

upon themselves and they are determined jealously to guard the traditions of the charity and the many benefactions made to it. A sum of not less than £300,000 will be required to build and to equip the hospital, so as to enable it to meet the needs of the three-quarters of a million of population who will be benefited by the removal.

The committee now appeals to the public for help towards raising this required sum and it feels confident that it will not appeal in vain. The committee is allowed to add that this appeal is issued with the approval of His Royal Highness the Duke of Cambridge, President of the hospital. It also has the cordial support and hearty approval of His Grace the Archbishop of Canterbury, one of the Vice-Presidents of the hospital and visitor of the College. A suitable site of 12 acres in South London has been presented to the hospital by the munificence of a single donor.

It remains but to say that donations to the Removal Fund will be thankfully received by the treasurer, Mr. Charles Awdry, 2, Hyde Park-street, W.; by Lloyd's Bank, Limited, Law Courts Branch, 222, Strand; bankers to the hospital; and at King's College, Strand, by Mr. A. MacLeod Forest, the secretary King's College Hospital Removal Fund.

We are, Sirs, yours faithfully,

W. F. D. SMITH,

Chairman of the Joint Committee Removal of
King's College Hospital.

METHUEN, Lieutenant-General,

Chairman of the Hospital Committee.

E. S. ROFFEN.

LISTER,

Vice-President and Consulting Surgeon of the
Hospital.

CHARLES AWDRY,

Treasurer.

ARTHUR C. HEADLAM,

Principal of King's College.

DAVID FERRIER,

Senior Physician of the Hospital.

W. WATSON CHEYNE,

Senior Surgeon of the Hospital.

PHIMOSIS AND CANCER OF THE PENIS.

To the Editors of THE LANCET.

SIRS,—In a letter in THE LANCET of August 8th, p. 423, it is contended that phimosis is not a potent cause of cancer of the penis. This perhaps may be the case in simple phimosis but it is surely not so (at any rate in this country) if the phimosis becomes complicated with venereal disease. During the last five years 25 cases of cancer of the penis have come under my observation—18 were submitted to operation, while seven were inoperable owing to too advanced growth. At least 15 of these cases gave a similar history: an original phimosis, some venereal trouble, chronic discharge from the preputial orifice, increasing pain and swelling, and finally perforation of the prepuce and protrusion of the growth. It must, of course, be taken into consideration that these cases were absolutely untreated from the beginning and the disease was allowed to take its course unchecked. It may be noted that phimosis is rare, while cancer of all kinds is uncommon. Sections of the 18 cases operated upon were examined, the growth in all cases being a squamous epithelioma.

I am, Sirs, yours faithfully,

Seoul, Corea, Sept. 20th, 1903.

EDWARD H. BALDOCK.

THE TREATMENT OF GOITRE BY THE USE OF DISTILLED OR RAIN WATER.

To the Editors of THE LANCET.

SIRS,—In reference to the above I should like to put on record four cases under my care in this district. Although this communication tells against the usefulness of the method and must necessarily reach you very long after the already published facts, yet it is so extremely important for all aspects of a treatment to be impartially set forth that I venture to send you the following notes.

Outtrim is a colliery district in South Gippsland, Victoria, quite close to the extreme south-east corner of the continent. It supports about 2600 inhabitants and is very hilly. The whole water-supply consists of rain water collected on galvanised-iron roofs and stored in galvanised-iron tanks and is from my own analysis of excellent quality. It is true that some underground tanks exist in which rain water is stored,

but these are not accessible to the patients cited. During the 12 months I have been in practice in the locality four patients suffering from goitre have come under my care with the following histories, symptoms, &c.

CASE 1.—The patient was a woman, aged 35 years, born in Melbourne but resident in Outtrim for the past seven years. Five years ago she first noticed the swelling in the neck which has got progressively larger ever since. She suffers from attacks of a sense of suffocation and also from occasional attacks of dyspnoea. She exhibits slight exophthalmos and throbbing of the carotid arteries and a uniform enlargement of the thyroid gland which is of about the size of a large hen's egg. She is morose, suspicious, and melancholy in disposition and complains of nervousness.

CASE 2.—The patient was a woman, aged 35 years, who was born and spent the early part of her life in Cumberland but came out to Australia in early adult life and has been resident in this district for the past five years. She had a slight goitre in England but it caused her no trouble until about 12 months ago when it began to enlarge rapidly. The enlargement of the gland has been accompanied by paroxysms of dyspnoea and hot flushes. The swelling, which is about as big as a small orange, involves the whole thyroid unequally, the right lateral lobe is by far the larger mass and pushes the trachea wall over to the left. It undergoes remarkable changes in size in the course of a few days. The patient is very nervous and emotional and readily weeps on being questioned.

CASE 3.—The patient was a girl, aged two and a half years, who was born and brought up in the district. The parents state that the child was born with a goitre and their then medical attendant stated the same to them. The thyroid is of about the size of a walnut and uniformly enlarged (the thymus also can just be felt behind the sternum); it is not tender and has only enlarged proportionately to the growth of the child. The child suffers from *petit mal* and sometimes from bronchitis. The parents state "she occasionally complains of feeling choked."

CASE 4.—The patient was a woman, aged 32 years, who was born and spent the early part of her life in Cumberland; she came out to Australia at about 20 years of age and has been resident in the district for the past seven years. She has had a goitre ever since she can remember; it is stationary and gives rise to no symptoms (she consulted me for other troubles) and has got neither larger nor smaller since her stay in the district. The thyroid is uniformly enlarged to the size of a hen's egg.

It will be seen from the above that not only will rain water sometimes fail to benefit cases of existing goitre but two of the above-mentioned cases must have actually developed under the *régime*.

I am, Sirs, yours faithfully,

A. E. TAYLOR, M.B., B.C. Cantab.

Outtrim, South Gippsland, Australia.

CORDITE-EATING.

To the Editors of THE LANCET.

SIRS,—With reference to your note on Cordite-Eating in THE LANCET of Oct. 17th, p. 1137, it would seem that the first reference to cordite-eating by soldiers appeared in the *New Zealand Medical Journal* for March, 1902. In that number it is suggested by Surgeon-Captain Purdy, 6th N.Z.M.R., that cordite was eaten by men for the purpose of malingering and that the effect produced was a temporary pyrexia resulting in the individual affected being sent off duty. I should think it probable that many cases of ill-defined and continuous fevers for which no obvious cause could be discovered—cases in which the temperature would rise to over 102° F. at night and drop to normal in the morning—were cases of cordite-eating. It is obvious that a man with a "temperature" would be sent off duty and if it continued he would be sent to hospital and kept there till his "fever" left him. The same thing doubtless applies to cases of "disordered action of the heart" and other anomalous ailments prevalent in military practice. When one considers the facility with which, even in the general hospitals, cordite could be obtained and what the soldiers on active service had to put up with, one considers why such a convenient form of malingering by those addicted to such practices was not resorted to more.

I am, Sirs, yours faithfully,

J. S. WARRACK, M.D. Aberd., D.P.H. Cantab.

Gravesend, Oct. 27th, 1903.