Up to the present moment, there have been very few surgical cases, only three having been admitted; viz.:

1. Accidentally shot himself in the thigh with a revolver. The bullet lodged in the muscles and was extracted. Doing well.

2. Sailor wounded in the right arm by cannon going off whilst he was loading it during the engagement at Oltenitz. Brought to hospital three days afterwards. Thumb and two fingers blown off; compound fracture of forearm and elbow-joint; gangrene extending some inches above elbow. With the assistance of Dr. Stevens, who compressed the vessels, I amputated at the shoulder-joint. Patient doing well.

3. Sailor brought from Intrekai after the explosion of the Turkish gunboat, severely burned over face, arms, chest, and legs. Died the day after he arrived in hospital.

4. I went to one of the camps to hold inquest of a soldier who had been shot by a sentinel on guard. The bullet entered the back to the right of the spine just below the inferior angle of the scapula, passed through the chest and left the body just below the left nipple, wounding the heart and fracturing three ribs. Death almost instantaneous. The deceased had quarrelled with the guard, and during the night tried to stab him with a knife, but failed, only slightly wounding him. Roustchouk, May 14th, 1877.

MINEHEAD AS A WINTER-RESIDENCE FOR THOSE SUFFERING FROM CHEST-DISEASES.

By THOMAS CLARK, L.R.C.P. and S.Ed.

MINEHEAD is situated on the Bristol Channel. The Channel is a tidal current, supposed to be under the influence of the gulf-stream. The gulf-stream, in its course along the shores of the Atlantic Ocean, creates a milder climate, very distinguishable from that more inland. Its effects are seen in the freshness of the vegetation, the luxuriance of growth—camellias, myrtles, and other exotic plants growing and flowering out of doors; the almost total absence of snow and frost, the equable temperature of the winter months, and its high mean average.

While Minehead enjoys the climatic advantages referred to, it is also sheltered from the prevailing winds, north and north-west. Those portions of Minehead situated between the parks to the parish church, and the church to Blenheim Terrace, are especially sheltered, not only from the north and north-west winds, but also to a great extent from the east winds. The North Hill shelters the town like a great wall, and has a southern aspect; it is under the influence of the sun's rays from sunrise to sunset. The subsoil of Minehead is of a sandy nature, dries up very quickly after rain. Minehead is now well supplied with water, and a thorough system of drainage is about to be carried out. It is laid out for building purposes, the projected streets being spacious and wide.

My object in bringing Minehead under the notice of the profession is to point out that it possesses unusual advantages for those suffering from chest complaints; the great desideratum in such cases lies in a genial and equable climate.

The subjoined thermometric readings will enable the reader to form an estimate of the climate of Minehead.

	Maximum, or daily.	Minimum, or nightly.		Maximum, or daily.	Minimum, or nightly.
1873.—November ..	53.0	41.3	1875.—February ..	41.7	34.7
December ..	47.0	40.1	March ..	45.8	38.0
1874.—January ..	48.8	38.5	November ..	48.8	41.9
February ..	46.8	37.5	December ..	41.4	37.8
March ..	49.8	40.4	1876.—January ..	43.8	36.1
November ..	51.2	42.3	February ..	47.7	39.4
December ..	41.6	33.6	March ..	46.3	36.1
1875.—January ..	49.9	42.7			

Giving the average daily temperature for the three months of the three winters as 46.9, and the average nightly temperature for the three months of the three winters as 38.7. The last five months of the present winter have not been reckoned; they have been unusually mild, and not calculated, therefore, to give a true average.

The readings of the barometer for the same time were:

1873.—November ..	29.86	1875.—February ..	30.39
December ..	30.20	March ..	30.49
1874.—January ..	29.91	November ..	30.14
February ..	29.97	December ..	30.42
March ..	30.63	1876.—January ..	30.52
1874.—November ..	30.38	February ..	30.21
December ..	30.18	March ..	30.07
1875.—January ..	30.45		

Giving an average for the five months in the three winters as 30.25 inches. The usual range of the barometer in Britain is from 30.9 to 29 inches. In equatorial regions it varies for only a few tenths, except in storms. The range of the barometer at Minehead is 30.25 inches,

showing an equal and high average pressure from month to month and year to year.

