when loss of continuity between several segments of the lower extremity was established, whether by injury or operation. What he considered necessary was that surgeons should be guided by definite and accurate scientific mechanical principles in the treatment they adopted. Surgeons were too often utterly devoid of principle; he did not mean that they were unprincipled in a moral but in a mechanical sense, and that they behaved as disciples rather than as scientific men following the methods of those who were their teachers, without troubling to analyse the mechanical principles, if any, upon which they were based. He could not agree with the President that the surgery of the hip-joint and its vicinity was satisfactory, since he considered that it was to a large extent wrong and empirical. Empiricism might be an important ally to medicine, but should not form part of the armament of the scientific surgeon. As regards any solution of continuity of segments of the lower extremity, he considered that the surfaces of bone must be kept parallel and in apposition by ensuring that the axis of the lower segment shall correspond accurately with that of the upper, and that the shortening consequent upon the hæmorrhage into and beneath muscles and upon the contraction of muscles resulting from the irritation of the fracture be met by extension, the latter being overcome within a few hours while the former takes many days to resolve.

THE APPLICABILITY OF THE PARTING TOOL OR ANGULAR GOUGE TO THE SURGERY OF THE SKULL.

By W. ARBUTHNOT LANE, M.S.,
Assistant Surgeon Guy's Hospital.

I HAVE for many years discarded the use of the trephine, as I consider it a clumsy and unsuitable instrument. Instead of it I have used gouges, and preferably those ground on their concavity, and with them I found that I could remove large pieces of bone with comparative rapidity. It occurred to me that an instrument with its sharp free margin, presenting the form of two sides of an equilateral triangle, if ground on its inner surface, would remove bone much more rapidly than the concave gouge; consequently I consulted Messrs. Down Brothers, and gathered from that that a precisely similar instrument was used in carpentry, and was called a parting tool.

They made me instruments of suitable temper, and I found that the results I obtained more than came up to my expectations, since I was able to remove areas of bone of any form without injury to the dura mater, and with great rapidity. I found it convenient to use two different gouges, so ground that one was more suited to the thicker dense skull of the adult, and the other to the less resistant skull of the child. At first sight one would imagine that there would be some risk in injuring the dura mater with the sharp angle of the instrument, but with the most ordinary care there does not appear to be any risk of doing so. Certainly, I believe that there is infinitely less risk to the dura mater in using the angular gouge than the trephine, and the mechanical advantages of the former over the latter only require a trial to demonstrate them.

Dr. DAVID NEWMAN said that for surgical operations on bone he had had an opportunity of using the instrument shown by Mr. Lane, but, as a boy, he remembered using exactly the same tool for working in wood, and for many purposes preferred it to a chisel or gouge. It was a tool to be found in every carpenter's chest, and was used in very much the same way as a gouge. On account of its angular form at the cutting edge the tool required less force to drive it along, and was, therefore, more completely under control than a gouge or chisel. To one who had not used it the instrument might seem dangerous, but he was certain that a little practice in its use was all that was required. They were indebted to Mr. Lane for transporting the parting tool from the carpenter's shop to the instrument case of the surgeon.

We understand that the accident to Prince Louis of Battenberg's eye at Elswick last week was trivial, and that he did not seek advice for it.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

TWO ATTACKS OF SCARLATINA IN FOUR MONTHS.
DR. BARKER's case of a second attack of scarlatina in three months, recorded in the *BRITISH MEDICAL JOURNAL* of October 14th, tempts me to publish a precisely similar case which came under my notice in the early part of the present year.

C. W., aged 13, was attacked with scarlatina on March 13th. The illness was moderately severe, with all the cardinal symptoms of a well-marked case; she desquamated freely, and was well at the end of six weeks, when she went to the North. The only disinfection of the apartments she occupied during her illness consisted in abundant fumigation with sulphur; there was no whitewashing or repapering.

She returned from the North on May 8th, and occupied the same rooms as during her previous illness. These rooms were also daily frequented by other members of the family, consisting of six children, none of whom had had scarlatina, and none of whom took it. These were in the room daily, but did not sleep there as the other child did. On July 13th C. W. was attacked a second time; the illness was rather more severe if anything than on the previous occasion; there was slight transient albuminuria, which there had not been before, and the peeling was rather more copious. She recovered in six weeks.

The probabilities are that she took the second illness from some poison left undestroyed by the previous fumigation. Second attacks of measles within short intervals are not very uncommon; certainly I have seen more than one case in which a second attack has occurred within a twelvemonth, but in all the second illness seems to have been modified by the first, and was much less severe. In the case recorded above not only was the interval very short, but the immunity or resistance derived from the first attack appears to have been *nil*; indeed, the second was the more severe of the two.

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IRON IN SEVERE DYSENTERY.

R. C., aged 19 years, three months in India, was admitted to hospital on May 8th, 1893, with enteric fever. The motions were irregular and costive, the bowels being moved only after castor-oil or enemata, which were required every three or four days. The stools were of the ordinary enteric character; the temperature showed a morning fall and an evening rise; the highest point reached was 105.6° F. He was convalescent on the twenty-ninth day. Four days later diarrhoea set in without fever, and lasted five days. He was then fairly well for a fortnight. At the end of June dysenteric diarrhoea began, and went on almost uncontrollably till the beginning of August. From June 29th to August 7th he had 1,001 stools, or an average of 25 every day, 45 being the greatest number in any one day. The majority of the stools contained blood. He was treated with ipecacuanha in various ways and amounts without any appreciable effect, also with salol, naphthaline, opium, bismuth, bael, hazeline, ergot, isphagoul, calcium chloride, iron, nux vomica, cannabis indica, perchloride of mercury and cold water and astringent enemata. The large cold enemata had a good effect for a short time, the other remedies had none, except the iron which began his cure; the nux vomica and cannabis indica completed it. He is now, in September, quite fat and well, though in July he was merely a living skeleton.

H. A. HAINES,
Station Hospital, Dalhousie. Surgeon-Captain A.M.S.

HOSPITAL SUNDAY.—At the close of the financial year on October 31st the Hospital Sunday collections in London this year amounted to £39,300, as against £41,500 in 1892.

The fifth Congress of Russian Medical Practitioners will be held in St. Petersburg from January 8th to the 16th. The municipality of the city has voted a subvention of 1,000 roubles towards the expenses of the Congress.