few who are, or have been, ship surgeons who will not en-
dorse every statement made by Dr. Irwin. For myself, I
think his remarks are very impartial, and not in the least
degree exaggerated: in fact, in some points he might have
made them more vigorous. I
I think the ship surgeon should be a Government official,
independent of captain and owners, and should gain the
position by having attended a special course of lectures and
having passed an examination on this special training.
Also, a certain amount of practice on land should be made
compulsory; for I too have often felt keenly the solitary
responsibility of the ship surgeon.
I hope the subject will not be allowed to drop here, and
this being stated, I continue his now more
more for himself the gratitude of many of his pro-
fessional brethren, and also of the suffering emigrant.
I am, Sir, yours truly,
Durham, Dec. 19th, 1881.
M. B.

PHTHISIS AND INFECTION.
To the Editor of THE LANCET.

SIR,—I wish to ask your permission to express my dissent
from the renewed, daily renewed, and totally unproved
views which find utterance in the present literature of
phthisis. I do not wish to enter into controversy on the
subject, for it would be a waste of time, as I hope I shall be
able to show;—nevertheless, I do not fear it. Fifteen cases
out of 15,000, two cases out of 600 in Dr. Flint's Practice,
a chance case of a wife having died from phthisis who
had undergone a thoracic operation, and another of a bloody
thoracic exudation, as the two cases out of 400 treated in the wards of the North
Staffordshire Infirmary, &c., are the facts which are
brought forward as proofs that phthisis is a contagious
disease. Then, again, from your columns, and those of
your contemporaries, may be taken the most astounding
statements—e.g., that it is generally allowed by medical
men that some kinds of phthisis are contagious; and with
regard to tuberculous affections of the abdominal visceras,
if you will imagine a case of pulmonary tuberculosis, and
admit that they may, and do, originate from specific germs introduced into the alimentary
canal, in the same manner as typhoid fever, cholera, and
other infectious diseases.
So that we, who have practised our profession upwards of three decades, like Rip
Van Winkle, might have suddenly awoken out of a twenty
years' sleep, so much do these grave statements astonish us.
All the more, too, since on recalling our professional ex-
perience during all these years we believe we have not seen a single case of phthisis which might even suggest the
idea of contagion. I cannot help thinking that these ever-
recurring statements respecting the contagiousness of phthisis
depend either on the lack of a full history of the cases adduced
being obtained, or on the ignoring of the constitutional and
disposing causes which are present. Among the latter it is
almost needless to say are bad surroundings, as poverty,
and anxiety, &c., damp localities; and especially the depressing
influence of the presence in the house of a patient whose
disease is so widespread, and seizes young, delicate, and
childless girls, and weak women childlessly. It seems to me that it was a
barbarous and unwarrantable thing to raise the question
of contagion in the public mind in connexion with it, and on
evidence which I believe to be utterly worthless. The fact
is, and it cannot be too widely known, or taught amid the
theoretical teaching of the day, that we really know little
more of phthisis than they did in the days of Louis and
Laennec, whose labours at the time they lived threw so great
a light upon it, and have since helped us so much in its
diagnosis; nor do we know much more even of its pathology.
I must not close this letter without stating that the family
faint in the history I have given can be traced to the father,
who has had two or more sisters who died consumptive.
I remain, Sir,

Yours truly,
WILLIAM DALE, M. D. Lond.

LYNN, NORFOLK, NOV. 21st, 1881.

DISLOCATION OF THE KNEE-JOINT.
To the Editor of THE LANCET.

SIR,—Professor Annandale's three cases of dislocation of
the knee-joint, noted in your issue of Nov. 26th, recalls an
unpublished case of a like nature occurring in my own
practice many years ago, of which I now beg to send you a
short summary, extracted from notes taken at the time.
John M., engineer, a remarkably tall powerful young
man, was admitted into the Lanark Hospital on Aug. 10th,
1870, within half an hour of the occurrence of the accident
about to be described, and I, along with Dr. Blair, now of
Goole, Yorkshire, was immediately in attendance. A piece
of machinery, which he was erecting at a neighbouring
works, gave way and struck his right leg with great force
immediately below the knee, which happily, however, was
saved from being entirely crushed by a projecting piece of
metal, which produced only a small fragmentary fracture
of the tibia, and a slight one of the tibial tubercle of the
leg. Upon examination we found complete dislocation of
the head of the tibia backwards, with the condyles of the
femur overriding it in front, and shortening of the leg.
Complicated with this there was a shattered fracture of the
bones of the leg in its upper third, with a wound in front,
which however, in our opinion, did not communicate with the
tibia, but which rendered manipulation all the more difficult
for urgent dyspepsia and total loss of appetite, in the midst of
one of these attacks became phthisical, and died in a few
months like all the rest. Lastly, one of the married
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and dangerous, owing to the risk of its becoming compound in our
hands. We carefully reduced the dislocation under chloro-
form, which was no easy matter considering the nature of the
complications, and that there was only a few inches of sound
bone below the knee to apply traction from. After sustaining
considerable shock of brain of which he was restored; and that there was probably no serious lesion of the
popliteal vessels, we put up the leg in two long, well
padded side-splints, and treated the wound on strict anti-
septic principle. 

