

annual visit to the Lunatic Asylum during the Bairam holidays, and distributed his customary gift of cigarettes among the inmates. Notice of the General's visit had not been given, but everything was found in order, and perfectly clean and well kept. In Egypt, where there are no official visitors in lunacy, it is just as well that similar visits by people in authority should be made periodically.

SHEFFIELD.

[FROM OUR OWN CORRESPONDENT.]

The Housing of the Poor.—Lead Poisoning at Chesterfield.—Death from Hydrophobia.—Meeting of the Yorkshire Branch.

THE housing of the poor is a question exciting some interest just now. Meetings and conferences have been held, and the press is taking the matter up. The editor of the *Sheffield Daily Telegraph* has published a series of articles on the subject, illustrated with specimens of the deplorably wretched dwellings found in the crofts and elsewhere. In a special article he most forcibly calls the attention of the authorities to the needless amount of smoke emitted from the many chimneys, and the wastefulness of the practice, a subject very worthy of consideration, especially in connection with the dwellings of the working classes, who are more or less compelled to live near their work, and, consequently, in the smokier parts. It is to be hoped that his vigorous pen will produce some effect.

At a recent meeting of the Chesterfield sanitary authority, Dr. Mackintosh, the medical officer of health, reported an outbreak of lead poisoning at Killamorst and Holbrook, in the parish of Eckington. He mentioned that one medical man had twelve cases in the beginning of May, and that another informed him that he had had several cases. New limestone had been inserted at the inlets of the reservoirs.

The death of a boy is reported at Woolley, near Barnsley, from hydrophobia. He was aged 14; was bitten by a dog on April 4th. He continued well until July 2nd, and died on the 5th.

The meeting of the Yorkshire Branch at this place on the 26th was largely attended. As many as forty-seven partook of the luncheon provided by the President and friends, and many others joined the meeting later on.

CORRESPONDENCE.

OVARIOTOMY IN TENERIFFE.

SIR,—In the *JOURNAL* of to-day, page 43, my friend, Dr. Perez, of Orotava, records six successful cases of ovariectomy in the beautiful island where he practises. Allow me to add a seventh. When I was at Orotava in April, 1887, I had gone on from Madeira, where I had stopped expressly to operate on a patient of Dr. Graham's there, and thus had all the necessary instruments for ovariectomy with me; so that when I was asked to operate on a single lady, a native of Teneriffe, I was able to do so on the morning of the day I left Orotava. She was 23 years of age. Dr. Soler, of Icod, administered chloroform, and I was assisted by Drs. Zerolo, Perdigan, and Morilla. All the usual antiseptic precautions were adopted with the exception of the spray. There were no adhesions. As there was no large cyst, after emptying the principal cavity, the mass of multilocular cysts was broken up in the usual way, and the whole tumour removed as the contents escaped. There were no adhesions. A short pedicle on the right side was transfixed and tied with silk in the usual manner. About an inch of the Fallopian tube was removed with the tumour. The uterus, left ovary, and tube were normal. The wound was closed and dressed as usual. The fluid removed measured 9 pints and the semi-solid mass weighed 3lbs. The patient remained in charge of Dr. Zerolo, and recovered without causing him any anxiety.—I am, etc.,

T. SPENCER WELLS.

London, July 6th.

SOME CASES IN PRACTICE BEARING UPON THE FUNCTION OF THE PROSTATE.

SIR,—In the *JOURNAL* of July 6th Mr. Harrison relates several cases of surgical affections of the urinary organs, with the view of proving that the prostate gland acts as a sphincter and a support to the bladder. He bases his view chiefly upon the observation that incision through the prostate, as in lithotomy, is followed by incontinence of urine.

In none of the cases is there any proof of any kind that incision or destruction of the prostate itself—that is, of it alone—was the cause of the varying degree of incontinence that ensued. Rather, he assumes that incision into the prostate accounts for all the phenomena observed. In the operation of lateral lithotomy, for instance, be it observed, not only is the prostate incised, but the neck of the bladder with the tissues, elastic and others, intervening between the prostate and the mucous membrane are also divided; and it is quite as reasonable to attribute the incontinence to division of these tissues as to that of the prostate.

In the cases of rupture of the membranous part of the urethra referred to by Mr. Harrison, the retaining agencies must be the same as under ordinary conditions, and there is no evidence that they are, under these circumstances, prostatic. In the instances of carcinoma and tubercle of the prostate the neck of the bladder is usually involved as well as more or less destroyed; and in the latter the irritability of the bladder is usually much increased from extension of the disease in the vesical mucous membrane.

That the function of the prostate cannot be, as Mr. Harrison supposes, that of a sphincter appears to me to be clearly proved by the following facts amongst others:—

(a) In the female urinary apparatus there exists neither a prostate nor any substitute near the neck of the bladder which could act as a sphincter, yet the normal retaining mechanism of the bladder is as efficient as in the male.

(b) In my paper¹ referred to by Mr. Harrison I have pointed out that the prostate at the time of birth is merely a small mass behind the urethra, and that not until puberty or adult life does it surround the urethral tube. Urine is therefore normally retained in the bladder long before it is possible that the prostate can act as a sphincter. Incontinence occasionally occurring in children can scarcely be attributed to its want of development, as suggested by Mr. Harrison.

(c) Cases in which the generative organs remain throughout life in a rudimentary state of development, and in which the prostate remains very small, so that it can hardly be felt *per rectum*, the urine is retained just as well as in the fully-developed male. This I have lately seen to be the case.

(d) Cases in which the prostate diminishes in size and undergoes degeneration into fibrous tissue after castration of both testicles, the normal retention of urine is not in any way interfered with, either in man or in the domesticated animals.

These facts clearly show that even without a prostate, and also with only a degenerated prostate, the urine is retained in the bladder just as well as when the fully-developed prostate exists, and that under normal conditions the presence or absence of the prostate has little or no relation to the retention of urine or of its incontinence. Indeed, it is merely a matter of convenience, in connection with its generative function, that this organ is situated so near to the neck of the bladder. Seeing, therefore, that the prostate is not the normal sphincter of the bladder, it is hardly necessary to discuss its relation to the diseased conditions Mr. Harrison refers to.

For further exposition of my views on this subject I must refer to forthcoming papers on the prostate gland which will appear in the *Journal of Anatomy and Physiology*.—I am, etc.,

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THE MANCHESTER MEETING, 1877.

SIR,—The desire expressed by a large number of influential members of the Association that some alteration should be made in the management of the *JOURNAL*, and the appointment of a Committee of Reference in consequence of their action, induces me to recall to the minds of my fellow members some suggestions I made at the annual meeting at Manchester in 1877. At that meeting I proposed the following resolution:—

“That a committee be appointed consisting of members eminent in the several departments of medicine, surgery, midwifery, etc. who shall endeavour to make the *JOURNAL* a perfect epitome of the science as well as the practice of medicine, and, at the same time utilise the members in clearing up disputed points in the diagnosis or treatment of disease, so as to increase the value of the *JOURNAL*, and, if possible, raise it to a higher place in the medical literature of the day, such committee to be responsible for the management of the *JOURNAL* and any correspondence admitted to its columns.”

The arguments I advanced in support of my resolution may be

¹ *Journal of Anat. and Phys.*, vol. xxiii, p. 374.