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
April 3rd. Counties Asylum.

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 micro-organisms 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 found[2] 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.,

A. G. BATEMAN,
April 9th. 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 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.

[1] *Diagnosis of Diseases of the Heart*, p. 450.
[2] *Loc. cit.*, p. 327, *et seq.*

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 Frobisher, 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

show malice on the part of the defendant. Mr. Justice Hawkins had no doubt that the occasion was a privileged one, but he thought it better that he should not stop the case. Mr. Jelf said that under the circumstances he should call no witness for the defence; and he addressed the jury, contending that there was no evidence whatever to show malice on the part of the defendant, and without such evidence he said they would not be justified in finding a verdict for the plaintiff. The jury retired, and at the end of three-quarters of an hour they returned and gave a verdict for the defendant. His lordship entered judgment in accordance with the finding, but postponed any application as to costs and as to a certificate for a special jury. Subsequently Mr. Justice Hawkins declined to give the plaintiff Dr. Logie any costs.

THE ROYAL NATIONAL PENSION FOR NURSES, *v.* THE RECORD PRESS, LIMITED.—A LIBEL CASE.

JUSTICES WRIGHT AND BRUCE, in the Queen's Bench Division, on April 10th, heard the suit of the Royal National Pension Fund for Nurses, *v.* The Record Press, Limited.—Mr. Finlay, Q.C. (with him Mr. Longstaffe) said that the plaintiff's association was formed for the purpose of providing a system of assurance for nurses, but it was not a commercial association, and they sought for no profit. The defendants were printers of literature in connection with nurses. The action was one of libel printed in the *Nursing Record* on July 22nd, 1893, in which it is said that nurses who insured with the plaintiffs would have to pay from 20 to 26 per cent. higher premiums than they would have to pay in old-established commercial offices. The defendants delivered their defence to the action, but afterwards obtained an order to allow the withdrawal of this defence. Against this the plaintiffs appealed, and it was urged that their lordships should say that it was not a case which should be sent down to be disposed of in the Sheriff's Court, but in the High Court, where the amount of damages should be assessed. Further, the plaintiffs asked that there should be an injunction to restrain any further publication of the libel. It might be said in the Sheriff's Court that the plaintiffs were a charitable institution, and therefore had suffered no pecuniary damage from the libel, but the contention of the plaintiffs was that nurses who acted upon the statement in the *Record* would be likely to be deprived of the benefit of the plaintiff's institution, and that, under these circumstances, the case was one for substantial damages.—Mr. Justice Bruce inquired whether the learned counsel could not now arrange the amount of the damages which should be recovered.—Mr. Finlay said they had already offered that if the defendants would make a proper apology, to be sufficiently published, they would withdraw from the action.—Mr. Linden Bell, for the defendants, said that he admitted that his clients were wrong in their calculations, but it was a *bonâ-fide* mistake, and they would, under these circumstances, consent to judgment, and they would pay the costs of the action and of advertising the apology in two papers, but he asked that the present appeal should be dismissed with costs.—After some discussion it was arranged that the matter should stand over for the terms of the apology to be settled, and there should be a verdict for the plaintiffs for 40s. damages and costs, and that the defendants should consent to there being an injunction.

BEATTY *v.* CULLINGWORTH.

IN the Queen's Bench Division on April 10th, Justice Grantham and a common jury heard the suit of Beatty *v.* Cullingworth, an action to recover damages for assault, false imprisonment, and malicious prosecution. Mr. Candy, Q.C., and Mr. H. G. Farrent were for the plaintiff; and Mr. Cock, Q.C., and Mr. Bankes for the defendant.

It was stated that the plaintiff was a nurse in a Dublin hospital, and the defendant was a well-known surgeon in Brook Street. The plaintiff some time ago held a position in the British Association for Nurses, and in August, 1892, she had occasion to call upon the defendant to perform an operation upon her, the necessity for which was obvious to medical men. According to the plaintiff's case, he promised to perform it only to a certain extent, but he found it necessary to go further. On July 10th, 1893, she went to the house of the defendant to see if anything could be done for her. She had brought an action against the defendant, but that action was not proceeded with, a fact that had damaged her in her profession. She asked for an apology, and the defendant, not knowing the action against him had been discontinued, refused to have anything to do with her. The plaintiff refusing to leave his house, a policeman was called, and the plaintiff was given in charge. The magistrate discharged her.

The plaintiff's case was that they threatened to put her into a lunatic asylum, and sent for Dr. Savage. She, therefore, insisted upon waiting until the doctor came, but she was not allowed to do so. In her cross-examination the plaintiff admitted that she had threatened to shoot the defendant, and to die on his doorstep.

In his evidence the defendant said that he had made no promise as to carrying the operation only to a certain extent. He made no charge for that operation, and gave up part of his holiday to perform it. In his opinion the operation was absolutely necessary, and saved the plaintiff's life. Afterwards the plaintiff became very excited, and issued a writ against him. So far as he knew the action was pending when she visited him in the following year. He had heard what she had said about shooting him on July 10th, 1893. He was just recovering from a long and severe illness, and was lying down when he received a message that she was at the door. He said that he would see her, and rose to receive her. She said, "Now I hope you are satisfied with having wrecked my life." He said that he did not see that any benefit could come from their talking on the matter, and as it was in the hands of her solicitor she should proceed through him. She said that she would shoot him, and also that she would come and die on his doorstep. He never said anything about putting her into a lunatic asylum.

The jury expressed their opinion that the defendant was justified in the course that he took.

