a portion of the course and examinations, the extent of such exemption varying with the value of the foreign diploma as determined by the French faculties. Whereas the creation of the new degree of an honorary character now enables the foreigner