

pressure was considered, but not advised, for the following reasons: because the uterus was small and hard, the vagina lax and extensible; because it was thought that pressure would increase the liability to septic infection after so much previous manipulation.

Death has followed from the use of elastic pressure, notably in one case recorded by Dr. West.¹ Dr. Macdonald of Edinburgh has reported two cases in which Tait's method was tried and failed.² It has often been found ineffectual, and the danger of its practice has been increased by the method of combining it with incision of the cervix. It is to be regretted that Dr. Aveling was subjected to a painful impression in connexion with this case. I wonder if he transmitted across the Atlantic a similar impression when Dr. Thomas of New York performed abdominal section in two cases of inversion, reducing them both, although one subsequently died; or if he called in question the proceeding of Professor Simpson when he similarly tried it. What kind of emotion did he exhibit to Courty, who records three cases of ablation by the elastic ligature; or would he be astounded to know that ablation has been advocated as even a first resource! It would be interesting to know his feelings if he heard of a death after the operation for shortening the round ligaments, or after one for the radical cure of hernia. What a painful impression must Dr. Emmet have produced in Dr. Aveling's mind when he proposed to open the base of the bladder as an aid to reduction.

I have myself seen three cases of inversion: one, many years ago, died of hæmorrhage and exhaustion; one I reduced by taxis; and the present one. The true interests of gynaecology, I am satisfied, tend to be more advanced by the frank and candid narration of cases than by dogmatic assertions of a universal remedy for every case.

I am, Sir, yours, &c.,

Birmingham, Nov. 11th, 1885.

EDWARD MALINS.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I note with some interest your important remarks (*THE LANCET*, Saturday, Oct. 24th, 1885) on rabies, and upon hydrophobia consequent upon the bite of dogs in a rabid state. This disease has been prevalent in this country for the past two or three months, more especially in the Eastern Counties; but our attention has been more painfully directed to it by five inquests which have been held in this district upon children whose deaths have been attributed to this cause. Science has not yet discovered any cure for this dire disease, but it may be worth while to commit one or two ideas to paper upon this subject. Hydrophobia does not always attack immediately, but there is a variable latent period, and, if so, can we employ that time by preventive measures profitably? Excision of the tissues in the neighbourhood of the wound would hardly remove the conical-shaped puncture of a dog's tooth. Sucking the wound would depend for its performance upon its position in the human body. The point is clearly to destroy or remove the poison and some of the tissues with it. This is constantly attempted by the application of caustic nitrate of silver, but is a useless measure, as the salt acts far too feebly and superficially. The best caustics are solid carbolic acids, strong nitric acid, or strong sulphuric acid, if at hand and under proper guidance. But the best local treatment, because it is at hand in every house, is the actual cautery. A piece of thick wire—e.g., a skewer—heated to a white heat in the flame of a candle or lamp, should be carefully applied to all the punctures and neighbouring parts without hesitation. If this does not prevent an attack supervening, it should be treated as a zymotic disease of the worst type. Inject hypodermically small quantities of carbolic acid, sulphurous acid, morphia to allay irritation—may be, inhale chloroform; saturate the atmosphere of the patient's room with creasote or carbolic acid, keep the patient warm, and wait for elimination (which will probably never come), and be careful how you feed the patient.

I am, Sir, yours truly,

F. EACHUS WILKINSON, M.D., &c.

Nov. 1885. Senior Medical Officer of Health, Lewisham District.

THE CHOLERA AT GIBRALTAR.

To the Editor of THE LANCET.

SIR,—Will you permit me space for a few lines? Gibraltar has been visited with cholera of a malignant type, though occurring in sporadic and isolated cases. The visitation has been influenced by the exceedingly satisfactory sanitary condition of the town. Gibraltar is but three miles long and a quarter of a mile broad, and has a population something like 30,000, so the Sanitary Commissioners and other public sanitary servants deserve immense credit for their increasing labours, which have been attended by such a happy result. About thirty cases have occurred on the Rock and twenty-one deaths, showing an unusual mortality. All the cases have been traced to infection from without, or to gross carelessness on the part of those attacked in neglecting the onset of diarrhoea, drinking to excess, and eating such things as uncooked vegetables and unripe or overripe fruit.

And now I come to the particular object of this letter. In all cases of diarrhoea, which have been very common here during the prevalence of cholera, I found first treatment always successful if taken in time. I see in *THE LANCET* of Oct. 10th, in a communication from its Italian correspondent, the result of the treatment of cholera by Dr. Tunisi of Vicenza, and my limited experience here is in entire accord with his. A very sudden death from cholera took place here quite recently. The officer attacked had suffered from diarrhoea for about a week off and on before his death, and was thrice cured by me with McNamara's pill (one grain of powdered opium and three grains of acetate of lead). He however disregarded my solemn advice, did his duty, and ate and drank unadvisedly; and, finally, crowned his carelessness by not seeking advice till next morning, though terribly ill the whole night. He was collapsed when I saw him, and, in my opinion, beyond medical help. He died in twenty hours, though treated in accordance with McNamara's plan conscientiously carried out to the last.

I am, Sir, faithfully yours,

J. HOYSTED,

Gibraltar, Oct. 22nd, 1885.

Surgeon, Medical Staff.

AN IMPROVED METHOD OF OPERATING FOR CLEFT PALATE.

To the Editor of THE LANCET.

SIR,—The plan of inverting the head while operating for cleft palate is not a new one, so far as Manchester is concerned. For several years past I have invariably adopted it. I do not, indeed, allow the head to hang over the end of the table, but over a number of pillows placed under the chest, the vertex resting on the table. As Mr. Collier says, "there is thus much less trouble with the blood, while the parts concerned are also below the knife, instead of above it."

I am, Sir, yours truly,

Manchester, Nov. 9th, 1885.

JAMES HARDIE.

EDINBURGH.

(*From our own Correspondent.*)

MEETING OF THE MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the Medico-Chirurgical Society for the present session was held on Wednesday, Nov. 4th. Several interesting pathological preparations were exhibited, and amongst them a bullet extracted from the internal condyle of the femur by Dr. MacGillivray after it had lain in that position for thirty years. A number of very excellent microphotographs were exhibited by Dr. Troup, illustrative of the appearances of certain constituents of sputum obtained from various sources. The retiring President of the Society, Dr. Littlejohn, then delivered his valedictory address, which contained much interesting matter relating to practical hygiene. He made special reference to the thorough system of notification and isolation of cases of infectious diseases which has long been carried out in Edinburgh under his direction, with the best results as regards the maintenance of a low death-rate in the city and the prevention of

¹ Diseases of Women, third edition, p. 232.

² Edinburgh Medical Journal, Sept. 1881.