The rainfall of the years 1874, 1875, and 1876, was 39.28 inches; and, during the winter months as above, rain fell on 68, 65, and 56 days.

Mr. Symons believes that the small fall of rain along the coast is accounted for by the fact that the south-west rain-bearing winds pass over part of Dartmoor and the whole of Exmoor, and are by these high lands deprived of their vapour.

It is seldom that Minehead is affected by the mists, called "Devonshire weather", that pass up the Channel.

In Dr. Spencer Thomson's published book of the *Health Resorts of Britain*, the average temperature of the winter months is given as under:

Torquay	44.0	Minehead—Maximum	46.9
Undercliff	41.8	Minimum	38.7
Clifton	39.9	„ Average	42.8
Hastings	39.0		

The mortality of Minehead for the last thirty years was 15 per 1,000; the average age was forty-seven years.

The country around Minehead is charming in the extreme, combining, as it does, beautiful inland scenery with extensive coast views.

In conclusion, I may state, that the many pulmonary complaints which I have been called upon to treat have invariably improved. The improvement is, in my opinion, in a great measure traceable to the salubrious climate of Minehead.

The profession, I am disposed to believe, will find in Minehead a new outlet for all kinds of chest-diseases, and I have great pleasure in directing their attention to it.

CLINICAL MEMORANDA.

SUPPLEMENT TO A CASE OF SYNCOPE FROM ETHER-INHALATION.

SINCE the publication of a case of syncope from ether-inhalation in the JOURNAL of May 19th, it has been necessary to again administer anæsthetic to the patient in consequence of a redilatation of the hip. We decided to use ether as before, and a similar specimen was employed. An ounce was poured into the inhaler, and given very gradually. In three minutes, the breathing, which had been deep and regular, suddenly became slower and extremely shallow; the orbicularis palpebrarum acted on the eyelids being touched; but the muscles generally were relaxed, and no pain seemed to be produced on moving the tender hip-joint. The face became rather pale, but the pulse remained good. The inhaler was removed; and, as presently the respiratory movements were scarcely perceptible, the epigastrium was flapped with the cold wet end of a towel. This seemed to revive the breathing somewhat; but during the next quarter of an hour it remained extremely shallow, and the patient was unconscious, although the painful limb was moved in taking off the splint, etc. At the end of this time, the patient quietly woke up, and a little more ether had to be given. Only two drachms were put on the inhaler at once, and the patient was much longer in getting under the influence of the anæsthetic. The breathing, except just when she was conscious, remained extremely shallow, and was frequently almost imperceptible. Altogether, three ounces of ether were used, and the patient was under its influence for nearly an hour. There was throughout, as on the previous occasion, a marked absence of any struggling stage, only a very little muscular movement taking place after the first time of revival.

Although the respiration failed in a remarkable manner, there was on this occasion no indication of any failure of the circulation beyond slight blanching of the face. This was probably because Mr. Denton was extremely careful to remove the inhaler whenever the condition of the respiration seemed to indicate its advisability.

R. J. PYE-SMITH, F.R.C.S., Surgeon to the Sheffield Public Hospital.

SYNCOPE IN ETHER-INHALATION.

THE occurrence of syncope during inhalation of ether, as recently described by Mr. Pye-Smith in this JOURNAL, raises questions of considerable interest. Not long after the publication of Mr. Morton's case in the *Lancet*, to which Mr. Pye-Smith refers, I had the opportunity of witnessing a similar case in this infirmary. The patient had had a tumour removed from the breast. At the end of the operation, the face was somewhat pale, but the pulse good. In the course of a few minutes, the ether being discontinued, the breathing became gradu-