clinical experience here was the same as at the Moabit—namely, that severe cases of cholera nostras were clinically identical with mild cases of Asiatic cholera, and that they could only be separated by bacteriological investigation. An important part of the work done in this laboratory was the examination of intestinal discharges and of soiled clothing sent from other places. According to Dr. Kossel's published figures,⁴ forty-two such were examined, and of these nineteen gave the comma bacillus by culture. Fæcal matter and clothing were often received after having been treated with antiseptics, which of course prevented their thorough examination. I have seen there the most perfect cover-glass preparations of comma bacilli taken from the fæcal soiled clothing sent to the laboratory.

With reference to the investigation of the intestinal discharges I may say a word. The presence of comma bacilli may be demonstrated by cover-glass preparations made from the discharges, but this is not accepted as sufficient; plate cultures are made, and on these the characteristic colonies of Koch's comma bacillus are distinguishable under a low power in about twenty-four hours or even less, and, if further proof is required, stab-cultures can be made from the colonies and the changes effected in the nutrient gelatine followed. (These were demonstrated to the Society.) The length of time during which the comma bacillus was present in the discharges was followed in a small number of cases in the Moabit Hospital, with results varying from five to ten days. At Koch's Institute the number of Asiatic cases was too small to base any conclusion upon, but when I was there every motion passed by the Asiatic cases was examined by plate cultures.

With reference to Hamburg, which I also visited, the impression I got was that there had been too many patients to attend to for the staff to spare much time for bacteriological investigation; still, there they told me they had always found the comma bacillus. The experience gained and the observations made in Hamburg will, I trust, be published. One of the assistants at the Eppendorf Hospital had made five hundred necropsies on cholera cases by the time I was there, and such a series of cases could not fail to add to our knowledge even as regards naked-eye appearances.

A word or two may be said with reference to treatment. At the Moabit they tried salol and creolin and tannin injections with no satisfactory result. Calomel was used both in Berlin and in Hamburg, but I am not in a position to speak of the results. What impressed me most at the Moabit, in the old general hospital at Hamburg, and in the new one at Eppendorf was the reliance the staff had on saline injections, and the confidence with which they spoke of them and the absence of risk which attended the operations. At the Moabit Hospital Dr. Guttman believed strongly in the subcutaneous introduction of the saline fluid, in Koch's they believed in its intravenous introduction, and in Hamburg I think they had used both methods. The apparatus used was an exceedingly simple one, but great care was taken to have everything properly sterilised. It is needless for me, to dwell upon the practical significance of the acceptance of Koch's comma bacillus as the cause of Asiatic cholera—it has made the disease a more tangible and comprehensible entity; it has shown how water, food, and clothing are infected and become the vehicles for spreading the disease; and in doing so has shown how it is possible to check and to arrest it, and, best of all, to prevent it. With Europe threatened by such a plague we place a higher value on this portion of Koch's work, and we place it amongst the great discoveries.

Edinburgh.

⁴ Ibid.

PREVENTION OF CHOLERA.—At the Thames Police court this week a captain in the employ of the General Steam Navigation Company was summoned at the instance of Dr. Collingridge, medical officer to the Port of London, for wilfully neglecting to carry out certain of the cholera regulations provided by the Public Health Acts. Dr. Herbert Williams gave evidence in support of the charge. Mr. Gill represented the defendant and said the company were very anxious in every way to carry out the Order in Council, but thought an attempt was being made to saddle their captains with responsibilities they were not bound to undertake, and therefore the time had come to offer resistance. The magistrate said the case was not free from difficulties; yet, having allowed the passengers to land, the captain had taken full responsibility for the consequence, and would be fined £25 and costs.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

NOTES ON "NORMAL INTERMITTENT UTERINE CONTRACTIONS OF PREGNANCY."

By J. D. WINDLE, L.R.C.P.I., L.M. DUB., M.R.C.S.

DR. PLAYFAIR, in his work on Midwifery,¹ quoting Dr. Braxton Hicks's paper in the Obstetrical Transactions,² states that "intermittent contractions of the uterus are constant and normal concomitants of pregnancy, continuing during the whole period of utero gestation. The contractions occur every five or ten minutes, sometimes oftener, but rarely at longer intervals. If the hand be kept steadily on the uterus its alternate hardening and relaxation can be appreciated with the greatest ease."

The following case illustrates the fact that these contractions are not, as is usually the case, always painless; indeed, in some instances that have come under my notice the contractions have been such as would lead one to infer that premature labour was about to take place. The first case of this kind I have noticed occurred about three years ago, when I was consulted by a woman in the seventh month of pregnancy for what she described as "cramp in the stomach," and from which she had suffered more or less for some time. Suspecting premature labour was about to occur I visited her at her home, when on palpating the abdomen I found the uterus contracted, and from this I concluded that labour had commenced. The pains continued for about two months, more or less modified by treatment up to the time of actual labour at full term. I may mention that my patient was in good health and that her previous pregnancies had been normal. Remembering the fact of the occurrence of painless intermitting contractions, I concluded that the case was a modified form of the normal state of things—viz., painful instead of painless contractions. Before the termination of pregnancy I had many opportunities of verifying the opinion I had formed. In this and subsequent cases, so far as I could make out, the contractions had no effect on the os or cervix, but the membranes became somewhat, but not markedly, tense. Since then I have noticed many similar cases, but in only one where the painful character of the contractions continued for any considerable period. In this case, also a multipara, they occurred regularly from Jan. 27th, 1892, to Feb. 15th, during which time I visited her every day. Delivery took place on March 2nd. It is a very common experience to meet with cases of threatened abortion and early miscarriages where pains constitute the only symptom, but which subside after a time without anything being expelled from the uterus, and for labour to take place at the full term of utero-gestation. I believe that many of these cases are examples of the painful instead of the normal painless intermitting contractions of pregnancy. If such be the case we have an explanation of the fact that it is rare for abortion or miscarriage to occur when pain is the only symptom.

Southall, Middlesex.

A CASE OF DOUBLE INTUSSUSCEPTION.

By DUNCAN J. CADDY, M.B.

A FEMALE infant aged five months had a very severe fall on Friday, Nov. 21st, 1892. A few hours afterwards she began screaming loudly and appeared to be suffering great pain. The parents administered a powder and afterwards a dose of castor oil, with the result that the infant vomited freely, but nothing was passed per rectum. Next day the child still appeared to be in pain, but took a little milk, and the parents again administered an aperient powder. This caused more vomiting, but still no action of the bowels. On Sunday the child became cold and appeared very ill. On Monday at 8 A.M. the child, after much straining, passed a little bloody mucus per rectum and I was sent for. On arrival I found the child in a state of