

last week to 12. The deaths from diarrhoea which had been one, six, and one in the three preceding weeks, rose again to four last week. The 164 deaths in Dublin last week included 32 of children under one year of age and 44 of persons aged 60 years and upwards; the deaths both of infants and of elderly persons showed a slight decline from the numbers recorded in the preceding week. Six inquest cases and three deaths from violence were recorded; and 65, or nearly two-fifths, of the deaths occurred in public institutions. The causes of 11, or nearly 7 per cent., of the deaths registered in Dublin last week were not certified.

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeons: H. X. Browne to the *Vivid* for Devonport Yard and H. S. R. Sparrow to the *Cambridge*. Staff Surgeons: E. C. Cridland to the *Forte*, on recommissioning; A. E. Kelsey to the *Scylla*; and E. T. Meagher to the *Fire Queen* for the *Hercules*, for voyage to Gibraltar. Surgeons: W. B. Macleod to the *Hermione* for voyage to Ascension and back; G. C. C. Ross to the *Leviathan* and on replacing the *Bacchante*; L. Lindop and F. E. Anley to the *Bacchante* for passage home; G. H. S. Milln to the *Fire Queen* for disposal; E. A. G. Wilkinson to the *Vivid* for disposal; R. Hughes to the *Penguin*, additional, and on recommissioning; H. C. Ross to the *Ganges*; A. F. Fraser to the *Surprise*; E. Folliott to the *Imogene* on recommissioning; G. Ley to the *Flora* on commissioning; N. J. Roche to Plymouth Hospital; F. R. Featherstone to the *Fire Queen* for disposal, lent to the Royal Naval College, Osborne; and E. Cox to the *Pembroke* for disposal.

### ROYAL ARMY MEDICAL CORPS.

Lieutenant H. B. Connell is seconded for service under the Foreign Office (dated Dec. 31st, 1904). Captain C. J. O'Gorman, D.S.O., from the Seconded List, to be Captain (dated Jan. 1st, 1905). Captain P. G. Stock resigns his commission (dated Jan. 14th, 1905).

### VOLUNTEER CORPS.

*Rifle*: 5th Volunteer Battalion the Royal Scots (Lothian Regiment): Surgeon-Captain T. Wood resigns his commission (dated Jan. 14th, 1905). 3rd (Dundee Highland) Volunteer Battalion the Black Watch (Royal Highlanders): Edward Fox MacLeod Neave to be Surgeon-Lieutenant (dated Jan. 14th, 1905). 2nd Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment): The undermentioned Surgeon-Lieutenants to be Surgeon-Captains: H. Allan (dated Jan. 14th, 1905) and J. H. Maclean (dated Jan. 14th, 1905).

### DEATHS IN THE SERVICES.

Sir James J. L. Donnet, K.C.B., Inspector-General of Hospitals and Fleets, R.N. (retired), on Jan. 13th, at Bognor, in his eighty-ninth year. He entered the Royal Navy in 1840, became fleet surgeon in 1845, deputy inspector-general in 1867, inspector-general in 1875, and retired in the following year. He was present in the *Vesuvius* at the operations on the coast of Syria and at the siege and fall of the fortress of St. Jean d'Acre, and he had charge of the Hospital at Acre after the fall of that place (war medal, Syria clasp, and Turkish medal). Later he acted as secretary to the diplomatic mission sent by the British Government to the Sultan of Morocco and was in medical charge at the successful capture and destruction of the town of Ngunduvan, in Viti Levu, Fiji. He served in the Arctic Expedition in 1850–51 (*Assistance*) when the first footsteps of Franklin were discovered (Arctic medal) and was senior medical officer of the flagship *President* at the attack of the allied squadrons on the stronghold of Petropaulowski, in Kamschatka, in 1854, and at its dismantling in 1855. He was in administrative and executive charge of Port-Royal Hospital, Jamaica, during the epidemic of yellow fever of 1867 and 1869. He was principal medical officer in charge of medical wards of Royal Naval Hospital, Haslar, during the epidemics of small-pox and enteric fever and cases of fever and dysentery after the Ashantee war in 1873–74, and in administrative and executive charge of Royal Naval Hospital, Malta, in 1874. In 1877 he was appointed a member of the committee appointed to inquire into the causes of the outbreak of scurvy in the Arctic Expedition under the command of Sir George Nares,

K.C.B. He was awarded the good service pension in 1878, the Diamond Jubilee medal in 1897, and the Coronation medal in 1902. He was appointed honorary surgeon to Her late Majesty Queen Victoria in 1870 and honorary physician in 1893.

