

Commonwealth Horse is granted temporary rank in the Army whilst serving in South Africa (dated May 19th, 1902):—To be Captain: Captain Douglas Andrew Shields, medical officer.

The undermentioned officer of the 7th Battalion Australian Commonwealth Horse is granted temporary rank in the Army whilst serving in South Africa (dated May 19th, 1902):—To be Lieutenant: Lieutenant George Alexander Webster, medical officer.

The undermentioned officers of the Field Hospital and Bearer Company of the Australian Commonwealth Horse are granted temporary rank in the Army whilst serving in South Africa, as follows (dated Feb. 12th, 1902):—To be Majors: Major Terence Albert Green, D.S.O., and Major Neville Howse, V.C. To be Captains: Captain Frederick David Jermyn and Captain Arthur John Nyulasy. To be Lieutenants: Lieutenant William Arthur James, Lieutenant Henry H. Formby, and Lieutenant David Duncan Cade.

#### ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major James Mackay having resigned his appointment in the Volunteers, ceases to be an officer in the Army Medical Reserve of Officers. Surgeon-Captain W. J. Lawrie, having resigned his appointment in the Volunteers, ceases to be an officer in the Army Medical Reserve of Officers.

#### ROYAL ARMY MEDICAL CORPS (MILITIA).

The undermentioned Supernumerary Officers are absorbed into the Establishment: Captain T. W. G. Kelly (dated August 1st, 1903); Captain H. E. Mortis (dated August 1st, 1903); Captain J. E. O'Connor (dated August 1st, 1903); Lieutenant M. A. Cholmeley (dated August 1st, 1903); and Lieutenant H. Fox (dated August 1st, 1903).

#### VOLUNTEER CORPS.

*Royal Garrison Artillery (Volunteers):* 4th Durham: Surgeon-Lieutenant W. Gray to be Surgeon-Captain. Dated July 11th, 1903. 1st Forfarshire: Surgeon-Major W. Chalmers-Cowan to be Surgeon-Lieutenant-Colonel. Dated July 18th, 1903. 1st Shropshire and Staffordshire: Surgeon-Lieutenant W. Hind to be Surgeon-Captain. Dated August 1st, 1903.

*Royal Engineers (Volunteers):* 1st Bedfordshire: Surgeon-Lieutenant A. C. Hartley to be Surgeon-Captain. Dated August 1st, 1903.

*Rifle:* 1st Volunteer Battalion the Northumberland Fusiliers: Surgeon-Captain W. B. Mackay to be Surgeon-Major. Dated August 1st, 1903. 1st Volunteer Battalion the Royal Sussex Regiment: Harold Vaughan Pryce to be Surgeon-Lieutenant. Dated August 1st, 1903. 1st (Pembrokeshire) Volunteer Battalion the Welsh Regiment: Second Lieutenant R. D. Evans resigns his commission and is appointed Surgeon-Lieutenant. Dated August 1st, 1903. 6th (Fife-shire) Volunteer Battalion the Black Watch (Royal Highlanders): Surgeon-Lieutenant J. S. Mackay to be Surgeon-Captain. Dated August 1st, 1903. 3rd (Renfrewshire) Volunteer Battalion, Princess Louise's (Argyll and Sutherland Highlanders): Surgeon-Captain J. Strang to be Surgeon-Major. Dated August 1st, 1903.

#### FEES FOR CIVILIAN MEDICAL PRACTITIONERS.

By a recent Royal Warrant it is provided that when a detachment of the army is not within reach of a military medical man, the officer commanding may call in a civilian medical man to render medical attendance to the officers and men belonging to the detachment, and to other persons entitled thereto at the public expense, at the undermentioned yearly rates (which includes the cost of medicines):—If there are less than ten persons, £5; if there are ten persons or more, for every complete 25, or a portion of 25, provided that the total emoluments for all services, exclusive of the examination of recruits, shall not in any instance exceed £1 for any one day, £10. In special circumstances, and when the medical duties required of the civilian practitioner do not come within the range of ordinary medical attendance, the remuneration shall be at such rates as may be determined by the commander of the army corps or the officer commanding a district lying outside an army corps command.

#### MENTIONED IN DESPATCHES.

In despatches relating to the Kano-Sokoto Campaign, published in the *London Gazette* of July 31st, Mr. W. H. Langley, L.R.C.P., L.R.C.S. Irel., principal medical officer,

is mentioned as having worked hard and well throughout the operations.

#### NEW ROYAL ARMY MEDICAL CORPS UNIT.

A new unit of the Royal Army Medical Corps to be designated No. 20 Company was formed at Salisbury Plain on August 1st, under the command of Major C. E. Faunce, R.A.M.C. All officers, warrant officers, non-commissioned officers, and men of the Royal Army Medical Corps at present serving on Salisbury Plain, with the exception of those temporarily employed, will be taken on the strength of the new company.

## Correspondence.

"Audi alteram partem."

### PHIMOSIS AND CANCER OF THE PENIS.

To the Editors of THE LANCET.

