it was still 6-9ths, but on October 3rd, 1888, at the hospital, it was noted as being 6-18ths, and the next day it was only 6-36ths when tested at my house; the illumination on the latter occasion was certainly not worse than on the former. The visual field has been tested several times, but no appreciable variation has been found.

Fig. 3 illustrates a much later stage of retinitis pigmentosa. It is from the left eye of J. D., aged 35. When I first saw him on August 19th, 1885, vision had been failing very gradually for ten years; the defect was at first only noticed at night, and it has always been much worse then. In 1879 he attended the Royal London Ophthalmic Hospital for iritis; it does not appear that the fundus was examined at that time; and unless the patient had mentioned that he suffered from night-blindness, the ophthalmoscope, of course, would not have been used. The attack was evidently a very slight and transient one. It is interesting to note that the vision was then tested and noted as being 20-70ths, improved by -2 D to 20-20ths (that is, approximately, 6-24ths and 6-6ths).

When first seen by me the vision of each eye with -2 D was 6-9ths; since then it has very slowly got worse, with slight fluctuations; and on November 16th, 1889, it was 6-18ths. The patient has for several years taken iron, sometimes leaving it off for a few months; he is an intelligent man, and holds a very strong opinion that his vision is better while taking the iron. I have not been able, however, to satisfy myself of the accuracy of this belief.

The visual fields have also undergone a slow but steady contraction while the patient has been under observation. In 1885 that of the right eye had a radius of 20° upwards, and 22° downwards, 25° outwards, and 10° inwards. The left eye 18° upwards, 35° downwards, and 20° to each side. On November 16th, 1889, the right field measured had a radius of 10° in all directions, while the left was the same, except that it was prolonged outwards to 20°.

The ophthalmoscopic appearances have not appreciably altered since he first attended; in several respects they differ considerably from those seen in the preceding case. The pigment is comparatively scanty, but its arrangement is characteristic; it is most abundant at the periphery, but it approaches nearer to the centre than in the preceding case. It consists of dots and lines, from which fine processes are given off, these, in places, anastomosing with other processes, form an irregular network; the pigment evidently lies quite in the superficial layers, and in one place follows a retinal vein as if lying within its sheath. The atrophy of the pigment layer, on the other hand, is more extensive, and reaches right up to the optic disc. The latter also shows atrophic changes, and the retinal vessels are diminished in size.

Fig. 4 differs at first sight greatly from the preceding cases. The most striking feature about it is the enormous number of choroidal vessels that are visible, owing to the atrophy of the pigment layer of the retina. The atrophic process has also extended to the capillary layer of the choroid, with the result that, except in a few places where this layer remains intact, the normal red groundwork has given place to a dirty brown. The choroidal vessels also near the disc appear to have undergone morbid changes which have rendered their walls white and opaque. There is but little pigment, but what there is is arranged much as that in typical retinitis pigmentosa.

The drawing was made from the right eye of E. S., aged 55, at present a workhouse inmate. At the age of 21 he enlisted; he served in India for about twelve years, and left the army in 1871. A year later his sight began to fail; at first the defect was only noticed at dusk, but there has since been a gradual deterioration of vision, although the defect has always been much greater at night. Notwithstanding the extensive changes in the fundus at the time the painting was made, central vision with this eye was three letters of 6-12ths in ordinary daylight; at night-time he was as helpless as a blind man. The visual field was contracted to about 20° in all directions, conditions which correspond with the freedom of the region of the yellow spot from disease. In the left eye the changes were very similar, but a little more advanced vision being reduced to hand-reflex.

A case that is almost identical with this has been recorded, and figured by Mr. Stanford Morton in the *Transactions of the Ophthalmological Society*, vol. v. In this case the central vision was normal at the time the drawing was made, but the visual field was much contracted. When I saw the patient fifteen months later, the vision was 6-18ths, but it probably varied.

It seems to me that these cases are strictly analogous to true retinitis pigmentosa, or, at any rate, that it would be well to place them in this category till we obtain fuller knowledge. The clinical symptoms are identical, and the difference is chiefly in the greater prominence of the atrophic changes and the comparative insignificance of the pigmentation, but these are differences in degree and not in kind, and are possibly to be accounted for by the late appearance of the disease. I should provisionally look upon these cases as examples of senile retinitis pigmentosa, of course using the term "senile" merely in a relative sense.

FALMOUTH AS A HEALTH RESORT.

By SIR EDWARD H. SIEVEKING, M.D., LL.D., F.R.C.P.,

Physician in Ordinary to the Queen.

