In carrying out his self-imposed task, the author has adopted the system of chronological reference, instead of attempting a complete history of each form of disease. Commencing in the first volume with the murrains of Egypt, in the first chapter he gives an account, necessarily a concise one, of the plagues which the earliest historians have alluded to between 1490 B.C. and 400 A.D. Then, in the next chapter, in the space of some ninety pages, is compressed the history of eleven hundred years—from A.D. 400 to A.D. 1500—an unprofitable period, as the writer describes it.

Coming gradually to more modern times the accounts of epizootics in various parts of the world become the more interesting, for the reason that it is possible to connect the animal plagues of a former period with those which are familiar to this generation of stock-owners. As a concise record of the rise and progress of animal plagues from the earliest times, the value of the work to the veterinarian cannot be over-stated, and it may not be out of place to suggest that the agriculturist will find in it matter well worthy of his attention. In the last twenty years the stern logic of facts has convinced farmers that the ravages of the most deadly diseases of the lower animals are not, in their outcome, to be lightly estimated; and they are not now disposed to laugh, as they did in 1862, at the idea of legislating for the movement of animals merely because they had a few blisters on their tongues and feet. Mr. Fleming's work is likely to find readers among a class to whom a few years ago its teachings would have seemed to possess no meaning.

The Practical Working of Direct Vaccination from the Calf.

By BENJAMIN BROWNING, M.D. Reprinted from the Transactions of the Society of Medical Officers of Health.

IF Dr. Browning had contented himself with giving some account of the methods to which he had resorted for the vaccination of calves, his pamphlet would have merited more approval than we are now able to accord to it. The earlier pages are devoted to an attempt to show that calf lymph should be employed to the exclusion of humanised lymph. A few words will suffice to demonstrate the error into which he has fallen. He begins by showing that absolute immunity from small-pox is not always to be procured by the use of humanised lymph, and he then makes the bold assertion, that animal lymph "never fails in preventing small-pox." This last statement appears to be based upon the fact that 150 persons vaccinated by him with calf lymph, though living in infected localities, had not subsequently suffered from small-pox. As matter of fact, there is no definite evidence of the amount of protection relatively afforded by humanised and animal lymph, but the history of small-pox hospitals gives ample proof that those exposed to the disease can be efficiently protected by the use of humanised lymph. Again, Dr. Browning states that the success attained in the use of the lymph which he cultivated was 97·13 per cent., but no information is given whether he refers to the number of individuals vaccinated, or to the number of insertions made; probably the former is intended, but there is again no evidence to show what he means by success, or whether he applies this word to cases in which vesicles are developed on only a proportion of the places of insertion. That good results are attained by direct vaccination from the calf there is no doubt, and the report which we recently published on the Animal Vaccine Establishment of the Local Government Board is sufficient evidence on this point; but Dr. Browning's pamphlet is calculated to give rise to the erroneous impression that the use of stored animal lymph is to be entirely trusted to, a belief which should not be encouraged.

We feel, however, with Dr. Browning, that there is ample room for the development of calf vaccination, and although

we cannot agree with all the observations which he makes, with reference to the methods to be adopted, some are deserving of attention.

ORCHITIS IN TYPHOID FEVER.

To the Editor of THE LANCET.

SIR,—With reference to the sub-leader on this head in your issue of the 9th inst., perhaps the following notes may prove interesting.

A young officer in the Dublin garrison contracted enteric fever in the Linen Hall Barracks, and went through a well-marked and severe attack in the infectious diseases hospital under my charge. The temperature was high, at one time rising to 105°, and from first to last the duration of the fever was twenty-eight days before the normal point was reached. After about ten days' convalescence the patient was moved into lodgings, and kept in the recumbent position. Particular instructions were given regarding the food, and close attention was paid to the state of the bowels, which for the latter part of the attack had been constipated. After a few days he began to sit up in an arm-chair, and was rapidly recovering, when suddenly he experienced an attack of severe pain in the right iliac fossa, and on being sent for I found him with a coated tongue, a temperature (evening) of 102°, a pulse of 120, and a decided tenderness over a considerable portion of the abdomen. On inquiry I found his bowels had become constipated, having had no motion for thirty-six hours, and it further transpired that he had been sucking grapes and had swallowed some of the seeds. He complained also of pain in the right testicle, but there was no orchitis. I ordered hot fomentations to the abdomen, half an ounce of castor oil in warm milk, and a large enema of warm water. Next day he was worse. Morning temperature 103°, evening 104°; tongue very foul; pulse 120; severe pain and tenderness over abdomen, with orchitis of right testicle. Some relief had followed the oil and enema, but there was evidently more to come away. Another large enema was given, which acted well on the bowels. Hot fomentations were kept to the abdomen and scrotum, and one grain of calomel and half a grain of opium were given every fourth hour. On the following day the temperature fell to 99°, the pain and tenderness in the abdomen had disappeared, but the testicle remained swollen and tender. The scrotum was not inflamed. The epididymis was not involved, but the right cord was painful on pressure. From this time the case did well, and the young man is now quite convalescent.

I am, Sir, yours truly,

J. B. HAMILTON, M.D.,

Surgeon-Major.

Dublin, Dec. 9th, 1882.

DEATH IN PRISON.

To the Editor of THE LANCET.

SIR,—On reading your remarks upon a recent death in Huntingdon goal in THE LANCET of December 2nd, the evidence of the governor of the prison, that "there are no arrangements under which, in the event of any sudden illness or other emergency, and the surgeon or assistant-surgeon being absent from the town, I can call in another medical man to attend a prisoner," struck me as very surprising, and as proving to how great an extent red-tape may fetter and cramp the official mind. The medical officer of a local prison can, with the approval of the commissioners, appoint a substitute, who, in cases of emergency, and in the absence of the medical officer, may visit the prison. In the event of the medical officer and his substitute being both of them engaged or absent, it is still possible for the governor of a prison to call in the nearest available medical man. In proof of this I may state that, three or four years ago, one of the warders of Her Majesty's prison at Devizes was murderously assaulted, and severely wounded by a prisoner with a knife, which he used for mat-making. The governor of the prison, very properly seeing the urgent nature of the case, at once despatched a messenger for the nearest surgeon, as well as for me who lived at a greater distance. We arrived together, but I was only too glad to have the assistance of my friend in attending to the wounded man. In this case the commissioners at once allowed my friend a fee for his services, thereby sanctioning the action of the governor in sending for the nearest help.—Yours, &c.,

EDWARD CLAPHAM,

Wimbledon, Dec. 11th, 1882. Late Med. Officer H.M. Prison, Devizes.