

frost to thaw. Recent experience showed that when a line of demarcation is set up, it is the duty of the surgeon to remove the part. Mr. Guthrie recommended the immediate removal of the parts, and all the schools, both at home and abroad, recommend the early removal.

Mr. BARRY read reports of three cases, in one of which both "feet were purple to the instep, the toes almost black, the right leg tense, oedematous, and painful to the knee." The usual early treatment, of rubbing with snow and then with cold water, was followed, but it was necessary to make free incisions in the leg and instep, as in a case of phlegmonoid erysipelas; these were followed by immediate relief. In this case the patient will only lose the great toe and last phalanges of the two next. If an operation had been performed, it would have been necessary to have adopted that of Chopart. The two other cases were somewhat similar. He (Mr. Barry) considers these good specimens in confirmation of conservative practice, and tending to establish the value of non-interference.

Dr. BLENKINS had seen many cases of frost-bite both in Canada and here; and, looking at the preparation, he hoped it would lead to improved practice. Although no politician, he must acknowledge himself to be a conservative in surgery. If the medical officers of this army deserve credit for anything, it is for their anatomical knowledge, as proved by their conservative surgery, which has never been equalled. Speaking abstractedly, he said, we must gain much information from this case being brought before the Society. We are too apt to mix up gangrene and mortification with frost-bite. His experience and opinion is that we should wait until a perfect line of demarcation is formed. He then mentioned a very severe case which he saw in Canada, where a man had been frost-bitten to above both knees, and which proved fatal in a few days. The treatment in Canada was, to wait for the line of demarcation in both sick and healthy cases. Last year many cases died of gelatio complicated with dysentery. He (Dr. Blenkins) thought that a considerable portion of the hand might have been saved; and illustrated by several cases the importance of saving even the smallest portion of the hand or foot. He was sorry to hear the remarks on Mr. Guthrie, who would, if he had been in our present position, have been of our conservative opinion. He considered such cases as those mentioned by Mr. Barry as of more importance than the mere opinions of authors. He must again recommend his brethren to wait for the line of demarcation to be fully formed, and then, if necessary, to operate.

Dr. BOWEN begged distinctly to be understood that he did not consider Mr. Guthrie as an authority in frost-bites, and stated that he does not refer to it in his "Commentaries." The preparation showed a more favourable appearance than previous to the operation.

Dr. BLENKINS then referred to the anatomy of the hand; and Mr. Herbert showed his left hand, of which he had lost portions of the second and third fingers, and said that the remaining portions were of the greatest use to him.

Mr. TROTTER had seen the case; the stench was intolerable, and diarrhoea with loss of appetite had set in. He considered the patient would have died if left to Nature.

Mr. OVENS had had some experience last year, and found that when the textures were deeply engaged and left to Nature, they were generally fatal, but that many cases proved fatal from their complication with either diarrhoea or scurvy.

Dr. WOODSWORTH asked whether we should amputate at all in cases of frost-bite. He would wait for the line of demarcation to be fully formed, and then only operate if absolutely necessary.

Dr. BOWEN was still of opinion that the treatment was the best that could have been adopted in this case under the circumstances.

Dr. DE SANTI (French) stated that in the French army they wait for the line of demarcation to be fully formed, and only operate as a last resource. Their experience is against amputation, on account of the great mortality in such cases, and the liability to gangrene.

Dr. RIOLACCI (French) said that secondary operations were generally necessary where amputations for frost-bites had been performed.

Dr. WILLIAMS considered that the opinions were not so much opposed as might at first appear, but that frost-bite should be considered both as a local affection and when complicated with other diseases. He then proposed the thanks of the meeting to Dr. Bowen.

Mr. THORNTON, in seconding the proposal, said that Dr. Bowen well deserved our thanks for bringing before the meeting such an interesting case, and one that was so open to

difference of opinion. By the discussion on it we had all gained much practical information, and it was by bringing forward such cases that the true benefits to be derived from the Society would become apparent.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

NEW BULLET FORCEPS.

THIS is the invention of Mr. Pratt, the surgical instrument maker of Oxford-street, and is designed to get a firmer hold than by any forceps hitherto in use for the extraction of bullets or fragments of shells. It is made similar to other forceps, except that the mouth is hollow, to give greater space and allow a convex object to fall in. It is also armed with sharp teeth, which penetrate into such substances as lead, and thus get a secure grip, whilst it is sheathed with vulcanized India-rubber to protect the soft parts from injury in probing the wound.

We understand that it has met with the approval and patronage of Dr. A. Smith, the Director-General, and that several pairs have been sent out to the army hospitals in the East.

THE MODE OF PROPAGATION OF CHOLERA.

To the Editor of THE LANCET.

SIR.—I did not, until to-day, read the important and interesting Address of Sir J. K. Shuttleworth, Bart., in THE LANCET of the 2nd instant. I find that he alludes in complimentary terms to my conclusions regarding the propagation of cholera, as modified by a suggestion of Drs. Thiersch and Pettenkofer, but he erroneously attributes these views, so modified, to Dr. W. Budd. Dr. Alison fell into this mistake, which was afterwards rectified in the journal in which it appeared—the *Edinburgh Medical Journal*; and I suspect that it is Dr. Alison's mistake which has misled Sir J. K. Shuttleworth. A few weeks after the first edition of my essay on Cholera appeared, in 1849, Dr. W. Budd published a pamphlet on the subject, in which he adopted my views, and made a full and handsome acknowledgement of my priority. In the latter part of 1854 he also published some interesting facts in support of these views, and afterwards gave a qualified adhesion to the opinion of Drs. Thiersch and Pettenkofer, that some kind of change or fermentation is necessary in the peculiar excretions of cholera, to enable them to propagate the disease. This is a modification of my original views which I, however, see no reason to adopt. In one or two of his papers Dr. W. Budd advocated the propagation of cholera through the air, by means of the excretions, to a greater extent than I am inclined to admit, but with this and the before mentioned exception, his opinions respecting the pathology and mode of communication of cholera, as expressed in those papers, are exactly those which I first published in 1849, and have since maintained in several papers before the Medical Societies, and in a second edition.

I have not made the above remarks in the way of complaint; but as my researches respecting cholera were conducted with great labour, and very much to the detriment of my more immediate interests, I feel it a duty not to allow the credit of them to pass from me by a mere mistake.

I am, Sir, your obedient servant,
Sackville-street, Feb. 1856. JOHN SNOW, M.D.

SMALL-POX AND VACCINATION HOSPITAL.—At the half-yearly general court of this institution, the report read stated, that during the year 1855, 972 patients had been admitted, being an excess of 258 over 1854, and 172 more than had ever been admitted in any one year since the foundation of the hospital in 1746. Of this number, 147 had died, and 825 had been discharged cured. The year 1855 had been the most remarkable of any since the establishment of the hospital, and the medical duties had been very heavy.