### THE WAR IN THE FAR EAST.

Since writing last week on this subject many events of much moment have taken place although none of them can be said to have any special medical interest. The Czar has issued an order of the day in which he announces the fall of Port Arthur, pays a tribute to Russian valour, and points to the past history of Russia as giving an assurance of the ultimate victory to his Imperial Majesty's troops and fleets. What is the truth about Port Arthur and the circumstances leading up to its surrender are matters which have yet to be determined. According to the statements now put forward the surrender was an inglorious end to the siege. It is alleged not to have been brought about by want of ammunition and scarcity of food or the loss of positions. It seems clear from the accounts which have been published that the physical plight of the Russians in Port Arthur was, after all, far better than that of General Sir George White's army at Ladysmith at the time of its relief. It is stated that the Japanese were told at first that only 4000 unwounded men remained but the number proved to be 24,000, who have been actually shipped to Japan. A large number of them were suffering from scurvy or were very slightly wounded but there was no sign of their having starved. The hospital supplies had, however, failed. It is, meanwhile, very ungenerous to seek to belittle the spirit and the deeds of the Russian garrison until all the facts are better known than is now the case.

As regards the belligerent armies in Manchuria the state of relative inaction still continues. There has, indeed, been a big cavalry raid on the part of the Russians, but it practically led to no results so far as the objects in view were concerned, the Cossack force being repulsed with much loss by the Japanese. There is, if true, some rather ominous news of the failure of the Trans-Siberian railroad to meet all the requirements of the situation in Manchuria and of the increasing difficulty of supplying the material wants of General Kuropatkin's large army.

## Correspondence.

"Audi alteram partem."

### THE ORGANISMS OF VARIOLA, VACCINIA, AND VARICELLA.

To the Editors of THE LANCET.

SIRS,—As several of your correspondents have been discussing the characters of the organisms of variola and vaccinia the following case may interest them. It is interesting as proving that two specific fevers may coexist, that the protective effect of vaccination does not last for eight years, and that it is almost impossible to give an opinion with certainty in mild cases of variola.

I was treating a typical case of scarlet fever at the beginning of the small-pox epidemic here in 1901. Six days after I first saw him (during which time he was isolated) he developed some spots on the legs and the arms which became papular, vesicular, and pustular. I diagnosed variola. The diagnosis was confirmed by three other medical men. On careful cross examination of the boy I found that he had been visited on the second day of his scarlet fever confinement by an old friend who slipped into his room for a few moments unknown to the nurse. This man had been helping to disinfect a house in which several cases of small-pox occurred. The period between exposure and the appearance of the rash was therefore only five days. The boy was eight years of age and had good vaccination marks. There were no constitutional symptoms except a very slight rise of temperature when some of the spots became pustular.

When the scarlet fever appeared I advised the removal of a younger sister to a friend's house at the seaside. This child was about six years of age and had never been vaccinated. I vaccinated her on Oct. 9th, before the brother developed the scarlet fever on the 14th. On the 21st she left for the seaside, with a vaccination scar on her arm. On

the 26th the medical officer of health (having been warned to keep his eye on her) saw her and found a number of tiny vesicles with shotty feel on the forearms, wrists, and legs. These faded in a day or two. There were no symptoms. The child was not exposed to personal contact with the visitor who gave the disease to her brother, having been from home on that day. There was not any case traced to her afterwards, although she was only partially isolated. The probable explanation is that the spots were a delayed vaccination rash or a mild case of varicella.

