

medical officer remains, or what may be his status. A policy of this kind would be a block to all promotion, for it is only from good juniors that we can hope to fill up the vacancies in our senior staff.—I am, etc.,

ARTHUR STRANGE, M.D.,
Medical Superintendent, Salop and Montgomery
Counties Asylum.

April 3rd.

THE DIAGNOSIS OF SEPTIC ENDOCARDITIS.

SIR,—I am sure that the author of the excellent lectures on Heart Inflammation in Children would wish that any misapprehension of my views should be corrected. Dr. Sturges says: "It is Dr. Sansom's opinion that excessive degrees of dicrotism are not met with unless a severe form of endocarditis be present." By severe endocarditis I understand the septic form attended with the presence of microorganisms within and about the vegetations of the endocardium. I do not hold the opinion Dr. Sturges ascribes to me, and I have never held it. What I did say was that when there is a concurrence of signs, often obscure, suggesting septic endocarditis, the discovery of an extremely low arterial tension (perhaps unsuspected) may determine the diagnosis.

My words are: "The continued manifestation of very low tension, with murmurs, perhaps, of very slight intensity, there being marked physical depression and, perhaps, some slight mental disturbance, justify the diagnosis of grave endocarditis of septic origin."¹ I would not rely on the pulse signs alone.

It has been thought that the diagnosis of septic endocarditis may be made from an inspection of the temperature chart—that the peaks representing high elevations and rapid falls are characteristics of the disease—but I have found² that this sign cannot be relied upon, for the grave disease can progress without elevation of temperature. It is in cases where the diagnosis is very difficult that the observation of the vasomotor paralysis indicated by the extremely dicrotic pulse comes as an important indication.—I am, etc.,

Harley Street, April 9th.

A. ERNEST SANSOM, M.D.

MEDICAL DEFENCE UNION.

SIR,—Will you allow me, through your columns, to request members or would-be members of the Medical Defence Union to direct any communications relating to the Union to me at 64, Longridge Road, S.W., for the present.—I am, etc.,

April 9th.

A. G. BATEMAN,
Honorary Secretary.

EPIDEMIC JAUNDICE AND INFLUENZA.

SIR,—Since 1888 there have been in this district three distinct epidemics of jaundice. The first occurred in the autumn of 1888, and was confined to an area of about a mile all round; there were twenty-three cases, and all in children. The second was in July of last year, fifteen cases coming under observation; two of the cases were adults. The third was in January of this year, about twelve cases coming under my notice, though I was aware of the fact of there being a considerable number more.

In almost all, when one child in a family developed it, the rest as a rule followed suit, and with the exception of the two adult cases in July, 1893, the disease was strictly confined to children. As to its causation, I was quite, and still am, at a loss. Certainly as regards the theory that it is either a precursor or sequela of influenza, my own experience makes me rather sceptical, and makes me look upon it more as a disease *per se* of an epidemic nature, and to a large extent confined to children. My reasons for my scepticism as regards its being allied to influenza I now tabulate:—

1. The epidemic of 1888 took place at a period antecedent to the appearance of influenza in an epidemic form in this country.

2. During the great epidemic of influenza in 1891, out of several hundred cases I did not come across one of jaundice.

3. Though influenza was endemic in the country in July of last year, in the area affected by the epidemic jaundice I neither had nor knew of a single case of influenza.

4. Just now there are three of the families suffering from influenza who in January last had epidemic jaundice. Two

¹ *Diagnosis of Diseases of the Heart*, p. 450.

² *Loc. cit.*, p. 327, et seq.

of the children in one family and one in another have escaped the influenza as yet, but it has included the father and mother in both cases, who in January escaped the epidemic of jaundice.—I am, etc.,

S. Boswells, N.B., April 2nd.

WM. L. CULLEN, M.B.

RECTANGULAR ANKYLOSIS OF HIP-JOINT.

SIR,—In the discussion on Mr. Heath's cases at the Clinical Society reported in the *BRITISH MEDICAL JOURNAL* of April 7th what I wished to say was, briefly, that there were many cases of ankylosis of the hip which should be operated on by removal of a wedge and free division of soft parts, and that one of Mr. Heath's cases would have shown an improvement even on the actual excellent result had this been done. Further, my thirty operations had, to speak accurately, nearly all been performed on strumous cases. Nine were reported by me in the *JOURNAL* for February 9th, 1884. If there are any tuberculous foci at the site of operation, a wedge excision removes them. At the same time, it is only in the minority of cases that simple osteotomy does not suffice.—I am, etc.,

Grosvenor Street, W., April 9th.

