

The immediate consequences of this letter of Feb. 3rd to the committee were: first, that on the day following (Feb. 4th), at one of the largest meetings of members ever held in the Liverpool Medical Institution, it was unanimously resolved on my proposal to appoint a select committee of the leading members "to consider the grave questions of practice and ethics involved in the performance, in greatly increasing numbers, of these operations at the Women's Hospital, Shaw-street." (Being from home, I have not at hand the exact wording of the resolution, but what I have written is practically the substance of it.) The committee appointed at the same meeting, and without challenge, consisted of the following members: the president (Dr. Nevins), Dr. Cameron, Dr. Waters, Mr. Bickersteth, Mr. Mitchell Banks, Dr. J. H. Wilson, Dr. Macfie Campbell, and Dr. Alexander. Shortly after this, the committee of the hospital called upon their acting medical officers to report on every case of abdominal section during the year 1885, and their medical board to report as fully as possible on each case, with the condition of each patient up to the time of reporting; these reports to be sent into the Hospital Committee, who will transmit the same to the Medical Institution Committee for investigation and report. It will be readily understood how these reports, especially the following up the patients to their homes, many of them in the meantime having removed, and some more than once, have involved a great amount of time and trouble; but after several long and unavoidable delays, the report of the Medical Institution Committee will not now, it is expected, be very long delayed.

The trial *Casey v. Imlach* was an extremely unpleasant episode in this altogether unpleasant business, and not the least so to those who, like myself, were forced to appear in the disagreeable position of witnesses for the plaintiff, a person whom I had never seen, and about whose case I knew nothing until I heard her counsel make his opening speech. Holding the opinions I did as regards these operations, I can imagine no more unenviable position to be in; but it is a great consolation to know that you have written favourably of my evidence.—I am, Sir, yours truly,

August 23rd, 1886.

THOMAS F. GRIMSDALE.

## INTRA-PERITONEAL HÆMATOCELE.

*To the Editor of THE LANCET.*

SIR,—The difficulty in assenting to Mr. Lawson Tait's proposition, "that intra-peritoneal hæmatocele is fatal in 95 per cent. of the cases," does not seem to be removed by his letter in your current number. Take the cases where, during a menstrual period (the preceding period having occurred as usual), a patient, not rarely while making some violent effort, is suddenly seized with severe pain in the lower part of the abdomen, fainting, perhaps vomiting, and becomes markedly anæmic. These symptoms are often associated with temporary cessation of the menstrual discharge that was in progress, and its reappearance in a few hours. The next day a tumour is felt in the situation of Douglas's pouch, depressing the posterior fornix and pushing the uterus forwards. Sometimes the tumour is large enough to be felt through the abdominal wall above the pubes. Such cases are usually considered to be due to regurgitation of menstrual blood along the Fallopian tubes into the peritoneum. It is certain that a large proportion of cases with the train of symptoms and physical signs described recover completely. But for that very reason Mr. Lawson Tait cannot regard them as intra-peritoneal hæmatoceles.

I am, Sir, your obedient servant,

ARTHUR H. N. LEWERS, M.D. Lond.

Wimpole-st., Cavendish-square, Aug. 23rd, 1886.

## THE CHOLERA EPIDEMIC IN VENICE.

*To the Editor of THE LANCET.*

SIR,—I beg to point out a peculiar feature in the "cholera epidemic" in Venice. It is essentially a poor man's disease. The well-to-do are free from it, with rare exceptions. Not very long ago I asked a gentleman, who from his position was most competent to speak on the subject, how many well-to-do people he had known to have died of the disease. He could not get beyond four, and one of these, to my knowledge, was a very doubtful case. When soup-kitchens and

a cheap supply of food were set on foot the cases rapidly diminished. This may also have been due to the absolute prohibition of the sale of shell-fish and crustaceans, which came into force at the same time; and also to special precautions being taken to prevent the sale of bad fish and vegetables. The quantities of these seized and destroyed are simply incredible. I was told a few days ago of a man who, convalescing from double pneumonia, chose to eat two "folpe" (octopi). He was seized by cramps and vomiting, and of course was supposed to have cholera. Quarantines and "observations" go on as usual, trade suffers, and half-starved workmen and their wives and children are ready victims to attacks which, in the case of well-nourished individuals, would only require a little rest and mild treatment. The lower classes in Italy are, as a rule, sober; but they have a habit of over-eating themselves on certain occasions, and then they suffer severely. A great feast day was always followed by an increase in the number of cases. I have not heard of any case in an hotel here, but have seen one case of catarrh from exposure to cold, where the severity of the symptoms might have given rise to suspicion. Appropriate treatment soon effected a cure. I cannot see any reason why tourists should avoid Venice, if they will only take reasonable care of themselves. Very many of them, already run down by over-work, work harder still at sight-seeing, and suffer more or less from long railway journeys with irregular meals. The only wonder is that more of them do not get ill. A good deal might be said as to why so much is made of this epidemic, but it would not be appropriate in your columns.—I am, Sir, yours faithfully,

J. A. MENZIES, M.D.

Palazzo Banco Veneta, Venice, August 15th, 1886.

## THE INCUBATION PERIOD OF DIPHTHERIA.

*To the Editor of THE LANCET.*

SIR,—The extreme importance of the above must be my apology for wishing to intrude these few lines into your valuable space.

When house-physician at King's College Hospital last winter, it happened that we were able, in two particular cases of diphtheria, to fix the exact period of incubation. At 10 P.M., on November 8th, the house-surgeon performed tracheotomy on a case of diphtheria. The operation, being a difficult one, took a considerable time. On the evening of November 10th, the house-surgeon himself complained of sore-throat, which was followed next day by the appearance of membrane. The incubation period here being a little under forty-eight hours. On Nov. 15th, some jelly which the house-surgeon had begun to eat, but had not finished, was removed to the kitchen at the end of the ward, and between 1 and 2 P.M. one of the ward maids partook of some with the same spoon as the house-surgeon had used. In the afternoon of November 17th she was attacked with sore-throat, which was followed by membrane. Here the incubation period was a little over forty-eight hours.

I am, Sir, yours obediently,

PERCY G. LEWIS, M.R.C.S.,  
Associate of Kings' College.

August 17th, 1886.

## DIRECT REPRESENTATION OF THE PROFESSION.

*To the Editor of THE LANCET.*

SIR,—The medical journals are quite right in naming me as a candidate for the direct representation of the profession in the General Medical Council, and when the proper time arrives I shall issue my address. In the meantime I trust the general practitioners will stand fast, and hold firm to the determination not to support any candidate who is not in general practice.—I am, Sir, yours truly,

EDWIN MORRIS,

General Practitioner of forty-five years' standing.

Spalding, August 23rd, 1886.

HULL HOSPITAL SUNDAY MOVEMENT.—The annual report of the general committee of this movement shows that the collections last year realised £738, and after the payment of expenses £554 were given to the Royal Infirmary, £20 to the Hull Dispensary, £66 to the Children's Hospital, and £23 to other institutions, leaving a small balance. It was resolved to fix Oct. 31st for the next collection.