

a tube), I, on the seventh or eighth day, *puncture the places that have taken*, and from them revaccinate in two or three fresh places on the same arm. I find almost invariably that these punctures succeed; but that, whilst they leave a good cicatrix, they run their course more quickly than a first vaccination, so that *all* the scabs fall off at the same time.

I am, sir, yours truly,

JOHN WOODMAN, F.R.C.S. by Exam.,

Exeter, June 7th, 1879. Public Vaccinator for City Workhouse.

#### SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

SIR,—I hope you will kindly allow me space to make a few remarks springing from the notice, in the *JOURNAL* of May 31st, of the meeting of the Society for the Relief of the Widows and Orphans of Medical Men.

This society is not really an assurance society, from which, by payment of a stated premium, a stated income will on death be paid to the widow and orphans of the insurer; but it is a benefit society, whose object is to relieve the widows and orphans of those members who may have been unable to make a provision for them during their lifetime. This relief is apportioned according to the circumstances for the time being of the widows, and is distributed in half-yearly grants according to the by-laws of the society.

This society was originally formed by and for the benefit of the medical men residing in the London postal district, and the by-laws of the society have perpetuated this arrangement. The London postal district has, however, undergone various changes, so that some gentlemen residing within the district a few years ago no longer do so, not from having changed their residence, but from the changes made in the postal arrangements. We are pleased to find that our charter does not absolutely forbid our altering this by-law, so that the Court of Directors may, if they deem it advisable, rearrange the limits within which the work of the society shall be carried on. It is, however, a great question how far it is justifiable to make use of our funded capital, accumulated from legacies left for the special benefit of the widows and orphans of medical men residing in the London district, for the widows of those gentlemen who have resided in all parts of the kingdom; in fact, the funded capital would not be equal to the burden.

Perhaps some large-hearted friend may be induced to augment our present capital by legacy or otherwise, with the expressed condition of our society extending its operations; this would enable us to commence the work, which could be developed from time to time according to the means in our hands.—I am, sir, your obedient servant,

WILLIAM FULLER, Acting Treasurer.

111, Piccadilly, June 3rd, 1879.

#### THE REPORT ON MEMBRANOUS CROUP AND DIPHTHERIA.

SIR,—As a member of the Committee appointed to consider and report upon the identity or non-identity of laryngo-tracheal diphtheria and membranous croup, I hope that you will kindly allow me to make a few remarks on your editorial notice on this subject. I do not enter in any way into the questions at issue between Dr. George Johnson and yourself, because that gentleman is quite able to defend his own position; but I must be allowed to comment upon the passage where it is stated that "when a committee, with a majority of its members holding views similar to those advocated by Dr. Johnson, investigates the relations of membranous croup and diphtheria, and comes to the conclusion that membranous laryngitis may arise from a variety of causes, a strong argument is thereby afforded in favour of the correctness of what we think to be the prevalent medical opinion in this country".

Now I write, of course, with an intimate knowledge of the composition of the Committee, of the evidence it collected, and of the conclusions at which it arrived; and I must observe, in the first place, that if the majority of the Committee hold views similar to those of Dr. Johnson, they do so only because they have been unable to resist the overwhelming weight of the evidence adduced; and I can assure you that, at the commencement of the inquiry, not one of the members, except myself, had any decided opinions on the subject, or, if they had, those opinions were in opposition to mine.

In the next place, I remark that, although it is true the Committee came to the conclusion that membranous laryngitis may arise from a variety of causes, it did so from a natural wish to show respect to those who had contributed cases in support of that view, although it is now perfectly well known that many of the instances of supposed false membrane have since turned out not to be false membrane at all.

