

## SUMMER TEMPERATURE OF TORQUAY.

Sir,—I wish to place on record the equability of the climate of Torquay. During the first fortnight of August, my two thermometers, placed respectively in the hall and dining-room facing the south, registered only a temperate heat. The hottest days were Sunday and Monday, the 10th and 11th, when the temperature rose to 70°; on the 9th and 12th, it was 68°. On these days, the heat of the sun was tempered by a cool sea-breeze. During the week ending August 3rd, the temperature varied from 65° to 68° only.

Of course, the almost insular position of Torquay is the cause of the great equability which is the great characteristic and charm of its climate. The unthinking public too often imagine that, because a place is warmer in winter, it must necessarily be hotter in summer.

I see by the papers that, on some days, London registered from 92° to 96°; Hillington (Norfolk), 93°; York, 87°; Tunbridge Wells, 80°; the temperature on August 14th was 66° at 10 A.M.—I am, etc.,

H. STRANGWAYS HOUNSELL, M.D., M.R.C.P. Lond.

Woodlands, Torquay.

## SPINAL CURVATURE.

Sir,—It gave me much pleasure to listen to my friend Mr. Keetley's admirable enunciation of his views of the pathology of lateral curvature at the Belfast meeting; and, although I could not altogether agree with him, the thanks of the profession are due to him for the great amount of original thought which he has given to the subject.

I notice in your issue of August 30th a letter from him, in which he challenges anyone to produce "a case of true scoliosis at a stage so early as to show no signs of alteration in the bones." This challenge, I think, is hardly likely to be taken up, for it is only by an examination of the anterior surfaces of the bodies of the vertebrae, and their articular processes, that any alteration could be discovered in the early stage of the deformity, the deviation in the spinous processes being no indication as to the actual rotary-lateral abnormality of the bones themselves.

I have met with several cases (principally in private practice, where attention is usually attracted to any abnormality earlier than in hospital cases), in which a very slight prominence of the upper dorsum (usually the right) on rising from the stooping position, and a slight elevation of the shoulder of the same side, have been the only deviations observable, but without any bending at the angles of the ribs, in which perfect symmetry has been restored by extension, and rotary and other exercises, combined with correction of faulty habits in standing, etc.

By far the majority of cases of scoliosis occur in young girls, and we invariably have a history of standing at school, with the weight of the body resting on one leg, carrying children on one arm, etc. The cases of neuromimetic imitation that I have met with have occurred in older girls, from 15 to 25; they usually attempt to simulate more extensive curvatures, but there is no prominence over the ribs of either side; and when the faulty position is rectified (which is immediately done by extension), they "flap" back again to their original position, on the removal of the support. I think there would be little difficulty in diagnosing such cases, by those who are in the habit of seeing spinal curvatures.

I fully believe that the deformity of the bones in true lateral curvature commences almost immediately after the muscles have begun to act irregularly, but I consider that such deformity is secondary, as in the bone-deformities of club-foot, etc.; and I cannot but think that, though the opportunities are rare, it is quite possible to recognise scoliosis before the bone-deformity has commenced.

I remain, sir, yours obediently,

EDWARD L. FREER.

Honorary Surgeon Birmingham and Midland Orthopaedic Hospital.

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## ARMY MEDICAL OFFICERS AND DEGREES IN MEDICINE.

Sir,—Many letters have recently appeared in the BRITISH MEDICAL JOURNAL from practitioners of some years' standing who wish to obtain the degree of M.D. by a modified examination particularly suited to their case. While fully endorsing their views, may I ask why more facilities are not given to army medical officers of ten or more years' service for obtaining the said degree? There are many who, in their student career, have been prevented by circumstances from residing for the usual period at an university to qualify them for the degree. When these, as candidates for a commission (and already holding a medical and a surgical diploma), presented themselves for examination before the Army Medical Board, they had to undergo a more searching and prolonged professional test than some of the universities require, lasting a week; and afterwards, having undergone a four months' course in hygiene and sanitary science, including practical analyses and microscopic investigations, they were again examined before being finally admitted to the service. In my own case, although I had not the so-called advantage of holding the M.D. degree, there were very many—more than half—with that qualification below me on the list of successful candidates.

Now, if a medical officer wish to retire, and to adopt civil practice, he would very naturally like to hold the degree of M.D., as being an extra recommendation in the eyes of the public; but, as the regulations of the universities now stand, he must generally forego the distinction, for he gets no credit whatever from any of the university examining boards for the very rigid ordeal he was obliged to undergo when entering the Medical Department of the Army; and after ten years' service, the greater part of which may have been on foreign stations, a man is not so well prepared to undergo a minute and theoretical examination as he was in his student days. Might I, therefore, suggest that a modified practical examination for the M.D. degree be instituted for the above by some of the universities?—Yours truly,

W. X.

ERRATA.—In the JOURNAL of August 23rd, page 369, near middle of column 1 (last title of paper in Section of Obstetric Medicine), for "Fatal Excision" read "Total Excision."—P. 353, col. 2, line 18, for "Jeichmann and Beljeff" read "Teichmann and Belajeff." Page 354, col. 1, line 27, for "lessen during" read "less enduring." Page 355, col. 1, line 31 from bottom, for "cricoid" read "cricoid." Page 356, col. 2, line 22 from bottom, for "presented, read "perverted."

G. A. D. M. would be obliged if a member of the Association would give him any information as to practising in New Zealand: the best place to which to go, and how to set about it.

W. J. M. (Turvey).—To notice or to reply to the article would, in our opinion, be only to give it undue prominence.

## FORCEPS VERSUS ERGOT.

Sir,—The letter of your correspondent, "Forceps," would lead one to infer that the obstetrician must either use ergot freely or the forceps frequently. No doubt this notion obtains widely among medical men. Even in the Obstetrical Society, during the important discussion on the use of the forceps, held two or three years ago, several distinguished members advanced the same view. To me it appears there is another course—the rational and proper one—and that is, to use neither freely.

Your correspondent "Forceps" does not state the proportion of cases in which he uses the instruments, but if we divide his 2,000 or more cases by "500 applications of Assalini's forceps," we get a ratio of 1 in 4. No wonder, then, he uses ergot very sparingly. My own use of that drug does not reach his three or four ounces. I hardly ever give it, even after delivery, and still my forceps cases do not average 1 in 20.

Now what has been the outcome of my practice? I have satisfied myself, after careful comparison of my own results with that of various assistants, and also of neighbouring practitioners, that my record shows no greater mischief to mother or child, and no greater loss of time or of blood. In support of this statement, I may mention that, in attending considerably over 2,000 cases, extending over twelve years, I have only twice been out of bed all night, and I have not had a single decided case of post partum hemorrhage. I do not remember having once been called after a delivery to stop a bleeding. I do not hold that nothing can, or nothing should, be done to expedite labour in ordinary cases. Probably no do-nothing treatment of labour could give such results as I have claimed for myself; and perhaps on another occasion I may say something in this regard.—I am, etc.,

J. CHALMERS.

29, Keppel Street, London.

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