

PART-TIME MEDICAL OFFICERS OF HEALTH.

SIR.—Though I feel reasonably sure that Dr. Martyn (p. 602) is not acquainted with my case, mine is one that might be added to his list. After many years' service as part-time medical officer of health, my council, when last the appointment became automatically vacant, appointed a newcomer of a few weeks' standing, a stranger to the neighbourhood, though nothing could be alleged against my work, which is proved by the fact that the Local Government Board has not sanctioned the appointment. The salary is a very small one; nevertheless, if the district council can defy the Local Government Board, it means that it can appoint a nominee of its own who, in the conduct of his work, can favour councillors who may be large ratepayers. At a small salary, a part-time medical officer of health can be made the slave of a council, and in view of this, there can be no disputing the argument that in certain cases a whole-time medical officer of health would be an advantage to a community. Where a large salary is paid, perhaps a man is above the temptation to subordinate his criticisms to the views of his annual electors. If the Local Government Board is the supreme authority, there is not so very much objection to part-time officers.—I am, etc.,

March 13th.

RUSTIC.

GASTRO-ENTEROSTOMY IN ACUTE DILATATION OF THE STOMACH.

SIR.—Mr. Mayo Robson, in an address reported in your issue of January 8th, refers to the question of gastro-enterostomy in the treatment of acute dilatation of the stomach, and says that so far he knows of only one case—in his own practice. May I mention that seven years ago I resorted to this expedient as the last resource I could think of in a rather desperate case, and with the happiest result? An account of the case is given in the *Transactions of the last Australian Medical Congress*, vol. i, page 339.—I am, etc.,

Colac, Victoria, Feb. 9th.

W. H. BROWN, M.R.C.S.

THE VALUE OF BALL'S OPERATION FOR PRURITUS ANI.

SIR.—The note by Dr. Leighton on p. 440 of the *BRITISH MEDICAL JOURNAL* of February 19th is interesting, and I venture to send my own experience, as it illustrates the value of an operation for the relief of "this horrid affection."

I first noticed any trouble about ten years ago, but pain was then the prominent symptom and not itching. This went on for some six years, not improving and not getting any worse, and amenable to treatment by cold lotions. About August, 1906, the itching became more pronounced but still associated with pain. I analyse my symptoms in this way—First I would feel pain about the anus and the surrounding parts, which would then become moist and followed by intolerable itching. My life was miserable, sleep broken every night, and no remedy except anaesthetic ointments gave relief. I tried everything I could think of and everything I saw recommended. There was no local cause and no sugar in the urine. This went on until I was operated on by Mr. McAdam Eccles in October, 1909. The operation was successful; I had immediate and complete relief. The parts were devoid of sensation for some time, but now—February, 1910—sensation has returned. I have had no trouble of any sort, but even slight constipation should be guarded against.

Because some authors state that this operation should not be lightly undertaken I was deterred from submitting to it, but if local treatment fails to relieve I think operative treatment is strongly to be recommended.—I am, etc.,

February 24th.

A BART'S MAN.

CREMATION AND THE CATHOLIC CHURCH.

SIR.—Your article on cremation and the attitude of the Catholic Church thereto seems particularly well informed. There appears to be no doubt that the objections of the ecclesiastical authorities to the practice might be withdrawn if sufficient cause were shown. Even now, as I understand, no objection would be made to cremation if urgent necessity arose—as in the case of plague, to prevent contagion after a battle or disaster, or the like.

I suggest that the various Branches of the British Medical

Association should lay before each bishop of the diocese the importance of cremation as a means of preventing the spread of disease in crowded communities. Mention might also be made of the fact that this would enable the ashes of the deceased to be preserved in the church, which is quite impracticable at present.

If a strong case were then made out there is little doubt that the ban on the practice would be removed and cremation soon become almost universal.—I am, etc.,

March 14th.

D.P.H., M.A.R.U.I.

ON SALE OR RETURN.

SIR.—I have received a copy of the February number for the present year of the *Rivista Italiana di Neuro-patologia, Psichiatria, et Elettroterapia*, directed by Professor G. d'Abundo, for which the annual subscription is 25 lire. The copy has gummed on it a slip on which is written, "Celui qui ne nous renvoie pas cette livraison restera abonné pour toute l'année 1910." I am writing to protest against this method of attempting to force the sale of this journal; I do not see why I should be given the trouble of having to return it, and I doubt very much whether there would be any legal power to enforce the subscription, but in any case I think some public notice should be taken of a very undesirable proceeding which would be an unmitigated nuisance if it were to find imitators.—I am, etc.,

Birmingham, March 12th.

ROBERT SAUNDBY.

Obituary.

JAMES RUTHERFORD, M.D., F.R.C.P. EDIN.,

FORMERLY PHYSICIAN SUPERINTENDENT, CRICHTON ROYAL INSTITUTION, DUMFRIES.

By the death of Dr. Rutherford on March 8th Scotland has lost one of her most capable and notable psychiatrists, one who was widely recognized as a bold and original leader, and endeared to his many friends by admirable qualities of head and heart. He was the son of a Presbyterian minister who served in various parts of Scotland, and was born in 1840, so that he had just attained his 70th year. Although he had been disabled by failing health for some time, and suffered what must have been, especially to a man of his energetic temperament, a serious impairment of his physical powers, his mental capacity and alert outlook were happily conserved, and he could review the long and important work of his life with a brightness and clarity which were always characteristic of his attitude. Dr. Rutherford knew what he wanted, and got it done.

His professional education having been begun at Edinburgh and Vienna, he was well equipped for the work which he undertook. In 1863 he became M.D. and L.R.C.P. Edin., in 1866 he attained the Fellowship of the Royal College of Physicians there, and, in 1875, the Faculty of Physicians and Surgeons of Glasgow also admitted him to its Fellowship. Foreign countries recognized his eminence in the profession, and Dr. Rutherford was an honorary member of American, Belgian, French, and Italian associations for the study of psychological medicine. In 1867, along with the late Dr. Lockhart-Robertson, he produced a translation of Griesinger's memorable *Manual of Mental Diseases*, which was published by the Sydenham Society. His writings, however, were few in number and in words. He was eminently a man of action, and could not be induced to occupy the honourable positions to which his colleagues would fain have called him. Ready always to debate and explain and advise in private, to oblige in detail, Dr. Rutherford would not pass beyond his self-imposed restrictions. It is a distinct loss to the profession that he remained one of those skilled physicians whose knowledge unhappily dies with them.

That knowledge was garnered in various fields. He began as Assistant Medical Officer in the Birmingham Borough Asylum and was appointed Medical Superintendent of the Argyll and Bute Asylum in 1870, in succession to the late Sir John Sibbald. In that remote hospital he found that many new ideas had been adopted in practice, he gained the confidence of the late Sir James Coxe, and Argyll became noteworthy for the abolition of