

there can be no limit as to the amount of accommodation which the Metropolitan Asylums Board may be called upon to provide, to say nothing of the injury done to the medical profession by the gratuitous treatment supplied to the well-to-do.

Immediate isolation of the infected poor is absolutely necessary, as the cases occurring in crowded localities tend to spread infection. It is in this way that the large rate-payer benefits, but not as a large ratepayer does it entitle him and his family to free attendance and housing during infection.—I am, etc.,

Maddox Street, W., Nov. 2nd. SAMUEL OSBORN, F.R.C.S.

#### THE TREATMENT OF DISLOCATION OF THE PERONEUS LONGUS TENDON.

SIR,—In the BRITISH MEDICAL JOURNAL of November 2nd, Mr. W. J. Walsham records a case of dislocation of the tendon of the peroneus longus, in which he obtained a most excellent result by operation, a new sheath being made for the tendon by turning down a flap of fascia and periosteum from the external malleolus. Mr. Walsham states that he is not aware that similar treatment has "hitherto been done or proposed."

There is, however, an interesting paper in the *Centralblatt für Chirurgie*, 1895, p. 569, by Professor Kraske, of Freiburg, in which are references to various attempts which have been made to remedy luxation of the peroneal tendons by operation. Thus, Albert and Lannelongue, acting upon the supposition that the displacement resulted from shallowness of the groove on the malleolus, obtained permanently good results, the former by deepening the groove with a gouge, the latter by heightening the outer lip of the groove with a periosteal flap. Albert had suggested, as another method, the formation of a new sheath with a flap of periosteum, and Kraske, regarding this as the most rational treatment, adopted it in a case of dislocation of both peroneal tendons of four years' standing. The flap, which was turned down from the malleolus, included a thin scale of bone in addition to the periosteum, as recommended by König. The result was excellent.

I have thought it worth while to draw attention to this independent testimony to the value of Mr. Walsham's method of treatment.—I am, etc.,

Weymouth Street, W., Nov. 5th. RAYMOND JOHNSON.

#### THE TREATMENT OF FRACTURES OF THE FEMUR.

SIR,—The views expressed by Sir William Stokes in his paper on the subject of Fractures of the Femur so nearly coincide with those I entertain, and which, now nearly forty-three years ago, I submitted to the notice of the profession, that I feel sure a very little further reflection will adjust the difference.

The important axiom laid down by Sir G. M. Humphry, and endorsed by Mr. Bryant, and accepted by the meeting, should never be lost sight of—namely, that "a fracture of any part of the skeleton, at any time of life, will unite if the parts can be kept in contact, the keynote of union." It consequently follows, the more perfect the contact the more perfect the union.

Sir William Stokes lays down as the principles of treatment he advocates fixation, rest, and moderate extension. Rest, that is physiological rest, cannot be attained unless fixation, or, in other words, perfect coaptation, is secured. The means by which he proposes to accomplish this is by moderate extension, the very force he condemns as destructive of union by exciting antagonistic contest between mechanical and vital forces. This is at least illogical. Surely as soon as the desired position of the parts is obtained all destructive contest should cease. The error here lies in the non-recognition of the physiological value of muscular contraction.

Nature has provided herself with a reserve of muscular energy, the force of which only becomes apparent through accident or disease. It is this reserved energy which accurately adjusts the strength and density of bones to the power of the muscles. Under its influence absorption and deposition are carried on. It is only by restoring its marvellous influence that perfect physiological rest and functional activity can be secured. At the same time, it becomes a far

more effective means of fixation than any mechanical contrivance can be. To withhold or in any way to minimise its action impedes union.

The principles of treatment I advocate are reduction, coaptation, retention. The apparatus required to accomplish this should have the power of adjustment to the natural form of the limb throughout its entire length, and of preserving such form, so that when applied it is easily secured, and retentively holds the parts in perfect apposition.

Several forms of my apparatus are in the Museum of the College of Surgeons. It obtained "honourable mention" at the International Exhibition, 1862, the only one of the class so distinguished.—I am, etc.,

Blackheath, S.E., Oct. 31st. W. H. B. WINCHESTER.

#### DIPHTHERIA ANTITOXIN AS A CULTURE MEDIUM FOR THE DIPHTHERIA BACILLUS.

SIR,—In the BRITISH MEDICAL JOURNAL of October 12th I was much exercised in my mind to learn that Drs. Wright and Semple, of Netley Army Medical School, suggest the use of diphtheria antitoxin as a culture medium for the diphtheria bacillus. I have not had an opportunity of verifying their experiment; but if it is a reliable one. I wish to point out that it appears to upset my view of the value of the antitoxin as an antidote to diphtheria poisoning. I have always understood, although I may be open to correction, that the antitoxin contained a something—possibly a ferment—which, when introduced into the body of a patient suffering from the disease, effectually prevented the subsequent growth of the Klebs-Loeffler bacillus. If this is not so, what is the use of the injection?—I am, etc.,

Brighton, Oct. 14th. W. A. HOLLIS.

#### CANCER STATISTICS.

SIR,—Will you allow me in the interests of accuracy to draw attention to Mr. Roger Williams's statistical methods as exemplified in the BRITISH MEDICAL JOURNAL of October 26th? I am not concerned at present with the question as to whether colliers are comparatively exempt from cancer, but merely with the trustworthiness of Mr. Williams's figures.

Mr. Williams remarks: "Of 250 men with cancer under my observation, 14 were agricultural labourers but only 1 was a collier." Such a statement is obviously valueless unless we know the proportion of agricultural labourers to colliers in the population from which Mr. Williams's patients were drawn. Failing this, the value of the above-quoted statement would be slightly increased if it were known in what district or districts the above-named cancer patients lived.

Leaving this minor point, we come to what may be described as Mr. Williams's chief dictum, a dictum of great importance if it will bear the test of facts. He states: "In London and its vicinity, where the wealth of the nation is clotted, there the cancer mortality is highest; and it is a significant fact that the mortality is highest of all in those parts of the metropolis where the well-to-do most abound." He arrives at this conclusion by calculating the deaths from cancer in proportion to the total population in each district. Thus stated, the deaths from cancer (taking two extreme cases given by Mr. Williams) were 1 in 2,385 in Bethnal Green as compared with 1 in 960 in Richmond. It would thus appear that "well-to-do, easy-going Richmond" had a mortality from cancer three times as great (for the same population) as that of Bethnal Green, where "the struggle for existence is hardest.....the general mortality highest, and where sanitation is least perfect."

Is this conclusion trustworthy? Its trustworthiness evidently depends on the age constitution of the two populations; for we know that 1 out of 21 men, and 1 out of 12 women who reach the age of 35 years, die eventually of cancer, while at ages below 35 the mortality from cancer is comparatively insignificant.

Now we have not before us the relative age constitution of the populations of Richmond and of Bethnal Green; but we know that a high birth-rate (continued for a long period like that of Bethnal Green) means a comparatively young population, while a low birth-rate (like that of Richmond) means a comparatively old population. The birth-rate of Bethnal