

lowed by good recoveries; and mentioned some cases.—Dr. JOHN CHIENE expressed his feeling of the vagueness of the term concussion, and told of some experiments on rabbits, in which he found that, when killed by a sudden blow on the back of the neck, death resulted, not from dislocation, but from extravasation into the spinal cord and on the brain.—Dr. P. H. WATSON thought the word concussion ought to be banished as a description of a *pathological* condition, but that it was still useful as conveying a brief idea of a certain well known set of symptoms.—The CHAIRMAN made some observations on the importance of noting the condition of the cerebral circulation.

Operation for Ankylosis of the Elbow.—Dr. P. H. WATSON read a paper on a new operation for ankylosis of the elbow resulting from fracture. He alluded to the unsatisfactory results often seen after operations for ankylosis; sometimes the joint being flail-like, and the muscles weak; sometimes movement being deficient. He gave his experience of three cases of subperiosteal excision of the elbow-joint, in which the results were comparatively unsatisfactory as to extent of movement. In 1871, he first performed the following operation. 1. He made a linear incision over the ulnar nerve. 2. He carefully raised the ulnar nerve, and turned it in over the external condyle. 3. With a probe-pointed bistoury he cleaned the humerus before and behind close to the capsular ligament. 4. With bone-pliers he cut off the internal condyle obliquely; then separated the external condyle and capitulum, also obliquely, from the humerus. 5. He turned out and cut transversely the truncated extremity of the humerus, and carefully dissected out the external condyle. He had since 1871 repeated the operation four times (five in all). All of these cases were exceedingly successful, except one, which required a second operation in consequence of an attack of osteo-myelitis in the humerus. The merits of the operation were said to be the following. 1. It leaves the triceps and brachialis undisturbed. 2. It only removes the portion of humerus within the capsule. 3. It results in little deformity, and the incision drains the wound in a most excellent manner. The only objection was the difficulty—purely a mechanical one—in getting out the external condyle.—Mr. JOSEPH BELL and Dr. DUNCAN made remarks on the merits of the operation in suitable cases, and on its originality.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

WEDNESDAY, MARCH 12TH, 1873.

THOMAS FITZPATRICK, M.D., in the Chair.

The Semeiology of Intemperance.—Dr. ALFRED H. McCLINTOCK, in bringing forward a communication, alluded to the symptoms and functional disturbances resulting from intemperance. The proper interpretation of these symptoms, and the differential diagnosis of intemperance from purely idiopathic disease, were as important as they were difficult. In connection with alcoholism, the author suggested that the increased tendency to excess in the use of stimulants observed of late was partly due to the increased mental application of the age of every profession, trade, or calling. It was possible that, in exceptional instances, a taste for alcoholic stimuli might be traced to a course of medical treatment; but in a question of this kind, the statements of the inebriates themselves were worth nothing, respect being had to their notorious untruthfulness, and to their desire for shifting the blame from themselves to the physician, or surgeon. The author disapproved of the opening sentence of the celebrated "Medical Declaration" of about a year ago. Had this sentence been omitted, he would have signed the document. Passing from the subject of the derangements of the nervous centres induced by intemperance, Dr. McClintock considered in detail some of the derangements in the organic system caused by the vice in question. He showed the relative semeiological value of its effects on the breath, stomach, bowels, skin, muscles, nervous system, etc., and in conclusion, referred to several cases of excessive alcoholism which he had met with in practice.—The CHAIRMAN expressed his sense of the value of Dr. McClintock's paper, and said that he had generally observed the vice in elderly unmarried females. All cases were not to be regarded as incurable.—Dr. STEWART had never known a case of recovery in a woman.—Dr. EUSTACE directed attention to the important subject of hereditary transmission of the disease. He had invariably observed a peculiar odour of acetous fermentation from the breath of inebriate patients. In cases where the attacks resembled those of fever, the best treatment was to discontinue the poison at once. A morbid appetite for food, again, often took the place of a craving for drink; and in Sweden advantage had been taken of this fact by the legislature, in the attempt to diminish the amount of intemperance throughout that country.—Dr. H. KENNEDY thought that drinking habits were often dependent

