DR. IMLACH'S CASE OF PREGNANCY IN DOUBLE HTERUS DR. IMLACH'S CASE OF PREGNANCY IN DOUBLE UTERUS.

SIR,—As the patient with pregnancy and double uterus on whom Dr. Imlach performed hysterectomy with such signal success was sent into hospital by me, and I assisted at the operation, I think it my duty to protest against Dr. Steele's criticism which you published on November 14th. Dr. Steele admits that he was not present at the operation. He must also admit that he received an invitation, and that it was his duty to have been present. It is easier to play the part of candid critic after the event than to assist in the work of the hospital, but even that not about the part of the treat should be played feight.

part of cannot critic after the event than to assist in the work of the hospital, but even that part should be played fairly.

While the patient was under my care, I became convinced by careful examination that natural labour was an impossibility, for the pelvis was completely blocked by an immovable tumour, and the cervix was beyond reach. My opinion was that the obstruction was a fibroid tumour, and I placed her under opinion was that the obstruction was a fibroid tumour, and I placed her under the care of Dr. Imlach, fully expecting that Porro's operation was necessary, and for the diagnosis to be further confirmed by more than myself. In consultation, Dr. Imlach, without disagreeing with my diagnosis, said that we should not exclude the possibility of the tumour being a dermoid ovarian cyst pressed down into the pelvis; with this probability I acquiesced. I may here add that all those who were present at the operation agree with me that Dr. Imlach's account published in the Journal. of October 10th is fair and accurate. The case was not "imistaken as one for ovariotomy," and the suggestion that "hysterectomy might have been resorted to on a subsequent occasion" was not needed, as Dr. Imlach performed it to prevent a fatal termination by hæmorrhage or septicæmia.—Yours faithfully, John Buller Edis,

Honorary Assistant Surgeon, Hospital for Women,
Liverpool.

169, Islington, Liverpool. Liverpool.

PURE TEREBENE.

SIR,—Any scale into which Dr. Murrell, as a therapeutist, throws the weight of his authority, deserves professional attention. I have used pure terebene pretty freely for two years at least, and, from my experience, my opinion of its value corresponds almost exactly with Dr. Murrell's. Year after year only adds to my belief that, in giving opiates for cough, etc., we are adhering to a barbarism in medical art, the like of which we have often thrown aside in other

barbarism in medical art, the like of which we have often thrown aside in owner diseases during recent years.

Dr. Bond, at page 1184, tries to entangle his "patent terebene," wherein there is much untransformed oil of turpentine, with pure terebene; but, for medical purposes, I would strongly counsel the use of the latter and not the former. In phthisical diarrhæa, and in some cases of dysentery, the impure terebene seems to me (perhaps from its astringency), preferable. In pharyngeal, in laryngeal, and in several thoracic troubles, I use terebene as a "dry" inhalation. As its volatility is almost equalled by that of encalyptol, I usually combine the two for no other reason than the hope that one may confound an enemy against

As its volatility is almost equalled by that of encalyptol, I usually combine the two, for no other reason than the hope that one may confound an enemy against which the other may be powerless.

As humanity dislikes being muzzled with inhalers, London dog fashion, throughout daytime, this remedy by my plan is at work chiefly when the patient is in bed. A square foot of Gamgee absorbent-cotton is placed upon the reversed portion of the bed-coverings, or at the edge of the pillow; upon this two or three teaspoonfuls of the mixture are sprinkled on retiring, and repeated when necessary. The repetition is, however, seldom required, except in cases of severity, before early morn. The patient, by this mode, is in noways hampered; he is constantly inhaling a stimulating expectorant with an agreeable balsamic dour; above all, he is always in a fairly aseptic atmosphere. In no ailment is terebene more obviously beneficial than in phthisical dyspnœa, though, of course, towards the end of some cases nothing avails, not even nitrite of amyl capsules.

course, towards the end of some cases nothing avails, not even nitrite of amyl capsules.

