elderly persons showed a considerable decline from the numbers returned in the previous week. The causes of 36, or nearly 17 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

"ARTERIAL PRESSURE."

To the Editors of THE LANCET.

SIRS,—If no other correspondent replies to Dr. Nicholson's letter on the above subject, you will perhaps allow me in a few sentences to suggest to him that the solution of the difficulty which he feels in reconciling the statements which he quotes from Drs. Brunton and Foster is to be found in the distinction between the *large elastic arteries* and the *terminal muscular arterioles*. The blood-pressure with tension referred to in the passage from Dr. Brunton is that which exists in the larger arteries; while, on the other hand, the constriction in the vascular area of which Dr. Foster speaks is the contraction of the muscular arterioles, the effect of which is to lessen the flow of blood through the capillaries of the particular area, and in the same degree to heighten the pressure and tension in the larger arteries which convey the blood to the contracted and resisting arterioles. It would doubtless tend to prevent misunderstanding if, in referring to parts of the vascular system, in most respects so diverse in structure and so opposed in function as the larger arteries and the arterioles, they were always designated—the first "the elastic arteries," and the latter "the muscular arterioles." The large arteries, by their elastic resiliency, aid the heart in propelling the blood onwards; while, on the other hand, the muscular arterioles, in the exercise of their regulating and so-called "stopcock" function, often antagonise the heart and the elastic arteries, and, in proportion to the degree of their contraction, resist the onward movement of the blood. The result, of course, is, as I have before said, that the contraction of the arterioles increases the fulness, tension, and pressure in the associated larger elastic arteries.

I am, Sirs, yours faithfully,

Savile-row, Jan. 8th, 1887.

GEORGE JOHNSON.

THE EFFECT OF LIGATURE OF THE FEMORAL ARTERY.

To the Editors of THE LANCET.

SIRS,—I am bound to repeat that the facts, as I find them, do not appear to me to be in accordance with the views set forth by Mr. Holmes; and, further, that the difference is not an insignificant one, for it bears upon a point of practice which is suggested in the paper. Of course the artery is obliterated at the place where it is tied, and Mr. Holmes makes it clear that blood finds its way again into the artery between the ligature and the sac, and therefore that a part of that portion of the artery must remain pervious. But I submit that his description does not convey the idea that in the majority of cases the portion of artery between the clot of the ligature and the sac remains pervious throughout its whole length. This and other facts in regard to the condition of the portion of artery in question, are, I believe, made evident in the paper, to which I hope Mr. Holmes will allow me to refer him instead of taking up your space by repeating much of it here. And if I am silent on other questions raised by him in his last letter, let me assure him that it is not because I am insensible to their interest. My admiration of Mr. Holmes's surgical works, especially of his articles on aneurysm, is so great that this kind of criticism is very distasteful to me. But Mr. Holmes insists on it. I must be allowed, however, with this letter to close my part of the correspondence.

I am, Sirs, yours truly,

Brook-street, W., Jan. 10th, 1887.

WM. S. SAVORY.

THE LATE PREVALENCE OF SHINGLES.

To the Editors of THE LANCET.

SIRS, The following cases of herpes, which have lately come under my notice, present, I think, some features of interest, and may help to furnish some material towards elucidating the etiology of this disease.

A. K., male, aged forty, has been subject to herpes preputialis for the last twelve years. For about eight years previously to the year 1884 the attacks were frequent. Sometimes they occurred at intervals of only a few months, and he does not think that a year ever passed without his having one. The crop of vesicles always occurred, so far as he is aware, on the same spot on the outer aspect of the prepuce. In February of 1886 he had an outbreak of herpes on the back of his left forearm, which was preceded for several days by neuralgic pains felt in the back of the hand. In the beginning of December, 1886, he had an attack of herpes preputialis, which had not occurred for more than three years, and about ten days after this he had also an outbreak of herpes on the left forearm, the crop of vesicles being in the same place as, and resembling in every respect, the eruption which occurred the previous February.

C. K., age about sixty-seven, aunt to A. K., had an attack of herpes in November, 1886, the eruption being over the shoulder-blade and under the arm, followed by much neuralgic pain and general prostration.

The mother of C. K., when about seventy years of age, had a severe attack of herpes zoster.

In considering these cases with reference to the etiology of the disease, the following points may be noticed:—1. The manifest hereditary predisposition to this complaint, in the mother and daughter the attacks assuming the same form at about the same age. 2. The apparent influence of some causes which determine the occurrence of a number of cases at about the same time. At a time when herpes is particularly prevalent C. K. has an attack, while A. K., who may be said to be subject to this form of eruption, has a *double* attack, a thing which has never happened with him before. 3. Connexion with other diseases. Gout: No case of gout on either side of A. K.'s family. Rheumatism: There seems to be almost as little tendency to this complaint, the only case in the family being that of a sister of C. K., a lady of seventy years of age, who has been troubled with rheumatism for the last few years. Scrofula. On the other hand, there is a distinct connexion with this disease. A. K. has had glandular abscesses in the neck. C. K. has had diseased bone in the foot, and suffers from lupus. 4. As to the immediate predisposing cause: A. K. has not been able to connect his attacks with a chill, although he has taken notice of this, his attention having been drawn to this point. He has always connected an attack of herpes with some change in his general state of health, always feeling in better health and spirits after the attack than immediately before. 5. The case of A. K. shows the tendency of herpes, in those instances in which it recurs, to appear in the same situations.

I am, Sirs, yours obediently,

A. W. HARDING, B.A., M.B. Lond.

Ealing, W., Jan. 11th, 1887.

A "NEW" METHOD OF EXCISING THE KNEE-JOINT.

To the Editors of THE LANCET.

SIRS,—Mr. Allingham, in saying that he "was fully aware that Professor Ollier suggested" the operation, scarcely does that surgeon complete justice. He had minutely described it and definitely given his views of the indications for its use. Even in 1883 he had evidently practised it on the dead subject. His description of it is most precise and detailed, and occupies two pages, one of them small print, of the *Revue de Chirurgie*. If, in spite of his great opportunities, he has really not yet done it on the living, it must be because he considers it suitable for only a very narrow range of cases. It is not quite clear whether Mr. Allingham mentions his inability to find a report of my case as a defence for himself or as a reproach to me. If the former, I do not grudge him any defence; if the latter, I reply that when I found I had been anticipated by Ollier, whose article on the subject had even been noticed in your own columns, and that I had nothing to add to his remarks, I was content