show in the recipient until the communicator is nearly well. The following case is perhaps an instance of this.

A lad living in London had "blight" in his eyes; while still suffering somewhat, although said to be nearly well, he went to Gravesend to see his sister, a servant girl aged 16. She gave up her bedroom to him for the night, and he returned to London in a day or two. Eight or nine days after his visit, his sister's left eye inflamed, and the right followed on the day after; five or six days later, she came to me with well marked ecchymotic ophthalmia.

Other instances in which a long interval seems to have elapsed between successive cases are the following.

CASE 136.—M., 17. Characteristic ecchymotic ophthalmia; four days. Three weeks ago, his "mate" had it and is now well.

CASE 71.—F., 18. Characteristic ecchymotic case, with a week's interval between the two eyes (*sic*). Three months ago, her sister had a severe attack in both, lasting about three weeks. No other known contagion.

CASE 107.—M., 35. Characteristic severe ecchymotic case. During the last eight or ten months, all his six children have had it; wife has escaped.

CASE 178.—M., 35. Characteristic case; four days. Six weeks ago, his wife had it, and, within a fortnight of her case, three of his six children suffered. Then a month elapsed without a fresh case, when his own attack began quite suddenly.

CASE 34.—M., 25. Acute ophthalmia of one eye only; two days. Attended only once. Two of his children were suffering from "blight". Between four and five weeks after the onset of disease in the patient, his wife (Case 19) began to suffer, and came under care, with a sufficiently characteristic attack, after the disease had lasted six days.

5. *Natural Course of the Disease.*—In support of the assertion that the cases usually recover spontaneously in a short time, the following may be noted. 1. It is very common to hear of several cases having occurred in the family, and recovered without any treatment, excepting perhaps a little bathing with cold water, before the case under care is brought to the hospital. 2. A large majority of the cases attend the hospital for less than a week; which may be taken as positive proof that they nearly all get well a few days after admission. Thus, of the total number (273), 164 attended only once; 83 twice or three times, their whole attendance extending over from seven to ten days, or occasionally fourteen days; only the remaining 22 were under care three weeks or more. 3. The prolonged cases generally occur either in young children (under four or five), in whom the disease seems slightly prone to run into a chronic condition, or are accounted for by the occurrence of phlyctenulæ as a complication. 4. Severe cases (excepting in some young children) do not, as a rule, last much longer than mild cases.

The disease occurs at all ages. Several of the patients were fifty or more; one was an infant of three weeks, and several were infants of two or three months. About one hundred and forty of the cases were children under fourteen, the remainder being divided almost equally between males and females of fourteen and upwards.

ROUSTCHOUK MILITARY HOSPITAL.

By H. CROOKSHANK, M.R.C.S., etc.,

Surgeon-Major Turkish Military Service; Operating Surgeon to the Hospital.

THIS small but strongly fortified town, which is likely to play an important part during the present Turco-Russian campaign, now boasts of six large temporary hospitals, with an aggregate number of upwards of eight hundred and fifty beds. Four of these hospitals belong to the military authorities, one to the naval, and one to the civil, the two latter having been in existence some years; the naval hospital containing twelve beds; the civil twenty-five, which number, on an emergency, can be increased to one hundred or one hundred and fifty. Two more large buildings have been placed at the disposal of the medical authorities, one of them belonging to the Jewish community, and formerly used as a school for the children of that denomination. These latter will be fitted up with beds and reserved for surgical cases. Two months ago, a portion of the caserne was sufficient to meet the need of the medical service; but, as the number of battalions stationed here increased and each one brought with it a contingent of sick and feeble, it was necessary to obtain more space, and to the caserne was added the École Israélite, then a large building not quite finished, and intended for a school for Ottoman girls; and finally the Haremlik of the Kouak; and over all these buildings gaily floats a large white flag with a red crescent in the centre, which the Turks have chosen as an emblem of

protection and to warn the Russian gunners from pointing their pieces on an assemblage of suffering humanity.

During the last three days, the weather has suddenly changed from beautiful summer to cold winds and rain, which has told very much on the army under canvas and greatly increased the number of admissions into hospital. For two days we have had a continuous down-pour of rain, accompanied by thunder and lightning, which rapidly converted the narrow streets of this town into rivers from eight to twelve inches deep, and has caused the Danube to rise considerably above its usual height even at flood-time. One good effect this deluge has had; namely, to cleanse the roads and to carry into the river all the refuse matter which the inhabitants, in defiance of all sanitary measures, insist upon depositing outside their street doors.

The hospital administration is very good, due in great measure to the admixture of foreign element in the staff, which consists of thirteen doctors, namely, one Armenian, one Greek, five Turks, four German, and two English. The patients are well looked after, there being a good supply of hospital attendants; and the diet is liberal and of very fair quality. The buildings, having been intended for other purposes, are well lighted, properly ventilated, and answer admirably for the purposes to which they are at present applied. They are mostly detached buildings, at some distance from each other; and several of them are surrounded by pleasant well-kept gardens, where the convalescent patients spend most of their time. During the month ending May 12th (April 30th, local time), a total of 1,972 cases were treated at the various hospitals. The largest number being in hospital on one day was 835. On April 13th (April 1st, local time), there were 463 patients in hospital; 1,509 were admitted during the month, making a total of 1,972 cases, of which number 1,106 were dismissed cured or relieved, and 104 died: a mortality of about 5.2 per cent., which is not excessive, considering the fact that most of these men have been eighteen months under arms and passed through a very severe winter in Servia, many of them not having yet recovered from the wounds they received in that campaign. The number of soldiers in this neighbourhood under arms has been estimated at about 25,000, and the average daily admittance into hospital for the month was 65.7, most of them serious cases. The maximum number of cases in hospital at one time was 835, an average of little over 3 per cent., which speaks well for the sanitary condition of this division, the usual percentage being about 1.5.

The following is a list of a few of the most important diseases admitted into hospital, with the result.

DISEASE.	In Hospital.	Dismissed, cured or relieved.	Died.
Anæmia and general debility	30	19	1
Abscesses	49	37	1
Inflammation of glands (various)	36	26	0
Diseases of chest	396	205	20
Phthisis	57	16	25
Diseases of eye	35	18	0
" skin	67	42	0
" ear	19	18	0
Rheumatism (acute and chronic)	114	69	0
Erysipelas	17	11	0
Simulant and hysteria	54	52	0
Gonorrhœa	57	36	0
Veneral disease	59	35	1
Catarrh of intestine	159	113	2
" stomach	80	51	0
Dysentery	63	18	11
Fever (various, but chiefly typhoid)	169	88	18
Influenza cold	113	92	0
Contusions	17	10	0
Ulcers (various)	32	9	0
Scurvy	218	84	10
Various	131	57	15

During the last three days, on account of the great change in the weather, the number of patients admitted into hospital has increased, no less than 354 serious cases having been taken in during the week; so that the numbers stand thus:

In Hospital May 1 (local time).	Admitted during week.	Total.	Dismissed.	Died.	Remaining in Hospital end of week.
762	354	1116	325	22	769

The daily average of beds occupied during the week was 843, and the average daily mortality 3.14. The following were the causes of death: Dysentery, 8; typhoid fever, 5; scurvy, 2; heart-disease, 1; Bright's disease, 1; burns received, 1; pneumonia, 4; pleurisy with effusion, 1; phthisis, 4.

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 redislocation 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-