

previous week; they included 3 which were referred to diarrhoea, 2 to "fever," 2 to measles, 1 to scarlet fever, and not one either to small-pox, diphtheria, or whooping-cough. Thus the deaths from these principal zymotic diseases, which had been 7 and 15 in the previous two weeks, declined again last week to 8; they were equal to an annual rate of 1.2 per 1000, the rates from the same diseases being 3.3 in London and 1.8 in Edinburgh. The deaths from "fever" and from measles showed a decline from the numbers in the previous week. The deaths of infants exceeded by 6, while those of elderly persons were fewer by the same number than those returned in the preceding week. Seven inquest cases and 6 deaths from violence were registered; and 52, or more than a third, of the deaths occurred in public institutions. The causes of 12, or more than 8 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL RESERVE OF OFFICERS.—Surgeon Edgar William Willett, M.B., the London Division, Volunteer Medical Staff Corps, to be Surgeon, ranking as Captain (dated July 10th, 1889).

MILITIA (Infantry).—5th Battalion, the Connaught Rangers: The undermentioned Officer is transferred from the 8th Battalion, the Rifle Brigade (the Prince Consort's Own):—Surgeon-Major R. Bradshaw (dated July 6th, 1889).

ADMIRALTY.—The following appointment has been made: Surgeon Wm. E. Home to the *Britannia* (dated July 3rd, 1889).

VOLUNTEER CORPS.—*Artillery*: 1st Volunteer (Devonshire) Brigade, Western Division, Royal Artillery: Surgeon G. P. Barton to be Surgeon-Major, ranking as Major (dated July 6th, 1889).—1st Ayrshire and Galloway: Acting Surgeon W. Moore, M.B., resigns his appointment (dated July 6th, 1889).—22nd Middlesex (Central London Rangers): Acting Surgeon C. W. Macdowell, M.D., to be Surgeon (dated July 6th, 1889).—1st Dumbartonshire: Acting Surgeon W. Drysdale resigns his appointment (dated July 6th, 1889).—1st Tower Hamlets (the Tower Hamlets Rifle Volunteer Brigade): Surgeon J. W. Jackson resigns his commission (dated July 6th, 1889).

VOLUNTEER AMBULANCE DRILL.

The 2nd Volunteer Battalion of the Yorks Regiment has attached to it a bearer company composed of Volunteers who have made themselves efficient in the ranks, and who are permitted by the colonel commanding to devote themselves in camp to their ambulance drill and duty, though wearing the ordinary scarlet uniform of the fighting men. They have in almost every case obtained after examination the War Office certificate of proficiency in first aid to wounded. This somewhat unique regimental bearer company is commanded by Surgeon-Major (ranking as Lieutenant-Colonel) J. W. Taylor of Scarborough. On Thursday week the bearer company attached to the regiment was inspected on behalf of the Principal Medical Officer of the Northern District by Surgeon Sullivan, M.S. In addition to Surgeon-Major Taylor in command, the other medical officers present were Surgeon Bruce Low and Acting Surgeons Colby and Porter. At the close of the inspection, which occupied several hours, Surgeon Sullivan complimented Dr. Taylor on the men under his command and their efficiency, which reflected great credit on the training the men had received. He would report very favourably to the Principal Medical Officer regarding the company. On the following day the two battalions were officially inspected by Colonel Davidson (commanding the 19th Regimental District), who, at the close of the inspection, requested Dr. Taylor to put his men through the stretcher drill. While addressing the regiment at the close of the day's work, Colonel Davidson paid a high compliment to the ambulance, and referred in kind and congratulatory terms to its commander.

THE LEVEE.—The name of Mr. E. Kenneth Campbell, F.R.C.S. Eng., &c., should have been included in the list we published last week of the members of the medical profession presented at the Levée on June 29th.

Correspondence.

"Audi alteram partem."

VARICOCELE WITH PENDULOUS TESTIS.

To the Editors of THE LANCET.

SIRS,—Much stress has lately been laid upon the propriety of shortening the cord in the operation for varicocele with pendulous testis. For this purpose some of the veins and the surrounding tissue are removed. This operation is no doubt a great improvement upon any of those formerly in use, which had for their object simply the obliteration of the veins. But it is not new. At pp. 100-1 of the first volume of my "Practical Pathology," published in the year 1870, the following description is given:—

