

whether the individuals in question should not be called upon to make their choice once for all to act either as magistrates or surgeons.—Sir W. Harcourt said he had made inquiries and could not discover that any such appointment had been made.—Mr. Hopwood asked whether a Mr. Parsons had not been appointed and was now acting.—Sir W. Harcourt asked when and by whom that gentleman was appointed.—Mr. Hopwood said he was appointed by the ex-Lord Chancellor.

Contagious Disease in Dublin.

Mr. Cavendish Bentinck asked the Secretary of State for War whether the general commanding her Majesty's forces in Ireland had not recently forwarded a report showing the lamentable state of the garrison in Dublin in connexion with contagious disease, and whether he would have any objection to lay the report on the table of the House? Mr. Childers: "Yes, sir, there is such a report; and although I deprecate its appearing in print, I have no objection to lay it on the table."

The Case of Captain Chatterton.

In answer to a question by Mr. Grantham with reference to this case, the gist of which appeared in our "notes" last week, Lord Hartington said he only noticed the question in the paper this morning, and he must confess he had not had time to investigate fully the various matters it contained. He did not think the military department of India had had time to make their examination. The General Brigade and Divisional Orders to which the hon. gentleman referred had never been received in the India Office, for it was not the practice to send them home from India. He would, however, have the question further examined into with the view of seeing whether it contained anything which did require further reference and inquiry in India, but he could not hold out any hope to the hon. member, considering the number of times this case had been brought before different Secretaries of State, that it would be possible to take further action.

Correspondence.

"Audi alteram partem."

VACCINATION AND REVACCINATION.

To the Editor of THE LANCET.

SIR,—I think that in the present state of the vaccination discussion, the following facts may be of interest to your readers.

It was in the year 1836, or thereabouts, that my former master, Mr. J. B. Estlin, of Bristol (who had always taken a lively interest in the spread of vaccination, and was impressed with the inferior potency of the "vaccine" then in use), hearing of a fresh outbreak of cow-pox at Berkeley went down thither and brought with him supplies of fresh lymph from three sources. 1. The teats and udder of the cow. 2. The hand of one of the milkers infected from No. 1. 3. The arm of a child vaccinated from No. 2. Mr. Estlin and his friends (myself among the number) having got together a number of children, vaccinated them with each of these lymphs, and I very distinctly remember the following to have been the general results. 1. Of those vaccinated direct from the cow only a small proportion "took" the vaccine. 2. Of those vaccinated from the milker a larger proportion "took." 3. Of those vaccinated from the child's arm nearly as many "took" as in an ordinary vaccination of the same number. Again, in those vaccinated either direct from the cow or from the milker the disease produced was much more severe than I had ever seen it. The vesicles had pus (or what looked like it) mingled with the lymph; the areola was very large and angry-looking; and the febrile disturbance considerable. In several instances there was inflammation of the lymphatics, and in one case axillary abscess. After a few "removes," however, the virus seemed to have been toned down, vaccination with this new lymph producing what our elders pronounced to be the original Jennerian cow-pock, which they considered to have greatly deteriorated.

Now, putting aside altogether the question of the fundamental identity of cow-pox and small-pox, I think these facts of interest as clearly showing that a modification takes place in the cow-pox virus by its "cultivation" in the human

subject, and that this modification, very marked in its early stages, may tend to render it *too* mild, and thus impair its protective potency. Hence I should suggest to country practitioners to keep their ears open as to any recurrence of genuine cow-pox among cows, and to have recourse to any fresh "stock" that may come in their way, without allowing themselves to be baffled by the difficulties attending its first propagation, or alarmed at its unusual results.

An old friend, Mr. G. T. Clark, who, like myself, began life as a medical man, but early quitted practice for other pursuits, and who has been for twenty-two years chairman of the Merthyr Board of Guardians, has communicated to me the following as *his* experience in that large and populous union:—"Since the Compulsory Vaccination Act has been put into force the reports of our vaccine inspectors are returned weekly and read to the Board, and the division of the union has enabled the vaccinators to reach and keep in view the case of every child vaccinated. The result of these arrangements has surpassed our utmost expectations. Cases of small-pox were wont to be frequent. It is now some years since a case has occurred in the union."

I am, Sir, yours truly,

WILLIAM B. CARPENTER.

May, 1881.

EXCISION OF THE HIP-JOINT IN CHILDHOOD.

To the Editor of THE LANCET.

SIR,—In your last issue, at page 826, is an abstract of the Report of the Committee of the Clinical Society on Excision of the Hip-joint in Childhood, and in reference to an important point connected with the operation, the following remarks are made, "Only the diseased bone should be removed, and the great trochanter only when diseased, or when there is extensive disease of the pelvis."

About thirty years ago, whilst the fierce controversy regarding this operation was being carried on, the late Sir William (then Mr.) Fergusson and I had the good fortune to be able to trace to her lodging a young patient who had undergone this operation in King's College Hospital some months before. We heard of her death, and fortunately were able to make an examination of the parts. At that time Mr. Fergusson did not always remove the trochanter, but contented himself with excising the diseased head of the bone, and he had adopted the plan in the case in question. The wound had never healed up; there had been a continued discharge, and on denuding the parts after death we found that the section of the femur was quite healthy, but that there was a loose and necrosed bit of bone about the size of a nut in the acetabulum. The escape of this piece of bone had been entirely prevented by the trochanter, which formed a complete covering for the acetabulum. Mr. Fergusson was much impressed by this fact, and from that time he always insisted upon the propriety of removing the trochanter as well as the diseased head of the bone, even in instances where that process was healthy, and where there was not any disease in the acetabulum. Bearing in mind this interesting and instructive examination, and the lesson taught by it and impressed upon me by my late master, I have invariably adopted the plan of removing the trochanter, whether diseased or healthy.

I am, Sir, yours obedient,

Wimpole-street, W., May 24th, 1881.

HENRY SMITH.

INTESTINAL OBSTRUCTION.

To the Editor of THE LANCET.

SIR,—At the meeting of the Pathological Society held on May 17th, my friend and colleague Dr. Charlewood Turner showed a specimen taken from a case of acute intestinal obstruction, on which I had operated at the London Hospital when the patient was in a very critical condition. During the operation, which was performed under the carbolic spray, and at which I had the advantage of the assistance of my friend and colleague Mr. Reeves, I found that the cause of the obstruction was of a twofold character. Some coils of intestine had passed through a loop formed by the attachment of a diverticulum to the anterior abdominal wall, and in that position the intestine had become twisted on itself. In the report of Dr. Turner's remarks the twist is not men-