SIRS,—As some emphatic statements have lately been published to the effect that phimosis is a potent cause of cancer of the penis<sup>1</sup> which I believe convey an erroneous impression, I shall be obliged if you will allow me brief space to justify my contention. An elongated, tight, phimotic condition of the prepuce is one of the very commonest anomalies and a large proportion of the male population is attacked in this way, often to an extreme degree. If therefore phimosis be, as alleged, a potent cause of cancer of the penis this particular local variety of cancer should be very common. The fact is, however, that cancer of the penis is one of the rarest forms of malignant disease—less than 4 per cent. of all cancers in men being of this variety.<sup>2</sup> If phimosis were really a potent cause of cancer of the penis how very different would this proportion be. According to American observers the negroes of that country are almost universally affected with phimosis, yet among these people cancer of the penis is of even rarer occurrence than in England; thus Rodman of Philadelphia has never seen a case in the practice of a lifetime and the Philadelphia hospital registers for a period of 30 years do not record a single case, although other forms of cancer are common. The experience at Louisville is similar, for out of 207 deaths from cancer in negroes not a single one was due to cancer of the penis.

I am, Sirs, yours faithfully,

Clifton, Bristol, July 30th, 1903.

W. ROGER WILLIAMS.

### THE USES OF PILOCARPINE.

To the Editors of THE LANCET.

SIRS,—The use of pilocarpine in pneumonia, mentioned by Mr. William Roper in THE LANCET of August 1st, p. 342, was first brought to notice by Sziklai some years ago. By him it was regarded as a specific for that disease, but many observers have doubted this—notably, Rosenberg who holds that pilocarpine, even when given in physiological doses, aggravates the symptoms of pneumonia. I have notes of 15 cases where treatment was commenced with pilocarpine nitrate alone, given hypodermically in doses of one-tenth to one-fifth of a grain twice in the 24 hours. They were all adult hospital cases in the early stages of pneumonia. In one case, that of a man apparently in good condition, after the second dose severe dyspnoea suddenly came on, followed rapidly by collapse and heart failure. In spite of atropine and cardiac stimulants the man never rallied. In another strangury with retention of urine, severe vomiting, diarrhoea, and heart failure occurred after three doses, but in this case the patient eventually made a protracted recovery. In three others the gastric irritation produced nausea and vomiting which was so marked that the further use of the drug had to be discontinued. The rest made uneventful recoveries. Afterwards I tried several cases with pilocarpine in conjunction with strychnine with good and satisfactory results. With the exception of the two cases mentioned I have not met with any heart failure; this I attribute to the action of the free sweating in lowering the temperature of the body and

<sup>1</sup> Polyclinic, May, 1903.

<sup>2</sup> Of 2669 men with cancer under treatment in London hospitals I have found that only 106 had cancer of the penis, and of 2891 similar cases in Vienna hospitals Gurli found only 108 thus affected.

at the same time ridding it of some noxious products of tissue waste. I am certain also that in some of the cases the pilocarpine has had a good effect on the enfeebled digestive powers. At the same time I am satisfied that all these effects can be obtained by the use of other and much safer drugs.

I am, Sirs, yours faithfully,  
August 3rd, 1903. J. F. HODGSON, M.D., Ch.B. Vict.

To the Editors of THE LANCET.

SIRS,—The letter of Mr. W. Roper in THE LANCET of August 1st (p. 342) suggests a few further remarks from me on the dose and action of pilocarpine in the treatment of pneumonia. One of the chief uses of the drug in this disease seems to consist in the relief of pleuritic pain by liquefying "dry" pleuritic exudation, thereby permitting a freer inspiratory excursion and relieving negative pressure on the heart, the unembarrassed action of which it is so desirable to try to maintain. The second most important action is secretory and that this is an active process of the epithelial cells and not dependent on filtration is, I think, sufficiently demonstrated, apart from the well-known experiment on the parotid gland, by the almost constant initial rise of temperature of from  $\frac{1}{2}^{\circ}$  to  $1\frac{1}{2}^{\circ}$  F. after its administration. In this way the toxin of pneumonia, which is probably intracellular, is evicted.

The dose of one-third of a grain, as suggested by Mr. Roper, is by no means free from danger, as in addition to the depressing effects of purging and vomiting which it often produces the bronchial secretion may be so profuse as to cause alarming symptoms of asphyxia in debilitated subjects and more especially in those in whom toxæmic symptoms are a marked feature. Such patients often only half expectorate and in the deep inspirations following a severe attack of coughing a quantity of fluid mucus may be sucked into the infundibula of the sound portions of both lungs, resulting in serious consequences.

Until further clinical experience of this powerful drug is obtainable I do not consider it safe or prudent to give more than one-tenth of a grain hypodermically, at all events in pneumonia. This dose I employed in South Africa in 1901, and from a subsequent experience of over 30 cases in Kaffirs and whites, chiefly the former, I have no reason to use a larger quantity. One-third of a grain may have its uses in other diseases but all that is required in pneumonia is accomplished by the smaller dose which may be repeated on the following day if necessary.