"The late Mr. Briggs occasionally removed a considerable portion of the skin of the scrotum in cases of pendulous testis, and the cicatrix left maintained the testicle in something like its natural position. This operation succeeded well enough when the case was not attended with enlargement of the veins; but when it was, the removal of the skin could have little or no effect upon the varicocele. At the time to which I refer, no one thought of cutting deeper than the skin, as no means were then in use which would effectually control hæmorrhage from the spermatic veins in case they were wounded. Mr. Briggs' operation, then, was well adapted for a case of pendulous testicle where the veins were not enlarged, but not for a case accompanied by varicocele. A case presented itself some years ago in which the testis hung so low that when the patient lay upon his back it would hang over on the outer side of the left thigh. There was in this instance a well-marked varicocele. Knowing that I had the means by acupressure of controlling the dilated veins, it appeared practicable to combine Mr. Briggs' operation with that for obliteration of the veins. Accordingly, the needles were introduced as far apart as possible, and, after the veins were secured by the '8' ligature passed over the ends of the needles, the intermediate portion of skin, together with subjacent tissues, containing the enlarged veins, was removed, leaving a very considerable gap. No hæmorrhage occurred. The needles were then drawn towards each other, and by this means the edges of the wound were brought together and maintained in position. This was the first case in which this operation was performed. The wound readily healed, and the testis was subsequently retained very nearly in its natural position."

The following is the modification of this operation which I now recommend. After some of the enlarged veins and surrounding tissues have been removed, the open mouths of the remaining divided veins are seared with the black hot cautery. The needles are then withdrawn, and the wound sewn up by deep carbolised catgut sutures from end to end. A piece of lint, saturated with as much blood as can be collected, is placed over the wound, which generally heals almost entirely by first intention. The carbolised sutures are partially dissolved in the course of three or four days, and may come away with the lint when it is removed.

I am, Sirs, your obedient servant,

Savile-row, July 8th.

HENRY LEE.

THE FATAL AFFRAY AT LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—A fortnight's confinement to my room with illness prevented me from immediately replying to Mr. Harrison's letter. This my telegram would explain to you. I had hoped that he would have consigned to the past and try to forget this unfortunate case; but it is not so, and I am compelled to notice some points in his letter, though I would gladly have been saved the trouble.

Mr. Harrison is incorrect in saying that a consultation was forbidden by the urgency of the case. At 11.30 A.M. he arranged with the brother of the deceased to operate, and when I interviewed him at 12.40 he told me that he would not operate until "after lunch at 1 P.M.—say, 1.30." Two hours, with the staff on the telephone, give ample time for taking opinion. Mr. Harrison expresses regret that I was not summoned to the examination in time, but he forgets that it was by his express orders that I was refused, after an engagement had been made that I should

be present. The house surgeon, while courteously performing a disagreeable duty, excused himself by saying that Mr. Harrison had instructed him to so act, and it was on my advice that he referred to his principal for further instructions. Mr. Harrison's written reply was not that of one who felt "delight" at the prospect of my being present—rather the opposite.

With regard to my being a "hostile witness." Had I chosen to be this, I had only to communicate with the defence, but with kindly consideration for Mr. Harrison, and with a sincere desire of avoiding the unpleasant publicity that would ensue, I kept the matter so closely that it was only on the day before the trial that the friends of the deceased and the prisoner's solicitor first heard of the accident, so that, to say the least, Mr. Harrison is not as grateful to me as I would expect. If Mr. Harrison felt so certain of the prisoner's responsibility, why did he hesitate to disclose the fact of the mishap at the inquest, or at the police-court, or to the prosecuting solicitor? Supposing I had not been present at the operation? We all know the law of the question as it affects the accused person; but the surgeons concerned in the case are not justified in constituting themselves judge and jury regarding it. Nor did the judge silence me. But when he found that I did not directly charge Mr. Harrison with unskilfulness, he told the defence that he would rule in accordance with what we know to be the law, and he did so, but the jury turned a deaf ear to his charge, and gave the only verdict that justice and humanity dictated. It was not my seeking that I had to appear in the case in court, and I would gladly have kept out of it, as I tried, but it was by the express command of the judge, who had all the facts laid privately before him. Mr. Harrison says that he "stated clearly before the court that the lateral sinus was opened." He said that "a vein was wounded." Dr. Barron, to whose courteous impartiality I gladly bear witness, stated that septic meningitis was the cause of death, but when I asked him was he prepared to say that the condition of things found by him *could not have arisen in the twenty-three hours that intervened between the operation and the death*, he frankly acknowledged that he could not say this, though he thought it improbable. Inasmuch, therefore, as this doubtful point was not made clear, neither Mr. Harrison nor anyone else is justified in saying that the man must have died; and I may be permitted to have my own ideas regarding the fatality of such an operation as that I witnessed. Mr. Harrison is ungenerous when he speaks of the "healthy brain." At the post-mortem examination I recognised, as did the others, the existence of meningitis, and I remarked that otherwise the brain, as well as the rest of the organs, was that of a healthy man. Mr. Harrison does not understand "my peculiar mental attitude," nor should I expect him to do so. He spent an hour in my consulting-room after the operation with the object of getting me to take his view of the accident; but I did not find sufficient to convert me in his argument that the man *must* have died in any case. If it strikes him that I must, indeed, be a peculiar person to insist on giving fair play to the prisoner, what must I think of Mr. Harrison's "mental attitude" in opposing me in this act of justice?

