pearance of the eruption rather confirmed her statement in that it looked recent), it would seem that varicella may be infectious before the outcome of the rash.

W. C. gave rise to the following cases. He was at once removed from the ward; but

CASE II, G. W., developed varicella on November 15th, incubation period at least thirteen days. G. W. was at once removed from the ward. He probably, however, infected:

CASE III, W. E., who developed varicella November 27th, incubation period at least twelve days;

CASE IV, H. F., who developed varicella on December 3rd, incubation period at least eighteen days;

CASE V, C. P., who developed varicella on December 4th, incubation period at least nineteen days;

CASE VI, M. W., who developed varicella on December 4th, incubation period at least nineteen days.

SECOND SERIES OF CASES.

CASE VII, R. E., was admitted into Charity Ward of the Eastern Hospital on October 14th. There had been no previous cases of varicella in the ward. He developed varicella on October 27th; incubation period at least twelve to thirteen days. He was at once removed; but

CASE VIII, A. A., developed varicella on November 11th; incubation period at least fifteen days. He was at once removed from the ward; but

CASE IX, F. M., developed varicella on November 27th; incubation period at least sixteen days. This patient was not removed from the ward till November 29th. The next case,

CASE X, G. S., developed varicella on December 18th, an incubation period of at least nineteen days.

THIRD SERIES OF CASES.

CASE XI, T. G., was admitted on April 25th into a ward (at the Eastern Hospital) which was, and had been free from chicken-pox. On April 29th another child developed the eruption of varicella, and was at once removed; but T. G. became attacked with varicella on May 12th. In this case the incubation period was not shorter than thirteen days nor longer than seventeen, supposing in the latter case T. G. to have been infected as soon as he was admitted into the ward. It is possible that T. G. may have been himself infected before admission to the hospital, which would make the incubation period not less than seventeen days.

FOURTH SERIES OF CASES.

C. B., aged 4 years, was admitted into a scarlet fever ward of the Eastern Hospital on November 8th, at 4.30 P.M. He came from a large workhouse school where several cases of varicella had recently occurred. On the morning of November 10th a well-marked varicella rash appeared, and the child was at once removed to an isolation ward. His case gave rise to the following:

CASE XII, Amy W., aged 10 years. Rash and pyrexia on November 27th, an incubation period of seventeen to eighteen days; and

CASE XIII, Rose R., aged 4 years. Rash on November 28th, an incubation period of eighteen to nineteen days. This child was the subject of scarlet fever and diphtheria, and was in a small ward adjoining the general ward. She never came into actual contact with or near to C. B., but both children were attended by the same nurse.

FIFTH SERIES OF CASES.

The following cases occurred at the London Fever Hospital, and some were under the care of Dr. Sidney Phillips, to whom we are indebted for permission to publish:—

Lionel B., aged 2 years, was admitted into a scarlet fever ward on January 2nd, suffering from scarlet fever. On January 3rd the eruption of varicella appeared. The ward had been previously free from this disease. He was at once removed; but his case gave rise to the following:

CASE XIV, Nellie L., aged 4 years. Rash and pyrexia January 17th, an incubation period of fourteen to fifteen days;

CASE XV, Elsie T., aged 4 years. Rash January 17th, incubation period fourteen to fifteen days;

CASE XVI, Frank F., aged 5 years. Rash and pyrexia January 21st; incubation period eighteen to nineteen days;

CASE XVII, Lydia D., aged one-and-a-half year. Rash and pyrexia January 21st, incubation period eighteen to nineteen days;

CASE XVIII, Lily B., aged 11 years. Rash January 21st, incubation period eighteen to nineteen days;

CASE XIX, Emma G., aged 11 years. Rash January 21st, incubation period eighteen to nineteen days.

It should be added that in all the above cases, when a patient suffering from varicella was removed from the ward, the bedding and linen were also removed and disinfected.

From the above cases it appears:—(1) That the incubation period of varicella is somewhat variable. (2) That it is never shorter than twelve days. (3) That it may be as long as nineteen, and is commonly longer than fourteen days.

OSTEOTOMY IN A MAN OF FORTY-TWO.

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I am led to report the following case of osteotomy for genu valgum, rather by a consideration of the difficulties encountered than by the results obtained.

The patient, J. T., came under treatment while I was acting as outdoor assistant in a colliery practice near Morpeth, Northumberland. He was greatly hindered in his work by the condition of the leg, and was anxious that something should be done for its relief. The patient, a collier, 42 years of age, looked somewhat older, was and had always been a fairly healthy man though his condition could hardly be called "robust." His knee had begun to trouble him when he was about 15 years old, the deformity getting at first almost imperceptibly worse: but during the last eight years it had increased so rapidly as almost to incapacitate him from his work in the pit.

On examination I found the right knee in a typical state of "genu valgum," the leg being thrown out at an oblique angle with the thigh. And so great was the obliquity, that although the measurement from patella to external malleolus showed less than half an inch difference on the two sides, there was shortening in the affected limb to the extent of 3 inches; while, when the patient stood fairly on both feet, the interval between his heels was 18 inches.

On April 21st, 1895, with the assistance of Dr. Rutherford of the Morpeth Dispensary, chloroform was administered, and I divided the femur by Macewen's method, care being taken to secure thorough asepticity of the wound. The limb was put on a "Liston's" long splint, without perineal extension, and remained so for four weeks. There was no rise of temperature, the parts uniting cleanly from the first; and when at the end of four weeks the splint was removed and the leg encased in plaster of paris, the ends of the bone had united and the incision was quite healed up. When in the beginning of June I left for South Africa the patient was able to go about on crutches with a patten on the sound foot.

The state of the patient on December 5th, 1895, is reported as follows:—"J. T. has started work again and says he walks very well now, although he feels the knee a little stiff and weak. It is, however, improving. When he stands with his knees together, the space between the heels is less than 6 in. in place of 18 in., and there is very little shortening. The operation has been a success, although he has not had all the chances he should have had, his circumstances having been so poor that he had to lack good support, and sometimes even necessary food."

Macewen has successfully carried out the operation up to the age of 46¹; but in his cases the conditions for after-treatment were much more favourable. In this instance the patient's age was 42 years. The collier's hut in which he lived, was operated upon, and nursed, contained but three rooms, and in these lived two families, five adults and their children; consequently the conditions as to quiet and cleanliness left much to be desired, yet the operation was a fairly successful one. It was to this overcrowding and prevalence of dirt, rather than to the patient's age, that I referred in speaking of the difficulties encountered.

¹ *Science and Art of Surgery*, Erichsen. Vol. ii, pp. 530 (Edition 1888).