I am, Sirs, yours faithfully,  
Bournemouth, August 3rd, 1903. E. CURTIN, M.D. R.U.I.

## CONTINUOUS RECTAL ALIMENTATION.

To the Editors of THE LANCET.

SIRS,—Information kindly supplied by Dr. H. D. Rolleston enables me to state that a method almost identical with that which I recently demonstrated at the Swansea meeting of the British Medical Association had been described in 1886 by Dr. D. J. Mackenzie of Glossop.<sup>1</sup> The chief point of difference is in the mode of regulating the rate of delivery. Dr. Mackenzie, using a tube of small diameter, varies the level of the vessel containing the fluid for injection. The screw-clip which I have employed is, perhaps, a simpler way of controlling the outflow. The apparatus is also simplified by immersing part of the length of the tube in a basin of hot water as this obviates the necessity for applying a constant supply of heat to the container. Other modifications of the same method may have been put into practice references to which would be much valued.

I am, Sirs, yours faithfully,  
Curzon-street, W., August 4th, 1903. WM. EWART.

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

To the Editors of THE LANCET.

SIRS,—Kindly allow me to make some further remarks on this subject, especially as some of your correspondents appear to have a little misunderstood my previous letter, though it is encouraging to find that the general opinion is in favour of my views and that so many have had favourable experience in the same direction. Of course, I attribute no positive

therapeutic influence to distilled or rain water; no "specific" influence, that is to say. The influence is *negative* and lies simply in its eminent purity and freedom from possible sources of contamination, as I think my letter sufficiently makes manifest.

No doubt, for many years past, the occasional connexion of the development of goitre with drinking water of an imperfect purity ("bad" water) and especially with "hard" water—i.e., water containing lime or earthy salts in solution—has been observed or suspected, and a change of drinking supply recommended. Instances might be multiplied of this. Some years ago, I am informed, quite an epidemic of goitre prevailed at Ackworth School in Yorkshire. The water-supply was changed and it disappeared. I have myself recommended for years that in such cases some pure soft water or rain water should be substituted with advantage.

The important point, however, is that in the cases I gave the water-supply is quite unexceptionable. The waters supplied by the Lancaster and Fylde Companies are both regarded by experts as beyond cavil both as regards purity and hardness. They are pre-eminently pure and soft waters. And yet they must contain an influence deleterious to the thyroid gland, else why the rapid change when distilled or rain water (in other words, distilled water, artificial or natural) was substituted? What is this influence or element in the water—this "goitrous poison," as Dr. Stevenson truly terms it? It remains unknown and undiscovered. It was at one time supposed to be lime but that has been disproved; indeed, the present cases would dispose of such a theory. In the cases I described it was the known purity of the water that lulled suspicion in my mind for some time and this no doubt also misled the authorities in London and Germany to whom I alluded. I find no reference in any text-book I have consulted to the use of distilled or rain water in such cases. The goitre is regarded as due to other causes.

Your correspondent, Dr. Stevenson, in his letter in your issue of August 1st, p. 340, speaks of the absence of goitre in Constantinople and Venice where rain water alone is drunk. I have also a letter from a medical correspondent who tells me that in a tract of Queensland containing a population of 20,000, where the people drink rain water only, a resident there for seven and a half years has never heard of a case. If these be proved facts, and I have no reason to doubt them, they furnish highly important factors in a knowledge of the causation of the disease and go far to prove that *water and water alone* (or rather that with which water has been accidentally associated in its course over and through the earth) is *responsible for goitre*. I am therefore justified in insisting that there are deleterious matters, beyond the reach of the analyst to determine, by which water may, and often does, become affected in its course towards collection and distribution in the usual way. The "goitrous poison" is evidently not acquired in the air, or rain water would manifest it; it must therefore be acquired in the earth.

That the poison attacks usually a few susceptible individuals only is but another illustration of the parable of the "sower and the soil," and when the conditions are very favourable to the development of thyroid mischief (when the susceptibility is great) it is not to be wondered at that the effect will remain even after the cause has been removed, and that the goitre persist though perfectly pure water be consumed hereafter.

I am, Sirs, yours faithfully,  
Lancaster, August 3rd, 1903. C. A. RAYNE, M.D. Lond., &c.

## APPENDICITIS—A CORRECTION.

To the Editors of THE LANCET.

SIRS,—In your report of the Medicine Section of the British Medical Association meeting at Swansea, the impression of what I said is a little misleading. I stated that in subacute appendicitis, particularly as occurring in elderly people, an aperient with belladonna in physiological doses and assisted by hot fomentations, &c., was often useful. I went on to say that in the acute forms where the onset was not so extremely severe as to require immediate operation, large doses of the tinctures of opium and belladonna in their usual relative proportion (three to one), given frequently until, and except when, the patient was asleep, and continued, with water only also permitted, for several days gave

<sup>1</sup> Cf. Brit. Med. Jour., June 19th, 1886, vol. i., p. 1161.