on individual peculiarities of temperament.—Mr. NIXON alluded to the œdematous condition of the face, often noticed in the confirmed debauché.—Dr. AQUILLA SMITH believed the change of habits in the present day would largely account for increased intemperance. Spiritus lavandulæ compositus and eau-de-Cologne were extensively used in England. A smell of peppermint or caraway in the breath in the morning, should excite grave suspicions as to the intemperate habits of an individual. The mendacity and ingenuity of confirmed inebriates was proverbial.—Dr. FINNY alluded to the connection between intemperance and insanity, and other neuroses. In such cases, it was a disease of the mind rather than a vice.—Dr. McCLINTOCK replied.

CORRESPONDENCE.

GRANGE-OVER-SANDS.

SIR,—Will you allow me, as a resident in the place of fifteen years standing, and very much interested in its progress, to correct some mis-statements in the information which has been supplied to the writer of the article on Grange-over Sands, which appeared in your JOURNAL of April 12th?

The case of Grange-over-Sands is simply that of every place in its transition from a mere village to a small town. Sanitary improvements are at first hotly opposed, then gradually seen to be necessary, and, in the end, adopted. Grange, at present, is in the second of these stages. The leading house-owners and inhabitants have come to the unanimous conclusion that sanitary measures, in the shape of drainage and water supply, must be entered upon; but they are determined, if the law will allow it, that they themselves, and not the Board of Guardians, will carry out what is necessary to be done. I express no opinion as to whether they are wise and right in that determination. I simply state the facts as they stand. As a proof of the Grange people being in earnest about it, the principal landowner has brought down, at his own expense, Mr. Bailey Denton, the well-known sanitary engineer, who is at this moment, I believe, preparing plans and estimates.

The only instances, during my whole residence in the place, of diseases such as the article speaks of, occurred about seven years ago, when at one house there were four or five cases of fever, of (I believe), typhoid character. The house in question stands by itself, on the high side, two hundred yards from any other dwelling, and two hundred feet above the cluster of houses constituting the village; therefore the presumption is, that the fevers arose from domestic rather than from local circumstances.

Putting aside young children, and visitors in advanced stages of disease who ought not to have left their homes, the deaths last year, out of a population of between five and six hundred, amounted, to the best of my remembrance, to four: two of them connected with childbirth, one from the decay of nature, and the fourth from some cause which, not being a medical man, I do not comprehend, but certainly not from any illness such as the circumstances of the place are credited with producing.

I am, etc.,
HENRY R. SMITH,
Incumbent of Grange-over-Sands.

THE ARMY MEDICAL WARRANT.

SIR,—The medical officers of the army owe you many thanks for your admirable *exposé* of the shortcomings of our last warrant, and trust you will continue your advocacy of their claims as a simple act of justice until its most unfair provisions are withdrawn. You may not be aware that the privileges, allowances, and pecuniary emoluments withdrawn in that delectable document have been enjoyed by medical officers of the army for thirteen years, and confirmed by the Royal Warrants which followed upon that of 1858—viz., those of April 1st, 1866, and December 29th, 1870.

The Royal Warrant of October 1st, 1858, commences, "Whereas we have taken into our consideration the recommendations of the Commissioners appointed by our authority to inquire into the regulations affecting the sanitary condition of our military forces and the medical treatment of the sick and wounded of our army." This shows that the regulations issued were and had been carefully considered and based upon the Report of a Commission presided over by Mr. Sidney Herbert, and having upon it men such as Sir Henry Storks, Mr. Stafford, Sir Andrew Smith, Mr. Alexander, Sir Thomas Phillips, Sir Ranald Martin, Sir James Clark, and Dr. Sutherland, who were thoroughly acquainted with the sanitary wants of the army, the remedies for its diseases, and the aspirations of its medical officers. Surely its provisions should never have been annulled. Clause 17, which gave to our relative rank "all precedence and advantages

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