substantiate this proposition. Certainly the earlier cited cases show prolonged taxis to be attended with more serious consequences than prolonged strangulation alone.

By way of deduction again from these I should say that if there is any doubt as to a severe hernia being reducible or not, in treatment give the benefit of the doubt to an early surgical operation. And, in the second place, that if from any cause there may be delay in operating, such as for want of instrument or assistance, suspend all attempts at reduction by taxis after one trial.

ON AN EPIDEMIC OF JAUNDICE IN KING'S LYNN, 1895.

By CHARLES B. PLOWRIGHT, M.D.,
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THE fact that the so-called catarrhal form of jaundice sometimes occurs in an epidemic form has attracted the notice of various medical writers, both in our own country and abroad, as reference to the medical journals plainly shows. Thus, Murchison, in 1863, mentions an outbreak of jaundice in Rotherham, in the February of which year 150 cases were recorded. It is particularly to be noticed that this epidemic was preceded by one of enteric fever. In 1872 Decaisne brought under the notice of the French Académie a similar though smaller outbreak. In Paris during the preceding year 28 cases were observed, 17 of which were males and 11 females. The disease also prevailed amongst the German soldiers then investing the city, especially in the Bavarian regiments. In 1877 Dr. Kohnhorn describes an outbreak in a German regiment, and noted that it was confined to those young soldiers who had joined within the previous twelve months, the older soldiers escaping.

In September, 1895, a case came under my notice in King's Lynn, in the person of a boy, aged 9; within a week two other children in the same family were attacked. On inquiry amongst my professional brethren I have been able to collect some 34 cases, 13 males and 21 females:

	Under 10	Under 20	Under 30	Under 40	Under 50	Under 60	Under 70	Under 80	Total Cases.
Males ...	2	4	2	1	1	2	—	1	13
Females...	5	6	2	1	3	1	3	—	21
	7	10	4	2	4	3	3	1	34

From this it is evident that the majority of the cases were in young persons under 20 years of age, and that the female sex suffered more than the male. Of the 17 adults (above 20), 5 were total abstainers and 1 was a great water drinker. The cases were met with in all parts of the town, nor could any definite meteorological conditions be found to account for their occurrence. Two cases were complicated with left basal pneumonia which followed the jaundice, 1 with diarrhoea, and 1 with tonsillitis. Subjoined are the months in which the cases occurred side by side for comparison with the enteric fever cases reported:

1895.	Jaundice.	Enteric Fever.
January ...	...	...
February ...	...	...
March ...	...	...
April ...	...	...
May ...	...	...
June ...	...	...
July ...	...	...
August ...	...	...
September ...	...	...
October ...	...	...
November ...	...	...
December...	...	...
	34	25

Thus, while it appears that both diseases were prevalent during the last half of the year, yet there is no actual correspondence in their frequency in the various months. It must be remembered, however, that while the enteric cases were notified the jaundice had to be found by personal inquiry.

In a certain number there was a distinct history of *malaise* and anorexia, lasting from four days to three weeks, whereas in a very similar number no premonitory *malaise* could be traced; 21 cases had distinct more or less severe epigastric pain and 24 had vomiting ushering in the jaundice; the majority were well within ten days; no fatal case occurred.

With regard to the etiology—the number of children and young adults, of the females in proportion to the males, of total abstainers, and the fact that during the months of October and November the rainfall was above the average in the district through which the stream at present supplying the town with drinking water flows—all seem to point to this having been a water-spread epidemic, especially as during these two months the mean temperature was above the average.

My thanks are due to Mr. S. M. W. Wilson, the medical officer of health, and to Messrs. Webster and Jackson for their kindness in helping me in this inquiry.

THE PRESENT POSITION OF THE RADICAL OPERATIONS FOR CHRONIC SUPPURATIVE OTITIS.

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IN a memorandum¹ Mr. F. White, F.R.C.S., makes a protest against routine operating in chronic otorrhoea which seems to require an answer. The protest comes late. Radical operations for chronic otorrhoea have got beyond the stage of routine operating, and are well advanced in the third stage in the evolution of an operation—namely, that of classification.

The following is a classification which I attempted two years ago in a paper on the Radical Cure of Otorrhoea.² Since then I have treated a large number of cases of otorrhoea with more or less success with or without operation, and I find no reason for making any material change in my classification. To each group of classes I now append the treatment which I then and now consider sufficient or necessary for a successful termination.

A. (1) Simple chronic purulent inflammation limited to the main cavity of the tympanum with a perforation in the membrana tensa.

(2) The disease limited as in (1), but accompanied by formation of polypi unconnected with bone disease.

(3) In which removal of polypi or granulations from easily accessible parts of the tympanum or meatus reveals small superficial patches of roughened bone.

Cases of Group A, except when due to tubercle, are amenable to treatment by the older methods, including curetting, properly carried out.

B. (4) Attic suppuration, with or without caries of the ossicles.

(5) Cases, originally belonging to one of the above four classes, in which adhesions between the ossicles and between the ossicles and the tympanic walls interfere with drainage or cause subjective symptoms—extreme deafness, tinnitus, or giddiness.

Several cases of Group B might be cited in which recovery took place without radical operation, but in the majority no permanent improvement is got until the ossicles are removed by natural or artificial means; in the meantime the patient is subjected to grave risk or to serious discomfort.

C. (6) Chronic suppuration of the mastoid antrum.

(7) Cholesteatomata.

(8) Caries of mastoid antrum or some part of the tympanic walls which, though inaccessible through the meatus, can be removed by operation without risk to important structures.

No lasting good can be done in cases of this group except by radical operation; the method best adapted to them is, in my opinion, the so-called Stacke-Schwartz operation.

D. (9) Caries or necrosis of the petrous bone which cannot be eradicated without destroying important structures or without risk to life.

It is in this and Group C that tuberculous cases are usually met with.

¹ BRITISH MEDICAL JOURNAL, February 1st, 1896

² Liverpool Med. Chir. Journ., vol. ii 1894.