THE previous communications which I have made on the subject of Falmouth as a health resort, and which were found deserving of publication in the *JOURNAL*, did not contain any satisfactory data of a scientific character, but merely reflected the strong impression which a prolonged visit to the locality, and such an examination of its features as I was able to make, had produced upon me. No literature on the subject appeared to exist, and even a search in the British Museum, although I enjoyed all the assistance which the superintendent of the reading room could give me, failed to supply me with the desired data. I have recently, however, been placed in communication with Mr. Edward Kitto, the superintendent of the observatory at Falmouth, and he has most liberally and kindly sent me the details and tables, with which I trust your readers will fill up the vacuum which I regretted to leave in my former communications. All that follows is to be accepted on the authority of Mr. Edward Kitto.

The first table sent me by Mr. Kitto gives the mean temperature and humidity for eighteen years, starting from 1871.

Mean Monthly and Yearly Temperature and Humidity for Eighteen Years—1871 to 1888.

Month.	Mean Temperature of Air.	Mean Daily Range of Temperature.	Mean Humidity of Air. Complete Saturation = 100.
January	43.6°	6.6°	86
February	44.1°	6.4°	85
March	44.2°	7.4°	82
April	47.2°	8.7°	82
May	51.7°	10.0°	79
June	57.2°	10.3°	79
July	60.1°	10.3°	81
August	60.3°	9.6°	83
September	56.8°	8.4°	84
October	51.8°	7.6°	83
November	47.5°	6.9°	83
December	44.3°	6.6°	84

From this table it appears that the annual mean temperature is 50.7°, the mean daily range of temperature 8.3°, and the mean humidity 83.

The following table, giving the rainfall, begins with the year 1872, as the self recording rain gauge from which the returns are taken, was not set up until April, 1871.

Mean Monthly and Yearly Rainfall at Falmouth for Seventeen Years—1872 to 1888.

Month.	Mean Rainfall in Inches.	Mean Number of Rainy Days.
January	5.270	19.6
February	4.304	17.8
March	3.367	17.2
April	2.908	14.3
May	2.309	13.1
June	2.760	14.3
July	3.409	18.3
August	3.512	13.9
September	4.380	17.9
October	5.570	20.2
November	6.075	22.3
December	5.494	21.9
Annual	49.358	—
Monthly means... ..	4.113	17.6

The rainfall is, as clearly shown in the last table, considerable, but owing to the character of the geological formation all round Falmouth, it is remarkable how soon the roads and paths dry up, a point of great importance to invalids or holiday makers, and Mr. Kitto confirms my previously recorded impression by stating that there is an almost entire absence of dense fog. To this he adds that the inhabitants of Falmouth experience more bright sunshine throughout the year than almost any other place in the kingdom.

The following table will enable your readers to judge for themselves how far Mr. Kitto's opinion is justified.

Mean Monthly and Yearly Amount of Bright Sunshine Recorded at Falmouth for Eight Years—1881 to 1888.

Month.	Mean Amount of Bright Sunshine in Hours.	Mean Number of Days with Bright Sunshine.
January	46.6	17.5
February	71.3	20.5
March	130.8	25.8
April	174.1	27.1
May	223.4	28.8
June	238.1	26.6
July	215.6	29.3
August	206.8	29.2
September	145.6	27.0
October	112.5	25.3
November	70.9	20.0
December... ..	57.8	20.1
Mean	141.1	24.8

In a letter addressed by Mr. Kitto to the *Falmouth and Penryn Times* in January of the present year, he states that during the last eight years the mean annual number of hours of bright sunshine recorded at the Falmouth Observatory was 1693.6 hours, the most sunny of these years being 1887 with 2074.3, and the least bright year, 1884, with 1534.5 sunny hours. To those who wish to escape from the summer heat of other localities, for those who require an equable climate during the cold that prevails in the winter months, Falmouth offers attractions not readily found elsewhere. May the Falmouthians soon recognise this fundamental fact, and add those features and facilities which are essential for the invalid. If this is done no prophet is required to foretell the reputation which Falmouth will enjoy in the estimation of the medical profession. But even the medical profession will fail to render Falmouth popular so long as the expedition and punctuality of the railway communication cannot be relied upon.

A CASE OF LORETA'S OPERATION FOR DILATATION OF THE PYLORIC ORIFICE OF THE STOMACH.

