

that numbers of children die during the year from improperly-performed circumcision due to the fault of the operator. This, I say, is a sacrifice of life and worthy of all efforts to prevent its continuance. Of course, as in every other operation, complications may arise which are due to no fault or want of skill and which are quite unavoidable. The number of medical men who endorse my opinions is very large, and they are most anxious for me not to let the matter drop. I am much afraid that unless you allow the article to be answered it will do more harm than good, so sincerely trust that you will insert this letter. Thanking you for your past courtesy, I am, etc.,

Maida Vale, W., April 3rd.

F. S. COHEN.

* * * We cannot undertake to find space for further communications on this subject.

THE KNOCK-OUT BLOW ON THE POINT OF THE JAW.

SIR,—At page 782 Dr. Duncanson gives a diagram which in no way supports the complicated theory which it is intended to explain. Moreover, the effect of this chin-blow is susceptible of a much simpler explanation.

I submit that the lower jaw is so rigid as to act as the engineer's chipping-chisel acts. Under the tap of the hammer this chisel chips away the cast-iron and trims up the casting. This may be seen any day in an engineer's shop. The chisel of the mason, under the tap of his mallet, also cuts away the hardest stone. In the same way the rigid lower jaw transfers the whole force of the chin-blow to the glenoid cavities and jars the base of the skull. No further explanation is needed. It is true that the articular ends of the lower jaw are cushioned with three layers of cartilage. Some spring also comes in at the angle of the jawbone. But, were the blow not thus far softened and diffused over the glenoid cavities, it is probable that the base of the skull would always be fractured.

Again, when the impact goes upon the line shown in the diagram at page 782, the effect of the blow is largely diffused into the muscles attached to the coronoid processes. It is only when the impact goes upon the line which joins the point struck with the centres of the glenoid cavities, and when the teeth are not clenched, that the whole force of the impact is transferred to the base of the skull.

The principle here involved is of importance in the explanation of other injuries. If a man be thrown over his horse's head, or jerked out forwards from a dogcart, and he fall on his head, the base of the skull will generally be fractured. This is because the body follows end-on in a spastic condition, and drives in the occipital condyles. If a man fell heavily upon his heels, or upon his buttocks—the body being so straight and rigid that flexure of the spine or limbs cannot let the concussion out through the extensor muscles—the oncoming head is suddenly stopped at the occipital condyles, and the same fracture of the base of the skull may occur. The jar caused by the body alighting upon the heels—the limbs being straight—may be realized by jumping down in this way from a bench. If an aged person slip down the height of a deep step on to the heel of a rigid limb, the head of the femur is knocked off in the same way. It is said that the patient fell down and broke the bone. But that is putting the cart before the horse. The patient fell down because he had broken the neck of his thighbone and could no longer stand up. Fracture of the lower end of the radius is always caused by putting out the arm in a rigid spastic condition in order that the hand may take the impact of a fall. If the arm be sufficiently bent to let the impact out into the spring of the triceps or other extensors the arm may be bruised or sprained, but the lower end of the radius is not fractured. The secret of alighting safely from a big jump is to alight with the joints so flexed that the impact may be absorbed by the gradual yield and spring of the extensor muscles.—I am, etc.,

Brighton, April 3rd.

JAMES EDMUNDS.

CONTRACT SURGEONS AND DENTISTS IN THE U.S. ARMY.—The United States Secretary of War has decided that civilian medical practitioners and dentists may be employed as contract surgeons and contract dental surgeons by the Surgeon-General of the army. They will be entitled to the transport and fuel allowances of a first lieutenant, and, when on duty at a post or station where quarters are provided by the Government, they will be entitled to the quarters allowed by the regulations to an assistant surgeon with the rank of first lieutenant. They will not be entitled to commutation of quarters nor to the 10 per cent. increase of pay when serving beyond the territorial limits of the United States.

OBITUARY.

EDWIN CHESHIRE, F.R.C.S.,

Consulting Surgeon, Birmingham and Midland Eye Hospital.

WE regret to announce the death of Edwin Cheshire, F.R.C.S., formerly of Birmingham, which occurred on March 31st, while he was staying at San Margherita, Liguria, in Italy. Mr. Cheshire was the son of the late Mr. John Cheshire, of The Oaks, Edgbaston, and was born in 1819, so that at the time of his death he was in his 84th year. He received his medical education at King's College and University College Hospital, London, and obtained the diplomas of L.S.A. in 1840, M.R.C.S. in 1841, and F.R.C.S. in 1857. He began practice in Birmingham as an ophthalmic surgeon over sixty years ago, and was held in the highest respect on account of his great professional skill, personal ability, and charm of character. He was Surgeon, and afterwards Consulting Surgeon, to the Birmingham and Midland Eye Hospital for a period of about fifty years. He took very little part in public life, but, mainly through his endeavours, the Eye Hospital was removed from Steelhouse Lane to Temple Row, where it existed for many years before the present hospital in Church Street was built. He retired from active practice a few years ago, and went to live at Pinner, in Middlesex. Mr. Cheshire had four sons and four daughters, all of whom were living at the time of his death; but it is a sad coincidence that one of the sons died at Folkestone on the same day as his father. Another son, Mr. A. E. Cheshire, is honorary surgeon to the Wolverhampton Eye Infirmary.

HENRY ORMEROD, M.R.C.S., L.S.A.,

Westbury-on-Trym.

By the death of Mr. Henry Ormerod, on March 30th, the village of Westbury-on-Trym, near Bristol, loses an old and highly-respected inhabitant and an able practitioner of medicine. Qualifying in 1856 with the diploma of the Royal College of Surgeons, followed by the L.S.A. in the following year, Mr. Ormerod practised for over forty years in the village in which he died. In addition to being medical adviser to several friendly societies, he was Outdoor Medical Officer and Public Vaccinator to the Barton Regis Union. Mr. Ormerod's illness was of short duration, though he had shown signs of failing health for some time. An attack of pneumonia coupled with heart disease of some standing proved too much for him, in spite of the constant and skilled attention of his medical friends and his son, who for some years had worked with him. Few men have worked harder, year in and year out, than Mr. Ormerod in the profession of medicine. He spared himself in no way in the pursuit of his practice, and seldom allowed himself a holiday, and it is probable that had he taken more leisure his life might have been prolonged for many more years. His chief hobby was photography, in which he excelled. He was 68 years of age, and leaves a widow and three sons.

WE regret to announce the death of Dr. JEAN BAPTISTE VINCENT LABORDE, of Paris, whose name is well known to the profession in connexion with the method of restoring asphyxiated persons by rhythmical tractions of the tongue. This method has been the means of saving the lives of many persons who had been nearly drowned. Dr. Laborde was also prominent as an advocate of temperance. When the Académie de Médecine was invited not long ago to advise as to the dangers arising from the abuse of alcohol and spirituous liquors, it was Dr. Laborde who drew up the report. In that report he condemned alcohol *sans phrase* as a poison. Dr. Laborde was 73 years of age.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE APPENDIX TO THE STATISTICAL REPORT OF THE ROYAL NAVY FOR THE YEAR 1901.

IN the BRITISH MEDICAL JOURNAL of March 21st (p. 701) we dealt with the Statistical Report of the Health of the Royal Navy for the Year 1901, and we now have to consider the Appendix to that publication.

Though not shorter perhaps than in former years, this Appendix contains special communications on fewer diseases, but furnishes, nevertheless, excellent testimony to the scientific spirit in which the work of a branch of H.M. Navy,