

becoming more and more disbelieved, and it is now a battlefield for bacteriologists. The veterinary profession is watching the various phases of the conflict, and wisely reserves its judgment, although it will be surprised if Dr. Klein should come triumphantly out of the ordeal. Suffice it here to say on this subject that Professor Brown, of the Veterinary Department of the Privy Council, states "that up to the end of last year ten different outbreaks of an eruptive disease of the teats of cows were found and investigated. But although in their general clinical appearances, as well as in the microscopic character of the organisms found in them, they agreed with the description given of the Hendon cow disease, none of them were coincident with scarlet fever in the districts in which they occurred."

I would submit that where a most important industry, such as the milk supply, is involved, alarming discoveries should not be promulgated until they have been decisively proved. If they are prematurely announced, and afterwards disproved, they can only tend to bring the great subject of bacteriology into unmerited ridicule and discredit.

I am, Sirs, yours truly,

London, Feb. 15th, 1888.

JAMES LAMBERT, F.R.C.V.S.

MEDICAL WITNESSES IN LUNACY TRIALS.

To the Editors of THE LANCET.

SIRS,—Medical men are placed frequently in a difficult position when being examined as experts in lunacy cases. This is much increased by the difference in opinion which exists among judges as to what may be given by them in evidence, and allowed to be admissible. This was made most evident in two cases which occurred during last week. I was present on *subpoena* as witness in the Ramsgate shooting case tried at Maidstone before Mr. Justice Mathew. In this case the question of ability to plead was primarily raised. The medical men examined were asked whether in their opinion he was of unsound mind. When being arraigned for his trial, and on their giving the answer in the affirmative, the jury so found. Immediately the case was over, I went down to Leeds to give evidence in another trial of a similar description. On my arrival, I found that Mr. Justice Day had ruled exactly opposite to what I had heard Mr. Justice Mathew rule at Maidstone. I give the shorthand writer's notes. Mr. Waddy, counsel for the prisoner, asked Dr. Clifford Allbutt, who was retained as well as myself in the case, "Was he, in your opinion, sane or insane when examined this morning?" To which Mr. Justice Day remarked: "Experts are not to be asked questions which the jury are sworn to try. You may ask matters of fact as to what he saw or heard, but you must not ask him whether he is sane or not. I am not laying down this point with respect to this particular question of insanity, but I lay it down as a rule by which I shall always be guided in all cases when scientific or expert witnesses are called to give evidence." I think the time has come when medical men should know what they may say in cases where the plea of insanity has been raised, and not, when they arrive on the scene, find they are prohibited from expressing their legitimate opinion for fear of interfering with the prerogative of the British jury, who are stated to be the proper persons to decide the vexed and complicated question, and not the medical expert. The importance of the subject is my excuse for troubling you with this communication.

I am, Sirs, faithfully yours,

L. FORBES WINSLOW, D.C.L. Oxon.

Wimpole-street, W., Feb. 22nd, 1888.

REDUCTION OF DISLOCATION OF THE HUMERUS.

To the Editors of THE LANCET.

SIRS,—I beg to communicate a method of reducing dislocation of the humerus (especially of its most common form—into the axilla), in which the weight of the body is employed as a means of making extension on the same principle, although not by the same mode of procedure, as that advocated by Señor Abril, and described on page 239 of your number for Feb. 4th inst. The method which I have successfully used for many years is as follows:—The patient lies on the floor on his back. Taking a firm hold of his

wrist with one hand, and of his arm above the elbow with the other—the latter being assisted by the knee,—I make traction obliquely upwards and outwards until his body is raised to about midway between the sitting and reclining posture, and retain him in that position until muscular relaxation—felt by a lessened resistance—occurs. I then suddenly let the patient fall (as it were), but as suddenly restrain his descent (of course, short of reaching the floor, upon which a cushion may be placed as security for the head), and at the same time make pressure with my knee as a fulcrum, by which the head of the humerus is readily levered into its socket. A pair of strong arms is all the apparatus required. The crutch employed in the method of Señor Abril seems more objectionable than "the heel in the axilla," both plans being open to the objection that they must cause great pain from pressure on the brachial flexus, and that extension cannot be made, as it always should be, in the direction of the line of displacement.

I am, Sirs, yours obediently,

Wandsworth, S.W., Feb. 13th, 1888. GEO. E. NICHOLAS, M.D.

CONGENITAL GOITRE.

To the Editors of THE LANCET.