Mr. Justice Grantham expressed his high opinion of the way in which the defendant had given his evidence, and trusted that the plaintiff, having had an opportunity of ventilating her grievances, would form a better opinion of him.

Verdict for the defendant.

AN AMERICAN JUDGE ON MALPRACTICE.

JUDGE MCADAM, of New York, recently delivered an address before the Society of Medical Jurisprudence on the subject of malpractice, from which we take the following extracts: Malpractice is bad or unskilled practice in a physician or other professional person whereby injury is caused. Malpractice can only be affirmed where the physician has set aside established principles and neglected to employ means which are universally held to be necessary in the given case. The reasonable and ordinary care, skill, and diligence which the law requires of physicians and surgeons is such as physicians and surgeons in the same general neighbourhood in the same general line of practice ordinarily have and exercise in like cases. One practising in a small town or sparsely-settled district is not to be expected to exercise the care and skill of one residing in and having the opportunities afforded by a large city. He is bound to exercise the average degree of skill possessed by the profession in such localities generally. The burden of proof is upon the plaintiff to show that there was a want of due care, skill, and diligence. The mere failure to effect a cure raises no presumption of the want of these. A physician and surgeon engages to bring to the treatment of his patient care, skill, and knowledge, and, while exercising these, he is not responsible for mere errors in judgment; he is chargeable with knowledge of the probable consequence of an injury or of neglect in his treatment or unskilful treatment. Physicians and surgeons should keep up with the latest advance in medical science and use the latest and most improved methods and appliances, having regard to the general practice of the profession in their locality. If they depart from generally approved methods, and the patient suffers an injury thereby, they will be held liable, no matter how honest their intentions or expectations of benefit to the patient. The failure to use the most improved methods is not conclusive of negligence; if those used were reasonably safe and such as were employed by other reputable practitioners in the neighbourhood no liability is incurred. Yet it is advisable for all to recognise the progress of science and to keep abreast of it to avoid charges which are easily made and are lasting in their effects though unwarrantable by the facts.

CORONERS AND *POST-MORTEM* EXAMINATIONS.

THE proceedings at a recent inquest lead us to draw attention afresh to the necessity of conducting *post-mortem* examinations in as complete a manner as possible whenever the cause of death is doubtful, or when they are ordered for medico-legal purposes.

In the case in question a man had dropped dead on the platform at Vauxhall, after hurrying upstairs to catch a train. A medical man, who had been instructed to make a *post-mortem* examination, said he was of opinion that death was due to disease of the heart producing syncope. Finding that the state of the heart was sufficient to account for death he had not thought it necessary to open the head. He explained that he made it a practice not to disfigure the head unless it was absolutely necessary. The coroner, quite properly, said it was not a question of disfigurement, but of correctly ascertaining the cause of death, and asked the doctor to return to the mortuary and complete his examination. In medico-legal cases there can be no doubt that the pathologist should hold himself apart, as far as possible, from the clinician. The very object of the *post-mortem* examination is to check the observations made during life not to confirm them. If the discovery of organic heart disease, which might prove fatal on exertion, were to be accepted as sufficient cause of death, the unfortunate possessors of cardiac *bruits* would never be safe from the machinations of evildoers. It should be understood and recognised by the public that in cases of unexpected death not only will a *post-mortem* examination be made, but that it will be of a searching character, and that portions of the viscera will be preserved for examination in regard to poisons if that should seem desirable. For the safety of the living the investigation of all doubtful deaths should be complete.

ILLEGAL OPERATIONS.

AT the Central Criminal Court on April 11th, before Mr. Justice Kennedy, Arthur Edwin Sharp Evans, 54, described as a medical assistant, was indicted for having, on October 9th, 1893, unlawfully used a certain instrument on Edith Olive Banister. Mr. Charles Mathews, Mr. Bodkin, and Mr. Hewitt prosecuted: Mr. Rooth defended. Mr. Mathews said the prisoner for some years prior to November, 1893, had been a lodger at the house of Mr. Baker, of 68, Wrotham Road. In January Mrs. Baker was convicted of the manslaughter of Edith Olive Banister. A lodger in the house, named Cole, saw Miss Banister going to 68, Wrotham Road, in the company of Mrs. Baker. On October 11th, the young woman called there again, and, according to the evidence of Mrs. Baker, she made certain statements to Evans, who went with her alone to the bedroom. Death ensued on the morning of November 3rd. The medical gentleman having declined to certify, an inquest was held on November 7th. Mrs. Baker was called as a witness, and on the termination of the inquiry she was arrested and charged with having caused the young woman's death. On the same day the prisoner disappeared from his apartments in the Wrotham Road, and went to a common lodging house in the Balls Pond Road, where he was arrested. The jury found the prisoner guilty. The milkman, Warland, who was convicted, on April 10th, of the manslaughter of Rosa Reed, was placed in the dock for sentence. Warland was sentenced to twelve months' hard labour, and Evans to three years' penal servitude.

DOCTOR OR SURGEON-DENTIST.

R. G.—Inasmuch as no benefit can, in our opinion, accrue to the faculty or the public by according insertion to our correspondent's views on the subject therein referred to, we deem it best to abstain from any comment thereon.

A QUESTION OF FEES.

S.—We think that a fee of 10 guineas is not at all excessive for a journey of forty-nine miles and back, undertaken at the request of a man who was in good circumstances and who preferred the attendance of his own medical man to that of a stranger, for the performance of a minor operation often involving a good deal of trouble and inconvenience.