

with the private trade. The Marquis of Hartington said the object of the Government in introducing cinchona into India was to provide an abundant supply of a cheap febrifuge in the country. Almost all the bark produced in the Bengal plantations was manufactured in India for use there, but difficulty had been found in treating the produce of the Madras plantations in the same way as that of the Bengal plantations. For this reason the greater part of it was sent to England, and it was believed that the sale of this bark had established a reputation for the Indian growths to the great advantage of private growers; but an experiment was now being made on a large scale with a view to its manufacture in England on Government account, and if that experiment were successful it was probable the sale would be discontinued.

Small-pox Statistics.

Mr. Puleston asked the President of the Local Government Board whether he could give any statistics showing the extent of the present small-pox epidemic; whether this disease was more prevalent than in former years; and if it was, whether he would cause such temporary hospitals to be erected for small-pox patients as were put up during the epidemic of 1877. Mr. Dodson replied that at so short a notice he could not give precise statistics on the extent of the epidemic, but up to the present time it had not been fatal in any appreciable degree except in the metropolis. It was unfortunately more prevalent in the metropolis than on an average of years. As compared with recent epidemics, it was believed that the present would about rank with 1877-78, or 1866-67; but it was not anything like as fatal as that of 1871-72. The Board had recommended the local authorities to provide temporary accommodation as far as practicable, and that had already been done, or was in progress in some instances.

Correspondence.

"Audi alteram partem."

"MISSED LABOUR."

To the Editor of THE LANCET.

SIR,—I venture to ask your indulgence for a few words in reference to the editorial comment in your last issue upon my case of so-called "missed labour." You cite "the ingenious theory of" my friend "Dr. Roper, that cases of missed labour are cases in which rupture of the uterus had taken place, and the child had escaped through the rent into the surrounding tissues or abdominal cavity. In the case observed by Dr. Barnes, he seems to have convinced himself that the foetus was in the cavity of the uterus by the introduction of the hand into that cavity.....The theory of Dr. Roper is not incompatible with Dr. Barnes' observations, and the question cannot be settled but by careful post-mortem investigation."

I do not think it judicious to exclude Dr. Roper's hypothesis as explaining some cases; but as applied to my case I submit that it is rather far-fetched; it is an example of that fallacy in logic which seeks to substitute for a simple and natural explanation one that is extraordinary and improbable. I cannot accept this explanation even from Dr. Roper, to whose clinical sagacity I am indebted for much knowledge.

To argue that the question can only be settled by post-mortem examination is really to beg the question. In such cases as may be explained by Dr. Roper's theory death is a probable issue, and the opportunity of dissection may arise; but uterine pregnancy generally terminates in recovery, and happily dissection cannot be appealed to. I submit that my patient recovered because the gestation was uterine.

Deeply as the case interested me, and difficult as the pathological problem it presented seemed to be, I confess I was not anxious to solve it by a post-mortem examination. The solution given by repeated and varied examinations during life and the issue in recovery satisfies alike my ambition as a physician and my curiosity as a pathologist.

I am, Sir, yours &c.,

Harley-street, April, 1881.

ROBERT BARNES.

CYSTICERCUS IN THE BRAIN.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Saturday last Dr. Flint, of Scarborough, published an interesting case of cysticercus cellulose in the ventricle of the brain occurring in a boy aged seventeen; giving rise to no marked symptoms during life, but apparently causing almost sudden death with acute and peculiar cerebral symptoms. As Dr. Flint seems to consider his case almost as unique as it is interesting, it seems to me worth while to refer to two others, notes of which were published with drawings of the specimens in the Transactions of the Bristol Medico-Chirurgical Society, 1878.

The first occurred in my own practice, and was published by me in 1859. The patient was a woman, aged twenty-nine. Otherwise healthy, strong, and active. For eighteen months she suffered from gastric irritation with vomiting and headache, with great febrile excitement when the attacks—seldom absent more than a few days—came on. Various forms of treatment had been tried by Dr. Mortimer Granville, under whose care she was, but without much benefit, change of air and chalybeates alone seeming to procure any abatement in the symptoms. Subsequently she became my patient in the infirmary. She could not bear to lift her head from the pillow on account of a dead, dull, heavy pain and sense of weight, nor move it because of excessive pain and stiffness in her neck. Subsequently she stated she could not open her eyes, and had all the appearance of being very hysterical; and, being strongly impressed with the idea that she was dying, returned home. Five days afterwards, while supposed to be sleeping, she was found to be dead. A cyst about an inch in diameter was found lodged in the fourth ventricle, the roof of which was much softened. The cyst contained a white semi-opaque mass, a quarter of an inch in length, and what appeared like a twisted tube protruding from it, containing fluid. On removing the end of this tube it was seen to contain the head and neck of a tænia about a quarter of an inch in length. The head has four suckers, and the corona of hooklets characteristic of tænia, and the neck, which is clearly and distinctly segmented, ends in a sort of bulb.

The second case occurred in the practice of Dr. Shingleton Smith at the Infirmary, the patient being a girl sixteen years of age. She had complained for a month, but only gave up work as a servant a week before admission. The first symptom noticed was headache frequently recurring; her look was healthy, but she seemed listless and apathetic. She became subject to attacks of severe pain across the forehead lasting only a few minutes, with flushing; then copious perspiration and a short sleep; vomiting frequently followed an attack. After six weeks the attacks were followed by drowsiness; pulse 40 to 50; then an attack of convulsions affected the right side, and the vomiting was frequent. In a second attack of convulsions she died. A cyst was found in the lateral ventricle, loosely attached to the choroid plexus. It consisted of an abdominal sac three-quarters of an inch in diameter, with an elongated projection half an inch in length; a thin layer of membrane enveloped the whole length of the head and neck, and obscured the suckers and hooklets. A dark spot, however, could be seen at the distal end of the narrowed part of the object, which, with a pocket lens, resolved itself into a dark central mass, with four smaller ones arranged around it.

My object being simply to afford your readers an opportunity of comparing these two cases with that published by Dr. Flint, I refrain from alluding to the several points of interest such comparison seems to afford.—Yours, &c.,

F. BRITTAN, M.D.,

Clifton, April, 1881. Consulting Physician, Bristol Royal Infirmary.

"THE CONSULTATIONS OF DRS. QUAIN AND KIDD."

To the Editor of THE LANCET.

SIR,—In your issue of the 9th inst. I noticed some remarks elicited by the consultation between Dr. Quain and myself upon the illness of Lord Beaconsfield, in which you question the professional morality of the proceeding and challenge a justification of our conduct. Speaking for myself, may I tender the following reply?

1. Although, to quote your own words, "a reputed homœo-