SIRS,—On Feb. 10th I attended Mrs. T— in her confinement. She had a rather tedious time owing to the pains being feeble, but in every other respect the labour was natural, and she was delivered of a son. The cord was round the neck once. Immediately the child was born I noticed the large size of the neck in front, and at first thought it was due to constriction by the cord. However, on examination it proved to be a true case of enlargement of the thyroid on both sides, the right side being much larger than the left. When I told the patient what was the matter with the baby's neck, she said she was not surprised, as her own neck had troubled her a good deal since last September, at times causing her some pain and a good deal of uneasiness. About the same time it commenced to enlarge, and she was in the habit of frequently feeling it; but though it bothered her, she did not think it worth while getting advice about it. Goitre is very common in this district, and I have two cases of "Graves' disease" under my notice at present. I have only had one case of goitre in the male, and have never till now heard of or seen an instance of congenital goitre. Taking the mother's statement into consideration, I am inclined to think that "maternal impression" has had some influence in producing the complaint. I have seen the child again to-day (Feb. 17), and although the left side seems a little smaller, the right side is still the same size. The deformity does not in any way interfere with the child's breathing, or with his taking food.

Perhaps some of your readers will kindly say if they have met with a similar case, and what treatment, if any, they adopted. I feel inclined to leave it alone for the present, and see what nature will do.—I am, Sirs, yours truly,

GEORGE H. ORMSBY, M.K.Q.C.P.L., &c.

Slaidburn, Feb. 17th, 1888.

THE PATHOLOGY OF URIC ACID ELUCIDATED BY THE SHAPE OF BOOTS.

To the Editors of THE LANCET.

SIRS,—Having read the interesting article on the Pathology of Uric Acid in your issue of Feb. 11th, and your comparison therein of the claims to credence of the physical and chemical theories, in which you state that remote joints and those parts exposed to injury being most liable to attacks of gout are facts in favour of the "mechanical theory," I would point out that these two factors are quite sufficient to account for the special liability to attack that the big toe evinces; not only must the blood current be feeble on account of the distance from the heart, but owing to the prevailing shaped boots nine people out of ten suffer from chronic inflammatory changes in the joint, as it is the only joint that is exposed to constant pressure. If one examines the feet of a child or savage who has never worn boots, it will be found the big toe is separated from the others, and its direction corresponds with a straight line drawn from the centre of the heel through the centre of the "ball" of the big toe; whereas the modern boot—even the large and roomy shooting boot—is "built" on different lines altogether, forcing

the big toe into apposition with the second toe, and altering its direction so that it forms a considerable angle with the above-mentioned line, the result being in bad cases a bunion (not due, as is generally supposed, to pressure on the joint, but to pressure altering the direction of the toe), and in the uric acid diathesis determining an attack of gout.

I am, Sirs, yours &c.,

Cullompton, Devon.

J. HOPE POTTER.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE HEALTH OF NEWCASTLE.

AFTER a continued decline the death-rate of Newcastle-on-Tyne has again risen, principally owing to infantile mortality—whooping-cough, scarlet fever, and diphtheria contributing. During the fortnight ending last Saturday fifty-one cases of infectious disease were notified by practitioners to the medical officer of health, Mr. H. E. Armstrong. No less than forty of these cases were scarlet fever, Jesmond suburb, in the north end of the city, contributing seventeen cases.

NEWCASTLE CHEST HOSPITAL.

The Mayor presided at the late meeting of the Northern Counties Hospital for Diseases of the Chest. The report showed that the number of patients treated during the past year was larger than in any previous year since the establishment of the institution; the actual number being 708 this year, against 596 last year, being an increase of 112. The committee had kept in view the desirability of establishing an inland convalescent home for cases not suitable for the seaside. The Mayor said that the institution was a standing monument of the kindness of the promoters, and it seemed to be carried on with remarkable economy and very good results.

THE PROFESSION IN NEWCASTLE AND PROVIDENT MEDICAL ASSOCIATIONS.

