

to the removal of one nail, but prefers the extraction of the other to be postponed to some future day. Accordingly, with the assistance of my friend and pupil, Mr. Grinfield Coxwell, I divided the matrix in its centre, and slightly loosened the horny structure from its attachments, when by a sudden avulsion it came away without any difficulty. She is doing well.

Woburn-place, April, 1866.

ANSWERS TO INTERROGATORIES ON ENTERIC FEVER.

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CONCEDING at once the desirability of "completing as far as possible our knowledge of the causation of fevers," I freely availed myself of the opportunities afforded me in an epidemic which visited my district during the past year in determining answers to THE LANCET interrogatories of Jan. 28th, 1865. The substance of the following remarks is deduced from the treatment of nearly one hundred and fifty cases, and their accuracy is dependent on careful clinical notes taken at the time.

1. "*On the importation of enteric fever by an infected person, or by fomites attached to clothes &c., into a locality where it has not been previously prevailing; and of its subsequent spread; with any facts relating to the mode of its propagation.*" On the 18th of April four cases of fever were brought under my notice. Three were of the gastric type, in the village; one enteric, some two miles distant in the country. To no source of contagion could any of them be attributed, but original sources of disease in each instance was rife. Ill-kept, faultily-constructed sewerage, or heaped-up decaying vegetable and animal refuse matter in one or both.

2. "*On the tendency to spread, or the reverse, of enteric fever in hospitals.*" The entire of my cases were treated in their own homes. With respect to its liability to spread, I quote from my report to the Poor-law Commissioners: "In every family where more than one member was attacked, the source of the disease was sure to be convenient, or the precautionary measures of cleanliness and removal of discharges neglected. In the cases where the poison was imbibed elsewhere than about their own premises, the disease never spread."

3. "*Of the infecting power of the stools of persons suffering from enteric fever—apart from sewage.*" As in every instance I warned the attendants to destroy the stools, time sufficient was not allowed for the development of infection thereby, or, if so, only in such instances as left it impossible to discriminate between the sewage element and itself.

[After the foregoing was written in my note-book, I was brought to see the following case:—C. O. B—, aged forty-nine, has had three children ill of fever; attended them throughout herself, and felt quite well until about a week ago, when, going down the lane from the house to empty "slops" in the river, she was detained by parties passing on the highway, from whom she screened herself in the ditch. During the period of concealment she experienced a most offensive odour from the vessel, which, to quote from herself, "sickened her heart," and necessitated her lying down. She took to her bed four days afterwards, and, fulfilling a presentiment which from that moment possessed her, died upon the fourteenth day from her exposure to the fetid emanation referred to.]

4. "*On the appearance of a single case of enteric fever in an isolated house, village, or other locality, independently of importation of the poison, stating particularly the degree of isolation, the reasons for excluding the possibility of importation, and the apparent cause of the fever.*" And,

5. "*On the occurrence of a single case of enteric fever in a family without any subsequent spread.*" As many of the illustrations I deem it necessary to adduce are common to both these inquiries, it will, I trust, be permitted me to consider them together.

Mrs. H— upon the 23rd of April, and Sub-constable M'M— upon the same day, were prostrated by enteric fever. The former lives at the extreme end of the village from the parties alluded to as having been attacked on the 18th, and no communication could have taken place between them. Her husband and children, who occupied the cottage, and had

hourly access to her, escaped. In the instance of the policeman, he was exposed to no contagious influences whatever; but I learned afterwards that the privy was a favourite smoking place. This man was permitted to share the same sleeping apartment with five others, not one of whom contracted the disease.

In continuation, I will quote briefly from my case-book.

Miss B—, residing in a district peculiarly exempt from the fever, experienced a most offensive smell from some heaped-up manure whilst out walking. She was obliged to sit down, so overpowering was it, she said; and eight days afterwards, when I saw her, twelve or fourteen lenticular spots showed themselves on the chest and abdomen, with diarrhoea of yellowish matter. Her sister was her constant attendant throughout, and neither she nor the large household, between which and the patient she was a continually passing medium, were at any time then or afterwards infected.

M. C—, a labourer, aged twenty, was treated in the cabin shared by his mother, who attended him, his father, brothers, and sisters, every one of whom enjoyed an immunity from the disease.

B. C—, a labourer, occupying the same apartment with his parents, wife, and children, not one of whom suffered.

I select these, not that they were more remarkable examples, but because they come first of many similar cases; carefully studied clinical cases, that, as far as I myself am concerned, have placed beyond any doubt the non-communicability of typhoid or enteric fever, or its identity with typhus.

I propose to contribute a paper deduced from the study of the cases lately under my care; and although I can claim for it nothing but the care with which the notes upon which it is grounded were recorded, I cannot but hope that the importance of the diseased state, and the earnestness with which I studied it, may earn for my clinical observations the attention of my professional brethren.

Wavellands, 1866.

LITHOTRITY SYRINGE.

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IN THE LANCET published on the 24th of February last I observed a reference to an instrument, invented by Mr. Clover, for the withdrawal of fragments of calculus left in the bladder after the performance of lithotritry. At that time and now a patient was and is under my care with stone, who has the greatest difficulty, amounting almost to an impossibility, in voiding the smallest fragments; and I was slowly removing the foreign body by means of the scooped lithotrite. I procured Mr. Clover's instrument, and found it to be of great service in removing debris; but, at the same time, was of opinion that the same principle of action might more advantageously be adapted to an instrument of a different shape. When using the syringe, I observed that the fragments of stone which passed into the glass receptacle of the instrument were, by the action of the india-rubber bottle, driven to and fro the bladder, instead of being permanently retained in the receptacle; also, as the water employed in the operation passed to and from the bladder, fragments of stone were heard rattling against the sides of the catheter, but were not always deposited in the receptacle. To facilitate the passage of calcareous matter to the glass receptacle placed between the catheter and the bottle, and also to keep the fragments in the receptacle when once there, Ferguson, of Giltspur-street, has altered the instrument in two ways for me: 1st, the catheter is shorter by two inches; and 2nd, the old-fashioned smelling-bottle shape of the glass portion of Mr. Clover's instrument is replaced by a glass receptacle very similar in form to a glass breast-pump. By these means the fragments of stone have a less distance to travel, and the depending portion of the apparatus plays the part of a trap, into which the pieces having gravitated, there is no possibility of escape therefrom. At present I have only used this instrument in a case in which the natural efforts are almost powerless to get rid of the debris; but I believe the principle embodied in Mr. Clover's instrument will prove eminently useful in all cases of lithotritry. Small stones having been crushed, the fragments may be thus removed at one sitting; while, aided by chloroform, the number of sittings hitherto requisite for the destruction of a large calculus, and the length of time at present allowed between