I am, Sirs, yours truly,

Liverpool, June, 1889.

JOHN S. CLARKE.

* * The publication of this letter has been unavoidably delayed.—ED. L.

CONCURRENCE OF MEASLES AND CHICKEN-POX IN THE SAME SUBJECT.

To the Editors of THE LANCET.

SIRS,—Seeing in the last number of THE LANCET an annotation under the above heading, I send you a brief account of a similar case in my own practice of recent date.

On March 23rd I was sent for to a private school for boys; an epidemic of chicken-pox of a mild type had broken out, so mild that some of the cases had escaped notice. On the evening of March 25th I was asked to see J. D—, a lad of eleven years of age, who had one well-marked vesicle on the face and another on the back. His temperature was 104° F.; his face much flushed; his tonsils enlarged and red; tongue furred; velum palati reddened; no other catarrhal symptoms. On my visit the following morning, his face and chest were covered with small rounded erythematous

patches, which afterwards spread to the rest of the body, and the usual catarrhal symptoms of an ordinary but heavy attack of measles were present; the temperature was two degrees less than the night before. The measles followed the usual course, and on the fourth day, the rash still being well out, the face and chest became scattered over with vesicles of chicken-pox, a few appearing on the limbs also. The eruption of the measles disappeared on the sixth day, but the chicken-pox vesicles did not desiccate until ten days later. This was the only case of measles in the school at the time, but there was an epidemic of it in the neighbourhood. When the lads recovered from the chicken-pox they went home for the Easter holiday, apparently in good health, but most of them were subsequently attacked with measles.

I am, Sirs, yours faithfully,

Great Malvern, July 9th, 1889.

F. W. JOSHUA.

SIRS,—In THE LANCET of July 6th a case of concurrent chicken-pox and measles is brought under notice, and the rarity of the coexistence of these two diseases commented on. A short notice of a case that came under my observation may therefore be of interest, one which occurred during the prevalence of a severe and extensive epidemic of measles in the autumn of 1884.

The patient was a girl aged eight, whom I first saw on Nov. 8th. She was then suffering from catarrh, and on her body were a few well-marked chicken-pox vesicles, along with some papules. Her temperature was normal. I was told that the catarrh had begun on the 3rd, and that the spots had been first noticed on the day before my visit. On the 9th a scanty but thoroughly characteristic eruption of measles had appeared, and the chicken-pox vesicles had increased in number. The temperature was 101°. On the 10th the eruption of measles seemed to be getting faint, and a number of the chicken-pox vesicles were drying. The temperature was normal. By the 12th the measly eruption had disappeared, and the remainder of the vesicles were drying up. The child made a good recovery. One or two other members of the family suffered from measles, but this was the only case of chicken-pox in the house.

I am, Sirs, yours truly,

ANDREW DUNLOP, M.D.,

Consulting Physician to the Jersey General Dispensary and Female Orphans' Home.

July, 1889.

ELECTION OF COUNCIL AT THE ROYAL COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—I most cordially thank all those gentlemen who have recorded their votes in my favour, and all those also—many of them previously unknown to me—who have written me very kind and encouraging letters. I venture to hope that a large number of Fellows who have on this occasion voted for particular candidates will, if I am spared to come forward next year, favour me with their support, and that a much larger proportion will avail themselves of the new power of voting by proxy papers.

I am Sirs, yours truly,

Clifton, July 6th, 1889.

CHARLES STEELE.

SHORTHAND FOR MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—The Shorthand Examination Committee, after careful consideration, have decided that the examination shall be limited to Pitman's phonography. They are convinced that the original intention—to examine candidates also in other systems—would be to sacrifice the real interests of the profession, for which uniformity of system is of the utmost importance, and that its chief result would be to cause a small percentage of the students who acquire shorthand to find themselves out of harmony with the rest. Probably some of these would endeavour to learn the system of the majority in time that should be devoted to their proper studies. The committee is satisfied that Pitman's phonography is the only system by which uniformity can be now secured, and that it is perfectly adequate for all the desired purposes. To prevent misconception, they would state that they consider it most undesirable that students should be encouraged to learn shorthand during the medical session, when their time should be fully occupied with special work. To avoid