face throughout; (b) the vesicles were mostly hemispherical, tense and ranging in size up to that of a split pea, showing in some cases slight umbilication, in some cases the fully developed vesicle resembling that of variola, in others that of varicella; (c) a pustular stage occurred only at times and does not seem to have been constant. This was followed by the formation of crusts, and these on separation left cicatrices which were still present when the cases were examined some months later. 6. The various stages of the eruption were observed at the same time closely associated on the same parts of the body. 7. The disease occurred equally in vaccinated and unvaccinated subjects, as well as in those who were deeply pitted by antecedent small-pox. Dr. Anderson's description contains symptoms not observed in the cases which came under observation at the Belvidere Hospital. In his patients (1) the date of appearance of the eruption as stated in his paper is a little indefinite, but it seems in some instances to have appeared in the course of the third day; (2) no mention is made of the persistence of papules and the whole of the eruption is said to have vesiculated; and (3) a true pustular stage seems to have been observed (the nearest approach to this among the cases here dealt with was a seropurulent condition of the contents of some of the eruptive elements). From Dr. Anderson's statement that the pustules ruptured and in some cases gave rise to superficial sores it is quite possible that the purulent condition may have resulted from secondary infection by pyogenic organisms; but, on the other hand, it must be remembered that as Dr. Anderson observed 115 cases it is likely he would have had the opportunity of noting greater variation in the type of the rash than ourselves. A due comparison of the clinical features observed in these cases by us with those set forth in Dr. Anderson's paper warrants the belief that the disease is neither variola nor varicella, but is probably a third disease of a specific character presenting resemblances to both, while at the same time it possesses certain features which entitle it to be placed by itself as a specific entity and bearing the same relation to both the diseases mentioned as exists between the more familiar forms of small-pox and chicken-pox. It is, of course, possible that the condition may be merely a modification of varicella the result of racial difference, and Dr. Anderson gives no clue in his paper as to whether the disease limited its attacks to the dark race or involved the white population also, but as he refers to cases occurring in his private practice similar to those which he observed in the prison and penitentiary it is quite likely that whites as well as negroes were victims of the disease. If this inference be correct then the argument that the disease is merely a modified varicella due to racial conditions must fall to the ground, although in connexion with this point it must not be overlooked that climatic rather than racial conditions might result in modifying varicella at least to some extent. Our opinion, based upon observation of a large number of cases both of variola and varicella, is that almost certainly the disease should be regarded as a specific entity. This conclusion, if correct, would explain certain peculiarities from time to time reported as occurring among small-pox patients in the East—e.g., susceptibility to vaccinia after passing through what is supposed to have been an attack of small-pox as well as other somewhat anomalous conditions with which we in this country are unfamiliar.

Glasgow.

THE STERILISATION OF CATGUT BY DRY HEAT.

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IN the issue of THE LANCET of Oct. 1st Mr. Mayo Robson drew the attention of the profession to his method of sterilising catgut by boiling it in di-methyl-benzene and thence transferring it before use either to a 5 per cent. solution of carbolic acid or to methylated spirit. As the details are not known to everyone I should like to mention another method of sterilisation—i.e., that by dry heat, which also has the merits of simplicity and efficacy. It is much in vogue on the continent and also I believe in America. (Boxes

and sealed tubes of dry sterilised catgut can be purchased at many instrument makers in this country, but personally I have a preference for using, in a matter of such importance, an article the preparation of which need not be taken on trust.)

The following is the method of sterilising catgut adopted by Professor Tscherning of Copenhagen, who recently very kindly showed me the details observed by himself in its preparation at the Kommune Hospital in that city. The ordinary commercial catgut as it comes from the manufacturer is placed on trays in the steriliser between sheets of cellulose paper. It is then heated for six hours consecutively, for the first hour at a temperature of 60° C., for the second and third hours at 100° C., and for the fourth, fifth, and sixth at 140° C. It is then removed, wrapped up and closely sealed in an envelope of cellulose paper which is again placed in another envelope of slightly larger size and similarly closed. The catgut now encased within two firmly sealed envelopes is a second time placed in the steriliser and subjected for another two hours to a temperature of 140° C. The envelopes are placed in racks in the steriliser and contain various sizes of catgut labelled on the outside, some of a size for ligaturing the pedicle in ovariectomy, others for fine buried sutures or other purposes where absorption is desired within a short period. These envelopes can be taken from the steriliser and placed in the pocket or bag of the operator and need not be opened until the time of operation. Thus they are very handy and portable. It is to be remembered that catgut ligatures prepared by any of the wet methods become, if kept in spirit for any length of time, hard and need more time for absorption. If, on the other hand, they are kept in an antiseptic aqueous solution they tend to become soft and lax, whereas if kept in any preparation of glycerine they are somewhat difficult to manipulate owing to their extreme slipperiness. The dry catgut is without these disadvantages. The method of raising the temperature by slow degrees prevents the catgut becoming brittle—the grease and oil in the gut being driven off gradually at the lower temperatures.

Charles-street, W.

REMOVAL OF A CALCULUS FROM THE COMMON BILE DUCT 2 IN. LONG AND 3½ IN. IN CIRCUMFERENCE WITHOUT SUTURING THE DUCT.

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THE patient was a man, aged fifty-eight years, a gold prospector by trade, and was one of the early pioneers of the Western Australian goldfields. He was a man of splendid build, spare in frame, strong, and active. His life had been full of hardship from rough food, bad water, &c., on his travels. Except accidents he never suffered from any serious illness until four years ago, when being in Adelaide he began to get attacks of pain, vomiting, and slight jaundice. These occurred often at intervals of only a few days, sometimes weeks. Sometimes after attacks he passed small gallstones by the bowel. The pain was so severe that he had to have hypodermic injections of morphia, and it was so continuous about two years ago that he became reduced to an extreme degree of emaciation. After undergoing rest and medicinal treatment at a hospital in Melbourne, with careful diet, he improved a good deal, but the attacks still recurred at longer intervals, and just previously to coming to England twelve months ago they became of daily occurrence. He stated that he could not prevail upon the Australian surgeons to operate, so he determined to come home. On examination there was distinct tenderness and a sense of obscure fulness over the region of the gall-bladder, but deeper than that organ. Although the patient was very thin, no enlargement of the liver or gall-bladder could be detected on palpation or percussion. The patient was jaundiced, having recovered from a severe attack of biliary colic only a few days previously. As the history seemed so plain it was determined to open the gall-bladder and to explore the cystic and common bile ducts.