the acknowledgment that the intra-uterine stem was only to be used in a very small number of cases.

Mr. F. G. STEVENS (Bristol) asked if it were necessary, when using the intra-uterine stem, to have a ring, or anything else of the kind, to keep it in place.

Mr. NEVITT, in reply to Dr. Barron, said he did not find in practice that the stem became loosened from its socket. Dr. Dewar had pronounced it clumsy, and the stem too long, but members must bear in mind that the instrument was as yet in its crude form, and open to improvement in detail; and, with regard to the stem, the one exhibited was made for use in a particular case. The makers had been desired to prepare several sizes, but he preferred the one shown because of its length, as a few strokes of a saw would reduce it to the required size. He considered that, to have rendered it possible to alter the position of the stem, was a point of much practical importance. It was not the use but the abuse, of intra-uterine pessaries which was mischievous. Dr. Donovan heard the death-knell of such pessaries, but he might assure Dr. Donovan that the bell was being tolled by those who did not understand their proper use. In answer to Dr. Stevens, he said he looked upon the ring as indispensable. He was extremely obliged to Dr. Cullingworth and Dr. Edis for their appreciative and friendly remarks.

REMOVAL OF THE UTERINE APPENDAGES.

By W. D. SPANTON, F.R.C.S.Ed.,

Surgeon to the North Staffordshire Infirmary.

CASE I.—Mrs. B., aged 29, living in Hanley, married nine years, had three children, the last about five years ago; no miscarriages. Since her last labour, she had “never felt quite the same”, having had more pain at the menstrual periods, and having been less apt for any exertion. In June last (24th) she was seized suddenly with a pain in the hypogastric region, which extended to the right inguinal and lumbar regions, and about a fortnight afterwards was exceedingly severe. She experienced similar, but less acute, pain in the left side. She was attended by Mr. Phillips, who described the attack as one of localised peritonitis, followed by typhoid symptoms, from which she very slowly and never completely recovered. I saw her in consultation on September 23rd, and found the right ovary very tender, and could distinguish a rounded hard swelling in connection with that organ, which felt like a distended Fallopian tube. On the left side, this could not be detected through the vagina. There was great tenderness on pressure in both inguinal regions. She had been many weeks in bed, and nothing seemed to afford relief to the constant pain. Her general health was rapidly failing, and we therefore advised removal of the uterine appendages, from which all the patient's troubles seemed to originate. The operation was performed on October 30th, 1882, by abdominal section, ether being administered by Mr. Phillips. It was well borne. Both ovaries and tubes were removed entire, though the right ovary was very firmly adherent, and the left contained a cyst of the size of a small orange. Silk ligatures were used for the pedicles; no other vessels required tying. Boroglyceride spray and dry gauze dressings were used; no sickness followed the operation.

On November 11th, slight metrostaxis came on, preceded by pain, which passed off soon afterwards. The highest temperature throughout was 100.2°, pulse 108. On November 12th, the wound was almost entirely healed, and all the sutures had been removed. Upon the 19th, she was feeling well, and quite free from the old pain; gaining flesh, and looking better than she has for a long time.

CASE II.—Mrs. T., aged 35, married, had five children, the last one four years ago, no miscarriages. Since her last confinement she has never felt as well as before, and, in February last, she had an attack of what was termed typhoid fever, but was probably one of localised peritonitis. From this she had suffered great pain ever since, and had been unfit for any duties. For some time past she has been confined to bed. No treatment had been of any real avail. The right ovary could be felt hard, and exquisitely tender to touch, and the left ovary could be felt enlarged but less tender. The uterus was normal; menstruation was irregular, frequent, and painful. She was admitted into the North Staffordshire Infirmary, and the operation performed on November 3rd, 1882, under boroglyceride spray. The left ovary contained a cyst the size of a small orange, quite free; the right ovary was adherent, indurated, and enlarged. The highest temperature after operation was 102°; and she made a good recovery.

CLINICAL MEMORANDA.

INCUBATION PERIOD OF TYPHUS FEVER.

LAST October, three isolated cases of typhus fever occurred in Stockton, there having been no other cases in the town either before or since. The disease was brought into the town from Sunderland, where it was then prevalent, by the first patient attacked, who had gone thither to see a relation who appears to have been suffering from the disease. The short history of these cases is as follows.

CASE I. J. C., male, aged about 35, went to Sunderland from Stockton on October 3rd. He returned on the 8th, and was taken ill on the 9th; so that, in his case, the greatest possible period of incubation was six days, supposing him to have taken the infection immediately on his arrival in Sunderland.

CASE II. His wife, who nursed him, sickened on the 12th, so that, in her case, the maximum period of incubation was three days.

CASE III. Mrs. A., living in the same yard, but in another house, had been in to see the previous patients on the 10th, and continued her visits till the 14th, after which she became alarmed, and did not go again. She became ill on the 17th; so that, in her case, the maximum period was seven days, and the minimum three days.

The first two cases were fatal, the third recovered. These three cases are interesting, first, as giving a period of incubation shorter than that usually assigned; but more so, as the last two emphatically refute Dr. Perry's dictum that “typhus is not contagious before the ninth day”. Murchison mentions this opinion, and states that he has rarely seen typhus contracted from a patient in the acute stage. I venture to add these two cases to the exceptions, which go to show that too great care cannot be taken, from the very first, in the isolation of patients suffering from this disease.

E. GORDON HULL, M.D.Dub.,

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ON THE DETECTION OF THE BACILLI OF TUBERCLE IN THE BREATH OF CONSUMPTIVE PATIENTS.

By the following simple method, I have succeeded in demonstrating with facility the presence of the bacilli of tubercle in the breath of patients suffering from true tubercular consumption; for which purpose, I allow the patient to breathe, at frequent intervals during the day, through two thin sheets of pyroxylin, or fine cotton, one layer in front of the other, and both of which are placed in the outer compartment of an ordinary “pepper-duster” respirator. The layer of cotton, when so arranged, will act as a double filter, the external layer removing from the ingoing air all suspended particles, such as dust, micro-fungi, polur, starch, etc., which are always more or less present in it, and which it is desirable to exclude; that portion of cotton which has been next to the mouth at the same time retaining those only existing in the outgoing current, and which have been emitted from the lungs, viz., micrococci, bacilli, and some epithelial cells. It is in the latter layer only that I look for the organisms peculiar to this disease. This I do by converting the pyroxyline into gun-collodion by means of a mixture of ether and spirit. Every vestige of cotton-fibre is dissolved in the above menstruum, but other organic particles remain suspended in it. To render the bacilli manifest, my plan is to pour the thin collodion thus formed on a microscope-slide, and allow the fluid to run uniformly over the surface of the glass, then immediately placing the latter on one of its edges, that only the merest film of collodion may remain on the glass; the thinner the film produced, the more successful will be the experiment. The film is to be stained. This may be done by one of the methods well known to the profession for staining tuberculous sputum, such as that of Ehrlich or Heneage Gibbes. I have had excellent results from the former, for full details of which I refer to the last edition of Bristowe, in the Appendix. The latter method is described in the BRITISH MEDICAL JOURNAL of October 14th, 1882.

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SURGICAL MEMORANDA.

EPITHELIOMA.

THE three following cases of epithelial cancer, two of the lower lip and one of the cheek, may be interesting.

CASE I.—In January 1871, W. S., aged 74, a labourer, with epithelioma of the lower lip, came under my care. The history of the case was, that the disease had been twice removed by a good surgeon,