still conducting the experiments, but have published the first series of sixty bacteriological and chemical analyses in the *Sanitary Record*, from which they have been copied into various British and foreign papers.

From a bacteriological point of view, Pasteur's is perhaps the best; Coke's I also found to give good results; but none of these have much influence on the dissolved mineral or organic matter, nor on the ptomaines. The separation or destruction of harmful organic matter I think is of even greater general importance than the separation of bacilli.

Taking the results of both the bacteriological and chemical examination, I found that prepared charcoal, as contained in Mawson and Swan's filter, gives the best results. It separates almost the whole of the lime salts, destroys special bacilli (as B. subtilis), oxidises and destroys organic matter, even strychnine being destroyed by it.

Early Tracheotomy in Diphtheria.

DR. C. R. ILLINGWORTH writes: The remarks by MR. OWEN in the JOURNAL of May 21st, relative to the impracticability of special local antiseptic measures in the diphtheria of children, are most important and true. Even the simple operation of spraying the throat is a source of terror to a child. If, however, medicines can be given which, besides a pleasant taste, have a local antiseptic and general curative action combined, the necessity for terrifying local measures disappears. Such a medicine I have indicated in the JOURNAL of May 1st, 1886. Children take it readily, and when given every hour or two hours, it constitutes a most effective local antiseptic during each act of deglutition.

The sodic iodide as a solvent for the biniodide of mercury in the treatment of diphtheria has advantages not possessed by the potassic in that, with other salts of soda, it diminishes the fibrin-forming power of the blood, and thus at once checks the effusion of false membrane caused by the irritating presence of the micro-organisms peculiar to the disease (*vide* Jones and Sieveking's *Pathol. Anat.*, p. 20).

For a child of from 2 to 4 years of age, I prescribe as follows: sol. hydrarg. bichlor., two drachms; sodæ iodid., fifteen grains; syrup, half an ounce; water to two ounces. One teaspoonful of this mixture should be given every hour until the temperature is reduced to the normal, and all false membrane has disappeared, when remedies such as iron or dilute hydrochloric acid and chlorate of potash should be given to complete the cure.

As for tracheotomy, whether early or late, the necessity for the operation would never arise if the treatment I have suggested and proved were always adopted.

Foreign Bodies in the Alimentary Canal.

D. W. AITKEN, M.B. (Edinburgh) writes: I wish to record two cases in which foreign bodies were swallowed. In the first case a child, one year old, bit off close to its attachment a caoutchouc teat, thus practically the whole entering the alimentary canal. This body was ejected at stool about five days after, although during the interval between swallowing and evacuation no symptoms were manifested.

But much more remarkable is the second case. A child, aged 5 years, was brought to me with the statement that she had just swallowed a large lead button, or rather weight, such as ladies put at the corners of their dresses to make them hang well. Although cross-questioned, the child gave an intelligent account of the incident; and so while I expressed my doubt as to the truth of the statement (the body being so large), yet I advised the parent to administer large pieces of dry bread, almost no fluid, and to watch the stools—the same treatment as was adopted in the previous case. To my astonishment the mother brought the lead to me, and stated that it had been passed a few days after. No symptoms had declared themselves except a little pain a few days before the evacuations. This was probably at the time of passage through the pylorus. This mass of lead measures 2.5 centimètres in diameter, is 4 millimètres thick, and weighs 19.65 grammes, that is, practically, three-quarters of an ounce.

In conclusion, let me say I send you these cases as it seems important to know with what formidable substances the alimentary canal can deal, and how little mischief may result from their presence, especially if careful expectant treatment be adopted.

Obscure Case of Intestinal Obstruction.

DR. E. F. FLYNN (Sunderland) writes: While Mr. Stonham is to be congratulated on the excellent result of his case of laparotomy, is it not possible that the patient was suffering from peritonitis alone, and that no volvulus existed? My reasons for suggesting this are that all the symptoms of peritonitis were present, and that it did actually exist was demonstrated at the operation; might not the enema have sufficiently acted on the lower portion of the bowel to have expelled all gas from it, while the portion of the intestine above the splenic plexure retained its gaseous contents from having been paralysed owing to the peritonitis until acted upon by the operator's hand, which stimulated it into expelling the flatus *per anum*? The character of the vomiting, too, was more characteristic of peritonitis than of obstruction at the splenic flexure of the colon, in which case it would probably have become stercoraceous; while on the other hand volvulus of the splenic flexure of the colon is exceedingly rare, and all the recognised predisposing causes were absent, and had it existed for four days, it would surely have left sufficient pathological evidence to place the matter beyond all doubt.

I feel sure that Mr. Stonham will see that these remarks are written in no captious spirit, but merely to help to clear up what he very properly describes as an obscure case.