C. B. KEETLEY.

MEDICO-LEGAL AND MEDICO-ETHICAL.

GWYNNE-VAUGHAN v. GWYNNE-VAUGHAN AND GRIFFITHS.

IN the Divorce Court on April 10th, the Lord Chief Justice and a special jury concluded the hearing of the suit *Gwynne-Vaughan v. Gwynne-Vaughan and Griffiths*, brought by a farmer for a divorce on the ground of the adultery of his wife with the co-respondent, Dr. T. D. Griffiths, of Swansea. Mr. Lockwood, Q.C., and Mr. Searle appeared for the petitioner; Mr. T. Terrell and Mr. Sargeant for the respondent; and Sir E. Clarke, Q.C., Mr. Barnard, and Mr. Ivor Bowen for the co-respondent. Dr. Griffiths, the co-respondent, further cross-examined by Mr. Lockwood, Q.C., said that he did not write telling Mr. Gwynne-Vaughan he had ceased to attend his wife. At this point the jury desired to retire. They did so, and returned finding that the respondent had not committed adultery with the co-respondent, and that the co-respondent had not committed adultery with the respondent. Mr. Lockwood said that on the question of cruelty he could have pointed out to the jury how flimsy the evidence was against the petitioner. His lordship said he thought so too. Mr. Terrell said that the cruelty of the condonation would not be pressed, in the hope that hereafter the petitioner and the respondent might live together again. Both of these charges would be withdrawn. At the request of Sir E. Clarke, Dr. Ebenezer Davis, a surgeon practising at Swansea, was examined. He said: In 1891 he was called in to attend Mrs. Gwynne-Vaughan. He was present when the operation was performed. There was no ground whatever for the suggestion that any improper operation was performed. The petition was then dismissed with costs as against Dr. Griffiths, the usual order being made for the wife's costs. The jury expressed their deep sympathy with Dr. Griffiths in the unfounded charge which had so long been hanging over his head. His lordship said he was glad to hear that, and in it he quite concurred.

LOGIE v. MAXWELL.—A LIBEL CASE

(Before Mr. JUSTICE HAWKINS and a Special Jury.)

THIS was an action to recover damages for libel and slander; and the defendant by his pleadings denied liability, and also pleaded privilege. Both the plaintiff and the defendant were medical men in practice at Woolwich. The plaintiff, Dr. Logie, in 1885 left Bishop Auckland, and became assistant to Dr. Sharpe, the business being carried on in their names at Woolwich. The plaintiff entered into a bond that he would not, whilst he was assistant to Dr. Sharpe, nor after that service had ended, practise within three miles of the place of business of Dr. Sharpe. In 1887 the plaintiff left Dr. Sharpe, and entered into a partnership with Dr. Parkin at Tunstall, in Staffordshire. In 1888 Dr. Sharpe died, and the plaintiff sought to buy his practice, and at the end of that year left Tunstall, and commenced practice at Woolwich, his view being that the bond was put an end to by the death of Dr. Sharpe. In February, 1889, he applied for the position of medical officer to the Woolwich branch of the Hearts of Oak Benefit Society; and in September, 1891, Dr. Butler, who was medical officer for the East district of the Woolwich Union, appointed him to carry on his business whilst he was away owing to ill-health. Dr. Butler died in June, 1893, and the plaintiff sought to succeed him in his office, but was not successful, and Dr. Fuller was elected. The plaintiff now complained that, pending the election, the defendant wrote to Colonel Martin Frohisher, one of the guardians, and spoke to one or two other guardians about the plaintiff. These communications were to the effect that plaintiff in setting up at Woolwich had acted contrary to his bond; that he had applied to be medical officer to the Hearts of Oak Society, offering to take it for a lower price than was usual, thus trying to undersell his fellow practitioners; that he was not recognised by local members of the profession, and that a gentleman should be appointed whom local professional men could meet. The plaintiff lost the election, and it was suggested that this result might probably be due to what had been said of him by the defendant. There was some evidence that the slander had been communicated by the defendant to other persons than guardians; and there was also evidence that a number of medical men at Woolwich had no objection to associate with the plaintiff, and that it was not true that he was not recognised by the medical practitioners at Woolwich. Mr. Jelf, upon the conclusion of the evidence for the plaintiff, submitted that no case had been made out, that the occasion was privileged, and that there was not a tittle of evidence to