Last November a meeting of the profession, called by circular, was held in the Royal Infirmary library, to consider the question of a Provident Medical Aid Association for the city. After some spirited discussion the subject was remitted to a sub-committee to obtain information and report again to a general meeting. This has been done, and, as a result, at the meeting held at the Royal Infirmary last Friday—Dr. Philipson presiding,—after some little opposition the following resolution was carried: "From a knowledge of the working of the Royal Infirmary and the Newcastle Dispensary, and the ample facilities afforded by these and similar institutions, this meeting is decidedly of opinion that any steps towards the establishment of a Provident Dispensary would prejudice the best interests of the existing benevolent institutions, while it would not prove advantageous to the sick poor." It is difficult to see how the meeting could come to any other conclusion in view of the adverse report of the committee, who went very fully into the matter. The Newcastle Dispensary has an excellent honorary and visiting staff and abundant pecuniary resources to do justice to the deserving poor, while—although I have not the dispensary report by me while writing—I believe that it was stated at the last annual meeting that during the year, as a result of a series of investigations into the circumstances of patients attending the dispensary through the medium of the Charity Organisation Society, in no case had it been found that the charity had been abused. It may be mentioned that a very large number of the working classes are skilled artisans in regular employment, earning good wages, and well able to pay properly adjusted fees for their medical requirements; and some of our most successful practitioners owe a good deal of their success to an intelligent consideration of the proper charges to be made to the artisan community here. So that there is really no need for more institutions; besides, the experiment has been tried more than once and failed, and, worse than this, some of the promoters have suffered a pecuniary loss which, being young practitioners, they could ill afford at the time.

NEWCASTLE CLINICAL SOCIETY.

The Newcastle Clinical Society held its fifth annual banquet last week. About sixty sat down, and the chair was

occupied by Dr. R. A. Campbell, of this city, an early and active promoter of the Society. Dr. Heath, in the course of his reply to the toast of "The College of Medicine," said the College building was in a forward condition, and he hoped that certain portions of it would be ready for occupation in the course of the summer. He also intimated that a desire had been expressed in certain quarters that the College in its new home would be able to afford accommodation to societies, such as the Clinical Society. This, Dr. Heath said, was a want long felt in Newcastle, and he thought it would be favourably considered by the Council.

Newcastle-on-Tyne, Feb. 22nd.

EDINBURGH.

(From our own Correspondent.)

MEDICO-CHIRURGICAL SOCIETY.

A SPECIAL MEETING of the Society was held last week, for the discussion of the Relation of Bovine Tuberculosis as it appears in Dairies to the corresponding Disease in the Human Subject. Before the discussion was opened, Dr. R. W. Felkin exhibited to the members a case of considerable medical and surgical interest. The patient, a young girl, had suffered from fracture of the left side of the vault of the skull several years before, and had grown up with lessened development of both upper and lower extremities of the right side. Certain muscles of both arm and leg were totally paralysed, although they were present in a partially developed form; supination of the forearm, notably, was entirely absent. Dr. Felkin asked the opinion of Mr. A. W. Hare in regard to the case, who localised the line of depression, corresponding to the old standing fracture, as crossing the fissure of Rolando in its outer third from behind forwards. He further advised an exploratory operation, and, four weeks ago, cut down over the fissure of Rolando, where an osteophytic growth was found growing inwards from the inner table. Along with this was a large extra-dural cyst containing several drachms of pure serum. This was evacuated and a piece of the cyst wall removed along with the osseous stalactite. The operation was done with strict aseptic precautions, and the wound was fully healed on the twelfth day. On the day following the operation the patient spontaneously supinated the forearm for the first time for sixteen years, and since the operation she has gradually recovered the use of the paralysed muscles. It is hoped that growth will recommence in the badly developed limbs, and the patient was shown thus early to the Society in order that her pristine condition might be seen as little modified as possible, and that the members might share with the observers the interest of the further developments of the case. Professor Walley, Principal of the Royal Dick Veterinary College, then introduced the discussion upon Tuberculosis in a lengthy paper in which he dealt with the disease as it appears in the cow and in other domestic animals. His remarks were illustrated by numerous pathological specimens, which gave an unpleasant assurance of the very wide distribution of the disease. In advancing a strong plea for more thorough inspection, and in urging the necessity of summary powers for stamping out the disease by slaughtering all animals found to be affected, he marvelled at the little attention which the matter had received at the hands of the medical profession, and claimed for his own profession the credit of awakening the interest now so widely felt in it. The discussion was continued by Professor McFadyean, who had many interesting facts of his own observation to add to those brought forward by Professor Walley. Dr. Sims Woodhead, while agreeing generally in Professor Walley's views of the importance of the subject alike to the medical and veterinary professions, defended the former from any charge of apathy in regard to it, and pointed out that from its members had proceeded almost all the researches on which our present knowledge of the subject is based. Dr. Alexander James called in question the absolute preventive value of the wholesale slaughtering of affected animals; he was inclined to attribute the great prevalence of the disease to external conditions affecting in a like manner several races of the domestic animals and human beings, and to look for a remedy rather in altering the conditions than by any system of isolation or extirpation of the disease, however thoroughly carried out. The discus-