goes on through expectoration, there are good grounds for indulging in the hope that this frightfully prevalent disease will soon cease to bring to a premature close so many lives.
Newcastle-on-Tyne.

DESCRIPTION OF AN OXYGENATED AIR LAMP FOR LARYNGOSCOPIC OR OTHER PURPOSES.

By GORDON HOLMES, L.R.C.P.E.

By supplying an additional amount of oxygen to the current of air drawn up by the flame of an ordinary lamp its brilliancy can be increased more than twofold. For the purpose it is necessary to surround the series of air-holes below the lamp-chimney with a channel or gallery, into which the oxygen can be poured so as to become involved with the draught of the lamp. The construction of the Silber lamp, which has already an unusually bright flame, is exceptionally convenient for this alteration, as the plate containing the air-holes is perpendicular and clear all round, so that the gallery can be fitted on and removed again, if required, without interfering at all with any other part of the mechanism.

The superadded channel should have the vertical measurement of the air-holes, and be about half an inch in lateral extent, whilst an aperture of half an inch in diameter should be left at each side for the passage in of the air and excess of oxygen. For permanent use this channel should be of metal, but in case of wishing merely to test the light, one can be formed very easily and efficiently in a few minutes as follows:—Cut two discs of pasteboard of one inch greater diameter than that of the part of the lamp to be embraced. Excise then the centres of these discs, so to allow them to be passed over the air-hole plate like a pair of rings, one to be pushed above and the other to remain below the air-holes. By pasting paper between the edges of the upper and lower rings a covered way is formed, the necessary apertures being left on each side. In order to obviate any waste of the oxygen, it is well to render the lateral openings tubular for about half an inch by pasting an additional rim of paper on to them.

In order to discharge the oxygen into the side openings, a bifurcating tube, like a Y, must be used, curved at the extremities for exit, so as to pass for a short distance into the tubular part of the openings, and having a stopcock in the single portion. The discharge apertures of this branching tube should be less than a line in diameter. A folding gas-holder, constructed like a bellows, which closes automatically when the pipe is open, is most convenient, but a simple bladder may be employed, and caused to empty itself steadily by a small weight being placed on it. The oxygen should be urged out very gently and equably, as anything of a draught disturbs the flame without corresponding advantage. A supply of one and a half cubic feet is amply sufficient for an hour continuously. The gas should, of course, be turned off when the lamp is not in actual use.

After various experiments I have found the above plan answer best for ensuring an equable admixture of the oxygen with the air. By slight modifications of these directions the oxygen can be supplied to any flame surrounded by a close-fitting chimney. The oxygen can be obtained from chlorate of potash and manganese dioxide in the usual way. About three ounces and a half of the former salt yield a cubic foot of oxygen. The light therefore costs but a few pence an hour; and, as it requires no cumbersome, complicated, or costly apparatus, whilst it exacts little or no attention, will be found convenient for the private consulting-room. Being much whiter than ordinary artificial flames, it shows the parts more nearly in their natural colour as seen by daylight. It appears to form a mean between common lamps, which scarcely give enough light for intra-laryngeal operations, and the limelight, which cannot well be managed without being constantly watched by a skilled attendant.

I may say, finally, that my experience of this light has been entirely confined to oil-lamps; and I cannot therefore express an opinion whether the oxygen would be so effective in giving brilliancy to gas-flames.

Finsbury-square.

ON A CASE OF TUBAL GESTATION.

By LEWIS G. DAVIDSON, M.D.

THE following case of tubal gestation may be considered of sufficient interest to warrant its publication in THE LANCET.

On the evening of July 19th I was requested to see a Mrs. C—, of whom the history given to me on my way to the house was as follows:—At 6 P.M. she had eaten a hearty tea, consisting of cold meat and salad, appearing to be in her usual health at the time. About an hour afterwards she accompanied her husband on a visit to a friend who lived a mile distant. Her husband left her at the house, calling for her again at nine o'clock. She accompanied him homewards, apparently quite well, for about three hundred yards, when she suddenly complained of great pain in the abdomen and became very faint. She was carried into the house of a friend close by and put to bed, a little brandy being administered. On recovering from the syncope, she still complained of intense pain in the abdomen. On my arrival the patient presented the ordinary symptoms of severe colic, for which I prescribed. She was able to inform me that she had not menstruated for ten weeks; but then she had discovered a faint "show," and although married a year and a half had not before been pregnant. On examining the areolæ around the nipples, I concluded she was that far advanced in pregnancy—viz., two months. After giving instructions I left the house.

About eight o'clock the following morning I was hastily summoned and found her dying. Her friends had not remarked anything unusual during the night; she had slept at intervals, and half an hour before her death she asked for, and drank, a cupful of milk and tea. Not feeling justified in giving a certificate, the coroner requested me to make a post-mortem examination, in which I was assisted by Mr. Charles Lamb Taylor, of this city, the result being as follows:—

On opening the abdominal cavity we found about six or seven pints of effused blood, after removal of which we discovered a cyst of the right Fallopian tube, the size of a large walnut, near to its opening into the uterus. There was distinct rupture of this cyst, which was filled with clotted blood, the ovum evidently having escaped into the abdomen, gradual hæmorrhage, as I conjecture, having continued through the night, terminating in collapse and death. The uterus was normal in appearance, but twice the size of a virgin one, weighing about four ounces. A blood-clot was found in its cavity, which sufficiently accounted for the slight "show" which she spoke of as occurring that evening, a very small quantity of blood having found its way from this cavity. In the right ovary a large corpus luteum was visible, the Graafian follicle having undergone the usual changes and attained the stage of maturation which one would expect to find at the eighth or tenth week of pregnancy.

This case appears to support the practice of operating in cases of tubular pregnancy when sufficiently advanced to enable a diagnosis to be formed, in contradistinction to that of those obstetricians who prefer leaving them entirely to nature, as the result shows the certainly fatal termination of rupture even at this early period. I do not think that a correct diagnosis was possible in this case, the only guide being the blood she discovered the previous evening, and it was too slight to admit of an opinion being based on it.

Goulburn, New South Wales.

HOSPITAL SUNDAY IN LIVERPOOL.—A public meeting of the Hospital Sunday promoters was held at the Liverpool Town Hall yesterday, the Mayor (Mr. W. B. Forwood) presiding. The treasurer's statement showed that the collections on Hospital Sunday amounted to £7468 18s. 4d., while on Hospital Saturday the amount contributed by the working men throughout the city was £2323 9s. 5½d. With some donations the total was brought up to £10,027 10s. 9½d., against £9720 14s. 1d. in 1880. The increase was in the amount collected from the working men, and satisfaction was expressed on this score. The amount was distributed amongst seventeen medical charities, the Royal Infirmary receiving the largest individual sum, £2880. The expenses of collecting and distributing the fund were £390 only.