We are told that carbolic acid does not volatilise freely. That may be; nevertheless, for the requirements of the physician, it is, as a dry inhalation, of noticeable service. Let me, to give point to this fact, cite a case.

Last year I attended a man who was suffering severely from bronchiectasis. The malodorous atmosphere of his bedroom was unbearable. One tablespoonful of carbolic acid was poured every six hours upon gatze-cotton, which was placed on the floor at his bedside. In a short time his attendant ceased complaining, his friends visited him freely, and he began to regain condition and strength.—Yours faithfully,

The Bar House. Beverley. The Bar House, Beverley.

LIPPITUDO.

A CORRESPONDENT, in a recent number of the JOURNAL, asks advice as to the treatment of ophthalmia tarsi, the lippitudo of old writers. The plan I have found most useful in chronic cases, and also in granular lids of long standing, is to evert the lids and scarify the liming membrane very thoroughly with a

sharp lancet.

For the succeeding twenty-four hours, they should be bathed frequently with a weak lotion of boroglyceride and water (1 drachm to 2 ounces), after which it is well either to blow on to the diseased surface a little very finely levigated alum daily, or to paint the lids every night with a little of the yellow oxide of mercury ointment (3 grains to 3 drachms), using benzoated lard in preference to vaseline, which often irritates. On no account apply nitrate of silver, and avoid tobacco-smoking. Ophthalmia tarsi, or blepharitis, usually begins as eczema, and when at the commencement should be treated as such; but even these recent cases are generally benefited by copious and frequent bathing with warm water and boroglyceride. When the lids are granular, they should, after free scarification, be gently rubbed once a day with the mitigated sulphate of copper; and, of course, in every case, all irritating eyelashes should be carefully pulled out.

Last year, I had a particularly obstinate case of granular lids in a young Chinese lady, the result of purulent ophthalmia (to which Eastern races are extremely prone), which readily yielded to the above plan, after having for long resisted all other treatment. I need hardly add that there is nothing original in the course suggested, but I imagine, from your correspondent's letter, that it is not universally known.—I am, etc.,

CHARLES E. FITZGERALD, M.D.

ERRATA.

In the Journal for January 2nd, page 10, column 2, line 25, omit "were," between "its valves," and "closed." In line 40 read "endothelial lining."

A B C .- We see no reason for not charging ordinary fees.

POPULAR PHYSIOLOGY OF THE EYE.

INCUIRER.—Huxley's Physiology, published by Macmillan; Helmholtz's Scientific
Essays, published by Longman; an Address by Sir H. Acland, republished pri-

Analysis of Drinking-Water.
—Your correspondent, Mr. A. P. Smith, in the Journal of January 2nd, does not

in, —Your correspondent, Mr. A. P. Smith, in the Journal of January 2nd, does not state if he wishes for the name of the best work on quantitative or qualitative analysis. If the latter, he will, I think, find all he requires from page 163 to 172 of Wilson's Handbook of Hygiene, fourth edition, J. and A. Churchill. For quantitative analysis, he will find Wanklyn's text-book on water-analysis necessary. I may add that the cost of apparatus, etc., for a complete quantitative analysis would be from £15 to £20.—I am, sir, yours truly.

C. E. Abbott, M. O. H. Braintree Rural District.

Noel House, Braintree, Essex.

COMMUNICATIONS, LETTERS, etc., have been received from:

Mr. C. E. Abbott, Braintree; Dr. J. Morton, Glasgow; Mr. A. Teevan, Melbourne; Mr. P. Boobbyer, Nottingham; Mr. R. F. Owen, Liverpool; Mr. H. J. Manning, Salisbury; Dr. Norman Kerr, London; Mr. W. Thwaites, Bristol; Dr. W. H. White, London; Mr. G. Houlton Bishop, London; Mr. R. L. Swan, Dublin; Our Glasgow Correspondent; Mrs. R. B. Hill, Oldham; Our Aberdeen Correspondent; Dr. Herman, London; Mr. Symonds, London; Dr. Tatham, Salford; Dr. R. Savage, London; Our Dublin Correspondent; Dr. R. T. Cooper, London; Dr. Grant Bey, Cairo; Mr. J. Marshall Lamb, Kudat, North Borneo; Dr. Suckling, Birmingham; Dr. J. W. Langmore, London; Mr. C. G. Wheelhouse, Leeds; Dr. Haughton, London; Mr. Brown, Ealing; Mr. A. Alexander, Liverpool; Mr. Somers, Ratholowney, Ireland; Dr. S. Hamill, Norfolk; Mr. T. B. Moffit, Netley; Mr. J. Prankerd, Bath; Mr. Cresswell Rich, Liverpool; Dr. Leslie Phillips, Birmingham; Dr. Bradley, Dudley; Mr. W. Brenton, Adelaide, South Australia; Mr. G. Wasse, North Tawton; Mr. R. Fitzroy Benham, London; Mr. Morrant Baker, London; Mr. G. Buckstone Browne, London; Mr. Carter, Cambridge; Mr. P. W. MacDonald, Dorchester; Mr. J. H. Crocker, Patricroft; Mr. Skene Keith, Edinburgh; Mr. J. W. Jeram, Cosham; Dr. C. Haig-Brown, Godalming; Mr. J. Oliver, London; Sir E. Lechmere, London; Dr. J. H. Thompson, Rome; Mr. W. Allard, Tewkesbury; Mr. E. Atkinson, Leeds; Dr. J. J. Bailey, Marple; Mr. Shirley Murphy, London; Mr. J. M. Booth, Aberdeen; Dr. J. Lindsay Porteous, Kirkcaldy; Dr. Maxwell, Woolwich; Dr. Kingsbury, Blackpool; Mr. Dodd, Tredegar; Dr. D. A. D. Monte, London; Mr. Bateman, York; Mr. C. W. Biden, London; Mr. II. Tomkins, Leicester; Mr. F. Page, Newcastle-upon-Tyne; Messrs. Lane and Brimacombe, Brighton; Mr. G. A. Farrer, Brighouse; Mr. Gascoin, Caerlem; Mr. R. Woodhouse, London; Mr. J. West, London; Dr. E. Seaton, London; Mr. J. Bryden, Hawick; Mr. Davies, Tenby; Dr. Barnardo, London; Mr. P. H. Dawkins, Henley-on-Thames; Dr. J. W. Moore, Dublin; Dr. E. Sykes, Tottenham; The Secretary of the Royal Medical and Chirurgical Society. London; Mr. G. F. Elliott, Hull; Mr. A. De W. Baker, Dawlish; Mr. S. Edwards, London; Our Edinburgh Correspondent; Our Paris Correspondent.

BOOKS, ETC., RECEIVED.

The Medicines and Medicinal Agents of the British Pharmacopcia, 1885, with the Doses and Notes for the Information of Prescribers. By Clay and Abraham, Pharmaceutical Chemists. Liverpool: W. H. Syerman. 1885.

Transactions of the Sanitary Institute of Great Britain. Vol. V. Congress at Glasgow, 1883-84. London: Office of the Sanitary Institute, and W. E. Stanford. 1885.

Cassell's National Library; Warren Hastings. By Lord Macaulay. London, Paris, and New York: Cassell and Co. 1885.

An Introduction to Practical Bacteriology, Based upon the Methods of Koch. By Edgar M. Crookshank, London: H. K. Lewis, 1886.

The Field and Limitation of the Operative Surgery of the Human Brain. By J. B. Roberts, M.D. Philadelphia: Blakiston and Co. 1885.

Reaction of the Substances. By F. J. M. Page. London: H. K. Lewis. 1886. Transactions of the American Surgical Association. Vol. III. Edited by J. Ewing Mears, M.D. Philadelphia: Blakiston and Co. 1885.

Light of Life; or, the Secrets of Vegetable and Animal Development. Edited by Joseph John Kain. First Edition. London: Wyman and Sons.

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