I am, Sirs, yours faithfully,  
Edmonton, Jan. 16th, 1905. H. G. JAMISON, M.D. R.U.I.

## THE TREATMENT OF HÆMOPTYSIS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of August 20th (p. 522) and Oct. 1st (p. 942), 1904, under the head of "The Medical Treatment of Deep-seated Hæmorrhage," I contributed a series of eight cases in which 13 attacks of hæmoptysis (12 phthisical and one mitral) had been, with one exception, all stopped within three minutes by inhalation of amyl nitrite. In the exception the bleeding continued in reduced amount for ten minutes. Since writing the above I have received the following from Dr. E. Leslie Pooler of South Australia: "I have tried the amyl nitrite treatment for pulmonary hæmorrhage with complete success. On the night of Sept. 27th, at 11.30 P.M., I was called for the first time to see Mr. A., aged 45 (a tubercle case), who, I was told, had been bleeding since 10 P.M. There was about a pint of blood. Inhalation stopped the hæmorrhage almost instantaneously. On Sept. 28th, 29th, 30th, and Oct. 1st there were further hæmorrhages but each ceased immediately on the inhalation. There has been no further hæmorrhage since Oct. 1st."

In THE LANCET of Nov. 19th, 1904, p. 1446, I gave *a priori* reasons for believing that the internal administration of adrenalin would tend to exaggerate or to prolong hæmoptysis. These anticipations seem fully confirmed by the experimental work of Dr. T. G. Brodie and Dr. W. E. Dixon on the "Alterations in the Systemic Circulation which tend to produce Engorgement of the Lung Capillaries," communicated to the Pathological Society of London.<sup>1</sup> These investigators point out that there is no evidence that adrenalin produces any constriction of the vessels of the lung; that adrenalin produces engorgement of the lung; and further that ergot and digitalis both act similarly. Do not these facts all point to amyl nitrite inhalation as the rational treatment for hæmoptysis?

I am, Sirs, yours faithfully,

FRANCIS EVERARD HARE, M.D.

Gower-street, W.C., Jan. 16th, 1905.

## THE CASE OF DR. A. D. GRIFFITHS.

To the Editors of THE LANCET.

SIRS,—In your issue of Dec. 17th, 1904, p. 1733, under the title "A Vile Conspiracy," you published an account of an important action which was tried at the Glamorgan assizes held at Swansea last month, the plaintiff being Dr. A. D. Griffiths of Bridgend, a member of the Cardiff division of the British Medical Association and of the Cardiff Medical Society. The outstanding facts of the case will still be fresh in the minds of your readers and it will be remembered that Mr. Justice Bray pointed out that Dr. Griffiths's actions had been correct in every particular and that in concluding his summing up the judge intimated to the jury that although the damages they might award would probably never be paid they ought to give some such sum as would show that in their opinion the charges were absolutely groundless. The jury, after a brief consultation, declared a verdict for Dr. Griffiths with £500 damages, or five times as much as he had asked for.

At a meeting of the South Wales and Monmouthshire branch of the British Medical Association subsequently held at Carmarthen a motion was passed unanimously expressing the sympathy of the branch with Dr. Griffiths in his painful experience and congratulating him on the way in which he had justified its faith in his unblemished character. A similarly worded motion was also unanimously passed at a joint special meeting of the Cardiff division and of the Cardiff Medical Society on Jan. 4th and also at a meeting of the Incorporated Society of Medical Officers of Health.

<sup>1</sup> THE LANCET, Dec. 4th, 1904, p. 1784.

At the joint meeting referred to it was made known that, as had been anticipated, none of the awarded damages will be realised by Dr. Griffiths and that his legal expenses for the action amounted to something like £205. It was strongly felt that an opportunity should be given to his fellow members of the profession and others to express their practical sympathy with Dr. Griffiths who with commendable courage and determination had successfully met so dangerous an attack not only on his own reputation but also on the *bonâ fide* status of the general practitioner.

