generally, more or less, from diarrhoea on the march. The officers, as usual, appear to have escaped.

The regiment returned to Secunderabad on the 23rd of June, after twenty-eight days' absence. In the outward march the corps halted at four camping grounds, and at one village (Moull Ali), about six miles from Secunderabad, on the return route. The health of all the villages through which the troops passed should be carefully investigated, and we think it would be well to examine and analyse some of the incriminated soil. The arrangements of the local authorities appear to have been very good. The 18th Hussars ought, we think, to be moved to Bangalore, or some healthy station.

"ON SOME PHYSIOLOGICAL ERRORS CONNECTED WITH CHOLERA."

To the Editor of THE LANCET.

SIR,—I beg permission to offer a brief comment upon what Mr. Sedgwick calls his "physiological theory of the continuance of the mammary secretion during collapse." He says that this is a result of "the antagonism which naturally prevails between nutrition and reproduction, and which would allow of the continuance of functions associated with reproduction even when, as in the collapse of cholera, there is a central arrest of nutrition."

What is meant by this assumed "antagonism between nutrition and reproduction"? If it were a fact that the functions associated with reproduction were unaffected by choleraic disease, the mere statement of the fact would not explain it. I suppose that even Mr. Sedgwick would not attempt to explain it by supernatural agency. There must be a physical cause for this immunity, and until the cause were made known the phenomenon would not be considered to have received a physiological explanation.

This alleged immunity of the reproductive functions, however, is a figment of Mr. Sedgwick's vivid imagination. It is probable enough that the menstrual discharge may continue unchecked during the algid stage of cholera. I know of no physiological reason why it should not, but Mr. Sedgwick admits the liability to abortion in the early stages of pregnancy, and I commend to his consideration the following abstract from the Ninth Report of the Medical Officer of the Privy Council (p. 433). Mr. Simon says:—"From our earliest knowledge of the disease it has been on record that when pregnant women have cholera the intra-uterine offspring almost invariably dies; and more recently, in proportion as the anatomy of the disease has got to be better studied, cases have accumulated, giving detailed evidence in support of an opinion which had from the first been entertained, that the infant in such cases dies of true choleraic infection."

Here, then, is a statement of facts entirely opposed to the gratuitous assumption that the reproductive functions are untouched by cholera; and, moreover, the infection of the foetus in utero affords conclusive evidence of the existence of a blood poison in cholera, for it is manifest that before the cholera poison can reach the intestines of the foetus it must infect not only the maternal but the foetal blood. It appears, then, that the facts here referred to are inconsistent with Mr. Sedgwick's so-called physiological theory and with his persistent denial of the existence of a blood poison in cholera.

I am, Sir, your obedient servant,
Savile-row, October 9th, 1871. GEORGE JOHNSON.

SMALL-POX.

To the Editor of THE LANCET.

SIR,—I have always maintained that vaccination is quite as good a preventive of small-pox as a previous attack of the disease itself. In the following instances neither the one nor the other acted prophylactically.

To-day a letter-carrier presented himself to me, who has two children aged respectively nine and five. They were both, he assures me, successfully vaccinated in infancy; both subsequently had small-pox, and are again attacked with it at the present time.—Yours faithfully,

Medical Department, General Post Office, WALLER LEWIS,
October 9th, 1871. Medical Officer in Chief.

Foreign Gleanings.

ASPIRATION OF GAS AND FLUID IN STRANGULATED HERNIA.

M. DUPLOUX, Professor of Clinical Surgery at Rochefort (*Gaz. Heb.*, February 6th, 1871), having been consulted in a case of strangulated hernia of three days' standing, in a man of eighty-two, had recourse to the above-mentioned operation. Herniotomy was not thought advisable on account of the patient's age, and the needle and aspirating syringe were used. Only gas was at first evacuated, and by continuing the play of the piston, fluid tinged with faecal matter was obtained. The bowel thereupon became flaccid, and was easily returned. The case did well, and it is supposed that, the puncture being very fine, the fibres closed the minute aperture by lying against each other, fatal effusion being thus prevented.

Evacuation of gas by puncturing has been in vogue of late with French surgeons in cases of tympanites, the result being in some instances favourable. Dr. Rahn (*Montpellier Med.*, June, 1871) succeeded in a case of strangulated hernia by injecting in the vicinity of the tumour the twenty-fifth part of a grain of sulphate of atropine.

We may add that, in 1865, M. Tartarin published several cases in the *Bulletin de Thérap.*, in which he succeeded in reducing strangulated hernia without kelotomy, by the use of the following liniment:—Glycerine and croton oil, of each 45 minims. With this compound three frictions were made on the tumour, the first at 2 o'clock, the second at 3, and the third at 4. Before the last two frictions the skin was washed with soap and tepid water, and the spot carefully dried with a piece of fine linen. At 5, a copious stool was obtained, and the contents of the hernia were easily reduced. The case did well.

TUMOUR OF THE PINEAL GLAND AND CONSIDERABLE EFFUSION.

Dr. Blanquinque, of Laon (France), has published such a case in the *Gaz. Heb.* of September 15, 1871. The patient was a coachman of thirty-nine, the principal symptoms being epileptic fits, paraplegia, and amaurosis. The effusion, on a post-mortem examination, was very considerable at the base of the brain; it had caused the flattening of the circumvolutions, and widened the space between the crura cerebri and the optic tracts. The lateral ventricles were much dilated, the choroid plexuses very vascular, and the venæ Galeni gorged with blood. The pineal gland was surrounded with a softish mammillated tumour the size of a pigeon's egg, which presented, on being cut across, calcareous points and small hæmorrhagic deposits. The tumour pressed upon the venæ Galeni and the tubercula quadrigemina. By a microscopical examination it was found that the growth consisted of a hypertrophy of the pineal gland. Dr. Blanquinque does not think that this tumour gave rise to special symptoms, and considers that its effects were similar to those which are the consequence of growths in the brain of other kinds.

POWDERED CAMPHOR IN PHAGEDENIC CHANCRES.

Dr. Netter has shown, in the *Gaz. des Hôpitaux*, that hospital gangrene yields to the applications of powdered camphor. Thereupon M. Baudoin, as stated in *L'Abeille Méd.*, was induced to try the same remedy in phagedenic chancre. Three cases are quoted as proving the efficacy of the application; but the author gives no heed to the means which had been used before, the effect of which might not have quite passed off, and he leaves unmentioned whether any internal remedy or hygienic measure was resorted to or not.

TETANUS TREATED BY INHALATIONS OF OPIUM.

This is a Chinese mode of treating tetanus, and is recommended by Dr. Shrimpton. From four to five grains of solid opium are mixed with tea-leaves or dried roses, and carefully beaten together with molasses. The patient smokes this mixture, and endeavours to draw the smoke into the lungs, leaving off when the narcotic effects are produced. These last generally from three to four hours. The same operation should be repeated whenever there are any signs of returning spasms.