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

Dr. J. Ward Cousins, Southsea; Dr. W. Aitken, Edinburgh; Dr. Taafe, Brighton; Mr. T. Holmes, London; Dr. Macpherson, London; Surgeon-Major S. Ray, Malta; Mr. E. Murphy, Ballyroan; Dr. P. J. Sweetnam, Halifax, Nova Scotia; Messrs. Leofland and Co., London; Mr. A. Cooper, London; Surgeon H. J. Barnes, Bermuda; Dr. Jacob, Leeds; Surgeon-Major Rogers, Cairo; Mr. E. G. Dutton, Plymstock; Mr. J. T. Neech, Oswestry; Dr. Holman, Reigate; Mr. J. H. Gibson, Aldershot; Dr. Murrell, London; Mr. P. Thornton, Canterbury; Mr. G. A. Gloag, Bristol; Dr. W. A. Satchell, Bonn; Mr. E. T. Davis, Cowbridge; Dr. W. Allan Jamieson, Edinburgh; Dr. Dolan, Halifax; Professor Whitla, Belfast; Dr. Casper, Berlin; Surgeon Roche, Ayr; Mr. E. P. Hardey, Hull; Mr. T. S. Ellis, Gloucester; Dr. Maxwell, Woolwich; Dr. Percy Boulton, London; Dr. J. M. Barnett, Belfast; Mr. A. H. W. Ayling, London; Surgeon A. Hayes, Cairo; Inquirer; Mr. J. Hatchett, Ashby de la Zouche; Dr. F. J. Smith, London; Surgeon Bartlett, Jubbulpore, Bengal; Dr. G. H. Carvell, Ontario; Dr. G. Elder, Nottingham; Brigade-Surgeon T. W. Wright; Mr. W. Sykes, Mexboro; Mr. J. Ferguson, Perth; Fair Play; Mr. J. Croft, London; Mr. C. S. Loch, London; Mr. H. C. M. Gibson, Surbiton; Dr. R. M. Simon, Birmingham; Dr. C. S. Jeaffreson, Newcastle-on-Tyne; Mr. C. J. Rideal, London; Mr. Watson Cheyne, London; Dr. Sinclair, Belfast; Mr. C. Sanderson, London; Mr. W. Steer, London; Dr. Mackenzie, Glossop; Professor Gairdner, Glasgow; Dr. J. C. Voigt, Southport; Mr. R. H. Hilliard, Aylesbury; Brigade-Surgeon Harman, Winchester; Professor J. B. Balfour, Oxford; The Secretary of the Royal College of Physicians London; Mr. W. Marriott, London; Double Florin; Messrs. Moss, Rimington and Co., Selby; Dr. J. W. Watkins, Chester; Dr. W. S. Playfair, London; Dr. Pearse, Botesdale; Mr. J. Deakin, Egerton; Mr. A. A. Smith, London; Mr. Gains, Weston-super-Mare; Dr. F. Needham, Gloucester; Dr. Duffey, Dublin; Mr. R. J. Godlee, London; Mr. Lennox Browne, London; Mr. P. H. Kidd, Bassingbourne; Dr. G. H. Mackenzie, Edinburgh; Publishers of Scribner's Magazine, London; Dr. Orwin, London; Surgeon-Major Corban, Dublin; Dr. Chesnutt, Howden: Mr. A. E. Barrett, London; The Honorary Secretary of the Association of Members of the Royal College of Surgeons, London; Mr. C. B. Lockwood, London; Surgeon W. H. Allen, Pinetown, Natal; Mr. H. G. O. Wharry, Scarborough; Mr. W. A. Eniston, Ipswich; Dr. M. Dutch, Crewe; Mr. E. East, London; Mr. G. M. Allender, London; The Dee Oil Company, London; Dr. Ashby, Grantham; A. M. S.; Mr. P. H. Cogan, Bradford; Dr. R. McRitchie, Huntingdon; Mr. F. Wilson, Keighley; Mr. W. E. S. Stanley, Wellow; Mr. D. W. Tomlinson, Wansford; Dr. G. S. Murray, Putney; Our Manchester Correspondent; Dr. F. A. A. Smith, Cheltenham; Mr. J. M. Horsburgh, London; Dr. S. Morton, Croydon; Mr. A. Wattie, Echt, N. B.; Dr. A. Napier, Crosshill; Mr. Maynard, Newcastle; Dr. Tatham, Salford; Mr. D. Langdon, London; Dr. Clippingdale, London; Mr. W. Propert, London; Mr. J. A. Altham, Penrith; Dr. W. F. Grant, London; Mr. J. W. Burdwood, Bourne; Mr. O. S. Fisher, Plymouth; Dr. Thursfield, Leamington; Dr. W. H. Barlow, Manchester; Council of the Society of Arts, London; Dr. S. Phillips, London; etc.

BOOKS, ETC., RECEIVED.

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