The patient was dismissed cured on November 2nd, stiff
and lame, as might be expected, but with the early prospect
of complete usefulness, which was fully realised, as six
months afterwards I received a grateful letter, stating that he
was no longer lame, and could "square his knee." This
case satisfied myself, at least, of the wonderful healing
powers of nature when coupled with a fine constitution; for
I may as well confess that, both at the moment and for long
afterwards, until all danger was past, I was far from being
satisfied in saving his leg I had done the
best thing possible for his life.

I am, Sir, your obedient servant,
A. MAXWELL ADAMS, F.R.C.S. Edin.
Lancet, Dec. 3rd, 1881.

"CONTAGIOUS PNEUMONIA."

To the Editor of THE LANCET.

SIR,—Dr. Daly's article on the above subject strongly
confirms an opinion I formed some years ago, that there is a
contagious variety of pneumonia, though it is very un-
common; and in support of this view I venture to give the
following cases from my own practice.

On May 4th, 1875, I was called to see Mr. N, a
farmer, aged forty-five. I found him with cough, difficult
respiration, quick pulse, high temperature, rusty but scanty
sputa, distinct dulness over both backs, bronchial breathing,
sharp pain and friction-sounds in the lower part of the right
axillary region. On May 5th I found him worse in every
way; indeed, in a hopeless state, the sputa having ceased to
be bloody and frothy, and become more like a mixture of
treated gravy and mucilage; the bowels were constipated;
the patient's mind was wandering; on May 6th Dr. Prance of Plymouth met me in consultation,
confirmed the diagnosis, and pronounced the man dying,
and no crepitus that I could detect. His wife had recently
died of heart disease, and he had fretted a good deal at the
bereavement.—May 5th: Double Pneumonia full
ly eatacted, Mrs. N—, sister of Mrs. N (Mr. and Mrs. N were cousins,
began very ill up to May 22d, when Dr. Hingston saw her with
me and pronounced her case (as I had previously done) one
of pneumonia. She continued ill for nearly a month, but
finally recovered, and on June 4th I ceased to visit her.

In the following cases from my own practice.

Mr. N—, a farmer, aged fifty-two years. I found him with general congestion of
the subject. No cattle on that or on adjacent farms had
been ill, nor had any died recently; the drinking water was
a good deal in contact with contagious pneumonia,
and with such cases as these occasionally cropping
up, I cannot help thinking it is the same in man, and
that we do sometimes meet with contagious pneumonia.
This second series, like the first, was carefully inquired
into by the medical officer of health, but nothing of a
Nature was elicited by Yours obediently,
R. JELLEY.

CASE OF SHORTENED CORD PRODUCING INVERSION OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—At a meeting of the Obstetrical Society on the
2nd ultimo, a paper was read by Dr. Matthews Duncan
"On Shortness of the Cord as a Cause of Obstruction to the
Natural Progress of Labour," wherein he mentioned that
even inversion of the uterus might occur by the stretching of a
cord under ten inches in length, such cord being either
abnormally short or shortened by its encircling the neck of the
child. Curiously enough a case illustrating this statement
came under my notice as coroner at an inquest held by me
on Dr. Sherrard's arrival he found the placenta adherent to
the uterus, and the uterus itself completely inverted.

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On the 29th ultimo; it was that of a woman, aged twenty-
eight, who had been attended for her third child by a mid-
wife in a village near here. From the evidence it appeared
that she was taken in labour about one o'clock in the
morning of the 29th of November, and the pains gradually
increasing, the midwife was sent for about half-past six
the same morning, according to whose account the labour
went on favourably, and the child was born about eight.

In my opinion the birth of the child with the cord thus
shortened, and the adherent placenta, produced a partial
inversion of the uterus, and strong bearing-down pains con-
tinuing the inversion was, by the expulsion of the placenta,
rendered complete.—I am, Sir, yours, &c.,
J. COYNS LEACH, M.D., B.Sc.,

County Coroner.

Obituary.

PROFESSOR BEVAN, M.D., F.R.C.S.I.

DURING a career as teacher of anatomy for nearly half a
century, Dr. Bevan must have had some thousands of
pupils, and not one of them will read the announcement
of his death without sincere regard for one who conscientiously
and with the utmost fidelity taught his profession.

Educated in the Dublin University, he obtained the
degree of Bachelor of Arts in 1830, but proceeded to the
Doctorate of Medicine only in 1845. As an apprentice of
Alexander Read he became a Licentiate of the Irish College
of Surgeons in 1831, and six years after was elected to its
Fellowship. He was for many years a Member of Council
of that body, but in 1863 resigned the position to seek the
Professorship of Surgery vacant by the death of Dr. J.