By WILLIAM GARDNER, M.D., C.M.G.L.S.,

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THE following case is recorded, not because I deem it to be of any value as an isolated instance of success, but because it is the first published example in the Australian colonies of a procedure highly recommended in similar conditions by Professor Loreta, of Bologna, who performed his first operation in September, 1882. A full account of this was published in the *BRITISH MEDICAL JOURNAL*, February 21st, 1885, by Mr. Holmes. On April 26th, 1884, a short account of Professor Loreta's ninth operation, which was for contraction of the cardiac orifice, is given. The operation has also been practised by a few other Italian surgeons, and in two cases by Dr. Burney, of New York, notes of which are to be found in the *New York Medical Journal* of January 16th, 1886. So far as I know, the remote results of these operations have not yet been published, and the value of the operation is still *sub judice*. The immediate results of the published cases have been excellent. The operation is suitable for cases of simple cicatricial or fibrous narrowing of the pylorus, or the cardia, or lower end of the oesophagus. The narrowing in simple cases is due to hypertrophy of the inorganic muscular fibre, and over-distension of this is the object to be aimed at, and the result is said to be as good as in cases of over-distension for fibrous stricture of the rectum.

Reasoning from analogy, every surgeon would be disposed to say that the good result would only be a temporary one, as is certainly the case in all true strictures of the urethra. This is the great point which has yet to be settled, and I offer my first case as an encouragement to others to perform the operation, and note carefully the immediate and also the remote result. In this way, and in this way only, can the permanent value of the procedure be estimated.

The patient upon whom I operated was sent to me by my friend, Dr. Baly, of Yorketown, with a note stating that she had long suffered from pyloric obstruction, and that he considered the case a suitable one for trying Loreta's operation. Every form of treatment had been tried by him for months, and, after consultation with my colleagues, I determined to make the attempt; and, as the evident thickening of the pylorus might turn out to be malignant, I made every preparation for performing pylorotomy, should it be deemed necessary. For the same reason, I made use of a transverse incision, such as Billroth recommends for pylorotomy, and I found this quite convenient for the other operation.

J. H., was admitted to Dorcas Ward on July 15th, suffering from stricture of the pylorus.

History.—Patient complains of sickness and pains in the region of her stomach. When she takes anything it usually lies on her stomach and makes her feel very sick. She has been troubled with indigestion off and on for several years, but during the last three months it has got very much worse, and patient finds her strength failing. As a rule she vomits every other day, and generally in the evening. Sometimes, however, she goes for four or five days without being sick, and then vomits up over a chamber full. The pains across the upper part of her abdomen are of a shooting character, and made their first appearance about three months ago. They are very much worse just before vomiting, on account of the distension of the stomach with gas, which has then occurred. The pains increase in proportion to the amount of flatulence present. Previous health has been good, as is also the family history. Has been married twenty-four years, and has had nine children, the youngest of which is 5 years old. Climacteric three years ago.

Present Condition.—The stomach is of variable size, but distinctly enlarged, and on some days its outline can be traced on the abdominal walls. To the right of the median line, and just above the umbilicus, may be felt a lump about the size of a walnut, which moves up and down with the movement of respiration. The vomited matter is of a yeasty character, very acid, and contains sarcine in abundance. Urine is acid, and contains neither sugar nor albumen. Professor Rennie kindly examined the vomited matters, and reports just a trace of free hydrochloric acid.

July 19th. Complaints of a boring pain in her stomach. Fairchild's peptonising powders; pil. opii. gr. i, bis die.

July 30th. Patient anaesthetised, and stomach washed out with five pints of the lotion. The tumour could be felt readily on each of these occasions.

August 4th. Patient has been on milk diet, and has not been sick since first washed. To have milk, baked apples, etc.

August 6th. Patient sick this evening and last night.

August 7th. Patient vomited again this evening.

August 11th. Patient partially anaesthetised, and stomach washed out.

The Operation.—On August 12th, 1888, the patient having been placed under the influence of ether, Dr. Gardner performed the following operation:—(The stomach was thoroughly washed out with a boric acid solution). A transverse incision, about 4 inches long, was made in the epigastric region, and the skin, muscles, and fascia, down to the peritoneum, were rapidly divided. All bleeding points were ligatured with wallaby tendons, and the application of hot sponges for a few minutes effectually stopped the oozing before the peritoneum was opened. Although no tumour could be recognised in the neighbourhood of the pylorus, the walls of that part of the stomach were very hard and greatly thickened. A portion of the viscus was then drawn out through the opening in the abdominal parietes without difficulty, as no adhesions were present. After the extruded part had been carefully surrounded with hot sponges, an opening 1 inch long, running in the long axis of the organ, was made with scissors, through which the operator inserted the forefinger of his right hand. On examining the pyloric orifice he found it almost completely closed, and it was with some difficulty that a No. 6 gum elastic male catheter was made to pass through it. After patiently boring with the right forefinger, the passage was gradually opened up,