

return and the honours bestowed while he was abroad. Dr. Murphy is one of the most progressive surgeons in Chicago, is an industrious worker, and is fully imbued with the spirit of energy which characterises this vicinity. He has attained no inconsiderable distinction, particularly in the field of abdominal surgery. Since his return he has contributed an exceedingly valuable and exhaustive article upon the subject of intestinal anastomosis, published simultaneously in the *New York Medical Record* and the *Chicago Clinical Review*. The article covers quite completely the particular work the author has been engaged in for the past three years, and notes all cases of intestinal union by means of a device generally known as the "Murphy button." It seems some thirty-five cases have been reported wherein this mechanical instrument has been used, and the results are certainly very gratifying; so much so, indeed, as to warrant the prophecy that this will be the means hereafter used by those who become acquainted with the *technique* and advantages.

A very pleasant opportunity of a visit was recently given a few of the local profession, upon the occasion of a flying trip to our city of M. Latude, of Paris. M. Latude spent two days in Chicago *en route* to New York from Washington, where he attended the Triennial Congress of American Physicians. Notwithstanding the brief period of M. Latude's sojourn, a luncheon was arranged at the Union League Club in his honour.

Dr. Sanger Brown described a well-marked case of acromegaly at the last meeting of the Pathological Society. Instances of this strange affection are not infrequent in European medical centres, but not often seen here. The case, therefore, excited some considerable amount of interest. As is almost always the case there was nothing striking in the history of the patient leading to anything like a definiteness in the etiological conditions of the disease. The patient had been a labourer for years, and his family history was not uncommon. The case promises to have further attention, and will, no doubt, be thoroughly reported at an early date.

CORRESPONDENCE.

THE LAW AS TO BURIAL AND UNCERTIFIED DEATHS.

SIR,—I shall feel obliged if you will in an early issue of the *BRITISH MEDICAL JOURNAL* state the law as regards the burial of uncertified deaths, and, in doing so, include answers to the following questions, namely:

1. Has the local registrar the power to give a burial certificate when a medical certificate has been refused? or, again, where no medical man has been in attendance on the deceased person?
2. Is it not incumbent on the local registrar to communicate with the coroner in cases such as described in the first question, and to await and abide by the coroner's decision?
3. Has the officiating clergyman of the parish the power or right to refuse burial in such cases (on the local registrar's certificate only), and where it appears the coroner has not been communicated with?—I am, etc.,

BERNARD KENDALL,
Surgeon-Major Retired List.

Penally, R.S.O., Pembrokeshire, Aug. 27th.

* * The official instructions issued for the guidance of registrars of births and deaths require such officer to report all cases to the coroner in which it "appears that the death was caused directly or indirectly by violence, or was attended by suspicious circumstances, and whenever the cause of death is stated to be unknown." Registrars are not, however, instructed to report to the coroner all cases in which no certificate of a registered medical practitioner is produced, unless there are any "suspicious circumstances" connected with the case. If, however, the registrar were aware that in any particular case the medical practitioner in attendance on the deceased had refused to give a certificate, it would clearly be his duty to report such a case to the coroner previously to registering the death, as such refusal must obviously be taken to imply "suspicious circumstances." There is no clear instruction to the registrar to report cases in which the deceased person has had no medical attendance, although

a large proportion of such cases are reported to the coroner. It should, however, be pointed out that very few coroners hold that the absence of medical attendance or of a medical certificate alone affords sufficient cause for holding an inquest. The officiating minister has no authority to refuse burial if a certificate of registry, signed by the registrar, or an order for burial issued by the coroner, is produced at the time of the interment.

CHELSEA HOSPITAL FOR WOMEN.

SIR,—May I be allowed to state that during the year 1893 I had two deaths in the Chelsea Hospital for Women, after operations of all kinds. The two deaths resulted after curetting to remove placental *débris*. I have had no death in the hospital from any abdominal section since August, 1891.—I am, etc.,

Queen Anne Street, W., Sept. 18th.

FANCOURT BARNES.

MEDICAL AID ASSOCIATIONS.

SIR,—In the *BRITISH MEDICAL JOURNAL* of August 11th, p. 348, Dr. Leslie Phillips writes that "the College of Physicians of Ireland has absolutely forbidden its Licentiatees from holding office of surgeons to medical aid associations."

As I very much doubted the above statement, I have communicated with the Registrar of the Royal College of Physicians of Ireland, and have been favoured with the following official reply:—

"At a meeting of the President and Fellows assembled in the Hall, November 3rd, 1893, the following resolution was passed:

That the College express their disapproval of their Licentiatees accepting office in medical aid associations as at present conducted in England, inasmuch as the independence of the physician is destroyed by the system, and his services are used so as to produce a profit for lay persons.

It is manifest from the above resolution that the College has simply expressed their disapproval of appointments in connection with friendly societies, and it is still left to the discretion of the "Physician and Licentiate in Medicine of the said College" as to whether he will accept such appointments. Dr. Leslie Phillips, therefore, was in error when he stated that the College has absolutely forbidden its Licentiatees from holding office of surgeons (physicians) to medical aid associations, and I must ask you to insert this correction in the next issue of the *JOURNAL*.—I am, etc.,

Scunthorpe, Sept. 17th.

R. CHAMBERS OWEN, M.R.C.S.

ANTITOXIN TREATMENT OF TETANUS.

SIR,—There are two cases of traumatic tetanus recorded in the *BRITISH MEDICAL JOURNAL* of September 15th in which recovery took place under antitoxin injections. In Mr. Dean's case the injury was received on June 28th, tetanus developed on July 24th (twenty-six days after), and the patient was well on September 4th. In Mr. Evans's case the injury occurred on June 8th, tetanus set in on July 16th (thirty-eight days after), and the patient was well on August 11th.

The clinical history of such cases up to now is, that where tetanus supervenes soon after injury, no treatment is of any avail, and that where it comes on after a long interval careful nursing and perfect quiet are sufficient to carry the case to a favourable termination. I maintain that such cases as are here recorded are of little value; what we want is a record of cases of acute tetanus coming on within a few days of injury, treated by antitoxin, and ending in recovery.—I am, etc.,

September 18th.

A. SHEEN,
Surgeon, Cardiff Infirmary.

HOSPITAL APPOINTMENTS.

SIR,—The *BRITISH MEDICAL JOURNAL* of September 8th contains another letter from Dr. W. Steele relating to the recent election of a surgeon to the Surrey Dispensary, and as my name is mentioned in connection therewith I feel it only right and fair to Dr. Steele and his fellow sufferers to state that his account of my painful and uncongenial office in the matter is quite correct.

Unfortunately the advertisement inviting applications for the appointment was not drawn up either in conformity with the requirements of the case or with the new rules of the