A committee was accordingly appointed to establish a fund to defray the unavoidably heavy bill of costs. The committee consists of the chairmen and honorary secretaries of the Cardiff division of the British Medical Association and of the Cardiff Medical Society respectively, Dr. R. S. Stewart and Mr. W. Randall of Bridgend, with Dr. A. P. Fiddian, 23, The Walk, Cardiff, as treasurer. Donations to the fund will be gratefully received and acknowledged by the treasurer or by the undersigned.

We are, Sirs, yours faithfully,

THOS. WALLACE, M.D. R.U.I.,  
Howard Lodge, Newport-road, Cardiff (Chairman,  
Cardiff Division, British Medical Association);

W. D. J. MORRIS, M.R.C.S. Eng.,  
100, Crwys-road, Cardiff (President, Cardiff  
Medical Society);

R. S. STEWART, M.D. Glasg.,  
Superintendent, Glamorgan County Asylum,  
Bridgend;

EWEN J. MACLEAN, M.D. Edin.,  
12, Park-place, Cardiff (Honorary Secretary,  
Cardiff Division, British Medical Association).

Jan. 15th, 1905.

The treasurer begs to acknowledge the following donations already received or promised:—

	£	s.	d.		£	s.	d.
Dr. R. S. Stewart ...	2	2	0	Dr. W. Mitchell Stevens ...	1	1	0
Mr. W. Randall ...	2	2	0	Mr. Herbert Jones ...	0	10	6
Dr. D. R. Paterson ...	2	2	0	Mr. D. A. Fitzgerald ...	0	10	6
Dr. W. Campbell ...	1	1	0	Mr. J. W. Gill ...	0	10	0
Dr. P. Rhys Griffiths ...	1	1	0	Dr. A. P. Fiddian ...	1	1	0
Dr. Ewen J. Maclean ...	2	2	0	Dr. J. Biggs ...	0	10	6
Mr. F. W. S. Davies ...	0	10	6				

## PRECOCIOUS LACTATION IN MALE INFANTS.

To the Editors of THE LANCET.

SIRS,—I think it is not yet generally recognised in the profession that the secretion of milk is natural in the newly born of both sexes. This physiological process attains its maximum between the eighth and fifteenth days after birth. That the process is a true lactation dependent upon the secretory activity of true acinous glandular structures has been proved histologically by De Sinéty,<sup>1</sup> Variot, Kölliker, Barfurth, and others. It is to abnormal persistence or recrudescence of this physiological process that such cases as that reported by Mr. R. M. McQueen in THE LANCET of Jan. 7th, p. 25, are due. This type of precocity is more frequently seen in female than in male children and it is generally, but not invariably, accompanied by other signs of precocious sexual development. I have elsewhere cited several cases of this kind.<sup>2</sup> In male children I have met with but very few similar examples. A typical case was, however, reported a few years ago by Rogers<sup>3</sup> and another by Dalziel.<sup>4</sup>

I am, Sirs, yours faithfully,

Clifton, Bristol, Jan. 7th, 1905.

W. ROGER WILLIAMS.

## CHLOROFORM ANÆSTHESIA COMPLICATED BY A FIT.

To the Editors of THE LANCET.

SIRS,—I have been kindly permitted by Mr. E. Michels, senior surgeon to the German Hospital, to recount this case. A man, aged 32 years, on Dec. 3rd, 1904, fell from his bicycle while smoking, owing, he said, to a sideslip, and the pipe-stem was driven into his tongue. He was not rendered unconscious. He obtained treatment but as he did not improve he came to the German Hospital on the evening of Dec. 8th

<sup>1</sup> Recherches sur la Mamelle des Enfants Nouveau-Nés, Archives de Physiologie, 1875, p. 295.

<sup>2</sup> Diseases of the Breast, p. 83; also British Gynaecological Journal, May, 1902.

<sup>3</sup> Brit. Med. Jour., vol. i., 1897, p. 29.

<sup>4</sup> Glasgow Medical Journal, June, 1894.