In the third place, I ask how—admitting that membranous laryngitis may arise from a variety of causes—is an argument afforded in favour of

the correctness of the prevalent medical opinion in this country? Writing again from personal knowledge, I find, from the numerous answers sent in to the Committee, that the prevalent medical opinion in this country is expressed in the formula: "Croup and diphtheria are totally different diseases"; which is no doubt true in the sense in which the words are used, because "croup", in the meaning given to it by nearly all the writers, is infantile laryngitis. The Committee did not require this information, the object being to discover, not whether infantile laryngitis is different from diphtheria, which no one denies, but whether *laryngo-tracheal diphtheria* is different from *membranous croup*. I am only repeating the expressions everywhere used in the report when I state that, notwithstanding the extensive range of the inquiry, no difference could be established. Now it appears to me that if no difference can be found between two diseases, the two diseases are the same. I do not, of course, deny that distinctions may exist; but, if so, why were they not pointed out by some of the numerous writers who, from all parts of the world, contributed answers to the questions of the Committee? And even now, when the discussion has taken a wider range than ever, why are not the distinctions made known for the benefit of the profession? I pause for a reply; and, in the meantime,

I remain, yours,

ROBERT H. SEMPLE, M.D., F.R.C.P.L.

8, Torrington Square, June 7th, 1879.

## OBITUARY.

TILBURY FOX, M.D.

THE announcement which has been made this week of the sudden death of Dr. Tilbury Fox in Paris, at the age of forty-three, has been received with sorrow by a large circle of professional friends. Dr. Fox had made himself widely known for many years throughout the profession as an able worker in dermatological science and practice, and had achieved a solid success by gaining an excellent reputation as a practitioner as well as an investigator. Although the end came suddenly, it was not altogether unexpected. For the last six years, he had been aware that he suffered from serious aortic disease, which was likely at any time to have a sudden and fatal termination. He was particularly struck by the death of Dr. Murchison, which he accepted as a warning, and set his house in order, and to many friends he announced that he had taken all precautions for leaving his papers and affairs in the most orderly condition. On Friday week last, tried especially by anxiety for a brother on General Clifford's staff at the seat of war and for the dangerous illness of his father, he began to feel the necessity for some rest to enable him to complete the summer's work, and his last attack of angina overtook him on Saturday morning, June 7th. He and his wife had dined on the previous night with an old friend, and they parted in very good spirits; but he awoke at 2 A.M. suffering acute pain. After the first paroxysm had passed, he told his wife that he thought he was dying, bade her farewell, and told her to send for his friend, and passed quietly away.

Dr. Tilbury Fox had passed a life of hard and successful study. Born in 1836, the son of Dr. L. O. Fox of Broughton, a well-known practitioner in the South of England, he passed a successful career at University College from 1853 to 1858, and in 1857 graduated M.B. at the University of London with honours in surgery and the gold medal and scholarship in medicine. At the outset of his professional career, he became house-surgeon at the General Lying-in Hospital, Lambeth, and gave much attention to obstetric subjects, writing an excellent paper, published in the *Obstetrical Society's Transactions*, on Phlegmasia Dolens, and another on Puerperal Fever. He became at this time Physician-Accoucheur to the Farringdon General Dispensary. A little later, however, circumstances turned his attention to the subject of microscopic fungi attacking the skin and hair; and, as the result of some very good work in this direction, he wrote in 1863 an excellent monograph on *Skin-Diseases of Parasitic Origin*, and determined to devote himself to the study of dermatology as a speciality. At that time, although little more than fifteen years ago, this speciality did not occupy so recognised a scientific position in this country as it has done since, and does now, thanks in no small measure to the thoroughly scientific spirit in which it was cultivated by Dr. Tilbury Fox among others, and the anxiety which he showed to connect its clinical study with the great hospitals, and to carry on his practice and guide his conduct in accordance with the strictest rules of professional dignity.

In 1864, he wrote his *Treatise on Skin-Diseases*, of which the fourth edition is now being edited by his brother, Dr. Thomas Fox, who has for some years been associated with him in practice, and has already gained a reputation as a dermatologist. This book has not only been