

Branch "pronounced strongly against the Association undertaking medical defence." When the figures are examined the full value of this pronouncement is definitely ascertained. It appears that but 25 members voted, and that they were not even unanimous. A secretary reports that "it was decided by a large majority of those present that the Branch is not in favour of the Association undertaking medical defence." Now the actual numbers were 5 in favour and 11 against, and therefore only 16 of a possible 202 voted.

In the report of a small Branch there appeared a somewhat ponderous declaration couched in unmistakable language, and disapproving of the Association's undertaking medical defence. The Association was reminded of its duties, a hint was thrown out as to how it might disburse profitably part of its revenue, and this finding was pronounced to be "unanimous." As no numbers were given I was curious to discover the precise numerical value of the unanimity, and I wrote to the Secretary. He courteously replied that six members attended the meeting.

I have long been of opinion that many of us deserve the imputation so frequently made against us that we are unbusinesslike in our habits, but surely a great Association, with high aims and infinite possibilities of benefiting our profession, will see to it, that the question of either adopting or rejecting medical defence shall be decided in an equitable manner and in a liberal spirit.—I am, etc.,

Catford, April 10th.

ROBERT J. COLLIE.

METHYLENE BLUE IN RHEUMATOID ARTHRITIS.

SIR,—I have read with much interest Dr. J. R. Philpot's note in the BRITISH MEDICAL JOURNAL of March 27th, as I have for some time past been giving a trial to methylene blue in rheumatoid arthritis. I prescribed it mainly in those cases in which I saw reason to suspect that toxins formed in the intestinal canal were setting up—and keeping up—irritation in the joint centres of the spinal cord. My reason for doing so was that I believed it to be a powerful oxygen carrier and a destroyer of bacilli. Cases of this class treated by methylene blue, in conjunction with the Buxton thermal and galvanic baths, improved more rapidly and were less liable to relapse than those treated by the baths alone; but cases which seemed to depend upon utero-ovarian irritation, and those following influenza and other disturbances of the nervous system, did not seem to derive any increased benefit from the addition of this drug to the method of treatment employed. This seems to me to be one more proof that success in the treatment of rheumatoid arthritis depends almost entirely upon a careful search for the initial cause of the disturbance, and modification of the treatment accordingly.—I am, etc.,

Buxton, April 5th.

WILLIAM ARMSTRONG.

CONCURRENT SCARLATINA AND ENTERIC FEVER.

SIR,—Kindly permit me a word in reply to Dr. Bassett's letter *re* the above in the BRITISH MEDICAL JOURNAL of April 10th. I am sorry I have not the JOURNAL of June 2nd, 1894, by me to refer to Professor Suckling's note; but granting that an enema may be followed by a scarlet rash, I presume that desquamation does not follow, at least to any extent. Dr. Cosgrave in his able paper remarks on adventitious scarlatiform rashes sometimes seen in typhoid, but makes no mention of desquamation following such rashes. Now in the case reported by me well marked desquamation following a typical scarlet rash left me little room to doubt the presence of scarlatina.—I am, etc.,

Morrison, April 17th.

J. BERNARD GABE.

ROTATION IN CEREBELLAR AFFECTIONS.

SIR,—In reference to the difficulty expressed by Dr. Russell in his interesting paper in finding a word to mean the opposite of a rotation of the clock hands. He would find an excellent word in "Childe Rowland," a well-known fairy story in *English Fairy Tales*, collected by Joseph Jacobs. In this tale the fair Bard Ellen was carried off by the fairies because she went round the church "widershins"—the opposite way to the sun. "Widershins" is not in *Skeat's Dictionary*, ed. 1888.

At any rate, this good old word should hold its own against

"anticlockwise." The way of the sun or against the sun should be as familiar as clockwise or anticlockwise, though there is much to be said for the clock. The way of the decanter round the table (if there be any wine for poor doctors nowadays) is conveniently remembered by passing it "through the buttonhole," but in drinking with a lady doctor it will be essential that male evening dress be worn by the lady, for all the buttonholes on her ordinary coat are "widershins." How confusing these things are! Of course, the lady would not dine in her coat, academic dress is much more probable; and tassels and strings are more becoming to the cap and gown and to the lady.

Cambridge, April 12th.

GEORGE WHERRY.

THE IRISH POOR-LAW MEDICAL SERVICE.

SIR,—The suggestion made by Dr. Leeper in the BRITISH MEDICAL JOURNAL of April 3rd, of making Irish Poor-law appointments a matter of competitive examination instead of election, is a good one but has one drawback. It would be open to English and Scotch medical men to compete for these appointments without any similar opportunity for Irishmen to compete for English or Scotch appointments. If Dr. Leeper had made his suggestion so as to include all appointments in the three kingdoms, just as the army appointments are open to any British subject, I could not see any objection to the method of making the appointments.

There can be no doubt that very little consideration is given to a man's standing in his profession or his professional abilities in making these appointments, but I do not think I can be contradicted when I say that English and Scotch appointments are usually made upon the same grounds as they are in Ireland. There, as well as in Ireland, it is a question of local friends, religion, or politics.—I am, etc.,

April 4th.

IRISH DISPENSARY M.O.

OBITUARY.

THE death is reported of Dr. JOHN MAGRATH, of Forest Row, East Grinstead, on April 10th. The deceased was an Irishman, and held the degree of M.D.R.U.I. He was educated at University College, London, and Queen's College, Belfast.

THE death is reported of Dr. P. S. H. COLMER, of Yeovil. The deceased had been in ill health for some time, and had been suffering from epileptic attacks. Dr. Colmer qualified as F.R.C.P. Edin., L.F.P.S. Glasg., and L.M. in 1862, and took the degree of M.D. Durh. in 1882. He was one of the medical officers of the Yeovil District Hospital, and held the appointment of medical officer to several of the medical societies in the town.

THE death is reported of Mr. J. W. HARPER, M.R.C.S. Eng., of Stowmarket. The deceased was born at Hitcham in 1827, and in 1852 entered into partnership with the late Dr. Bree, eventually succeeding to the practice. He was appointed Medical Officer of Health to the Stowmarket Local Board on its formation, and up to the last month or two held that appointment under the Urban District Council, when ill-health compelled him to send in his resignation. Mr. Harper leaves a widow, three sons, and three daughters.

WE regret to have to record the death of Mr. CHARLES TORBITT, of Weaste. Mr. Torbitt was born in 1849, and at an early age was left to his own resources. Contending successfully against many difficulties he entered Queen's College, Birmingham, where he was prizeman in anatomy for two consecutive years. In 1880 he obtained the qualifications of L.R.C.P., L.M., and L.R.C.S. Edin., and shortly after started practice in Oldbury. In 1890 he succeeded to a practice in Salford, which subsequently extended to Weaste, where he resided. Mr. Torbitt had an apoplectic seizure on March 25th, and died on April 1st. The funeral was attended by a large number of professional brethren.