

10. Mr. J. G. U. West: Case of Cholera in a Man.
11. Dr. Hatton: Hearts from Cases of Ulcerative Endocarditis.

Papers.—The following were read:

1. Mr. J. G. U. West: Two Cases of Erysipelas treated by Lead-paint.
2. Mr. Folker: Operation for the Cure of Varicose Veins.
3. Mr. Vincent Jackson: The Curative Treatment of Varicocele by the Application of a Single Ligature Subcutaneously. (A patient who was operated upon in the Wolverhampton and Staffordshire General Hospital was exhibited.)

BRITISH GUIANA BRANCH: ORDINARY MEETING.

A MEETING of this Branch was held at the Colonial Hospital, Berbice, on November 20th, 1883. Present: Dr. CAMERON, President, in the Chair, and eleven members.

New Member.—Dr. Flanagan was unanimously elected a member of the Branch.

The late Dr. Pearless.—It was resolved: "That this meeting regrets deeply the death of Dr. Pearless, who was known to, and had the personal affection and professional esteem of, all the members; and that his executors be asked to convey the expression of the Branch's sympathy to his bereaved relatives."

The Bacillus of Leprosy.—Dr. Hillis's "Note on Bacillus of Leprosy" was read in his absence by the Secretary. The meeting regretted that Dr. Hillis was not present to give further explanations of the relation of the text to the figures. The Secretary was directed to ask Dr. Hillis to fix a convenient day on which he could attend an adjourned meeting, to favour members with further explanation.

A communication from the Government was read by the Secretary. It was moved by Dr. Fisher, and seconded by Dr. Corbould, that the Secretary be instructed to acknowledge, with thanks, the communication with enclosures.

Pathological Specimens.—Dr. Brebner showed pathological specimens, which led to some discussion.

Regulation of Practice of Medicine.—The President read the draft of an ordinance to regulate the general practice of medicine in the Colony. It was resolved: That a committee of the whole Branch be formed to consider and add to or amend this draft, and as soon as possible to submit such ordinance, amended or not, to the Branch, that the Branch may petition Government to pass such an ordinance.

Quarantine.—The President read a paper on Quarantine in cases where cholera appeared in previously uninfected ships after leaving Calcutta.

Votes of Thanks.—A vote of hearty thanks was given to the President and other readers of papers, for their interest in the work of the Branch.

GLOUCESTERSHIRE, AND WORCESTERSHIRE AND HEREFORDSHIRE BRANCHES.

AN united meeting of these Branches was held at Cheltenham, under the presidency of Dr. F. COOK (President-elect of the Gloucestershire Branch). Mr. J. Cornwall, F.R.C.S., of Fairford, was elected President of the Gloucestershire Branch for the year 1884.

New Members.—Dr. Paul Bevan, Dr. Hogarth, Dr. Kirkland, and Mr. Glover were elected members of the Gloucestershire Branch.

A vote of sympathy with Dr. Rogers was also unanimously passed.

President's Address.—The President (Dr. F. Cook), in his address, touched upon some of the medical questions of the day, and especially upon that of the compulsory notification of diseases in its relation to present medical practitioners.

Sporadic Puerperal Septicæmia.—Dr. Strange (Worcester) read a very exhaustive paper upon the causes of sporadic puerperal septicæmia. It was published in the JOURNAL of December 22nd.

Treatment of Fractures.—Mr. Gamgee (Birmingham) gave a very interesting account and practical demonstration of his own mode of treating wounds and fractures.

Papers were also read by Mr. Cripps, of Cirencester, on the Treatment of Tetanus by Hydrate of Chloral; by Mr. Smith, of Bromsgrove, on the Treatment of Persistent Vomiting by Carbolic Acid; and cases were shown by Mr. Shirley, of the Worcester Infirmary, of Compound Fracture of the Skull, with removal of the pieces of bone and hernia cerebri; and of Fractured Patella treated by Wiring the fragments.

The remaining papers, by Dr. Bond, of Worcester, Dr. Currie, of Lydney, Dr. Chapman, of Hereford, Dr. Crowe, of Worcester, Mr. Ellis, of Gloucester, and Mr. Cardew, of Cheltenham, were unfortunately obliged to stand over for another time.

Dinner.—The members afterwards dined together at the Plough

Hotel, the President inviting as his guests several of the leading gentlemen of Cheltenham holding official positions.

The meeting was acknowledged by all to have been a most marked success, and was a proof of how much advantage it is to the smaller Branches to unite, at any rate occasionally, together; such union leading not merely to increased numbers, but to a higher class of paper, to a deeper interest in the subjects, and to a more generally profitable and pleasant meeting.

CORRESPONDENCE.

HIGH AMPUTATION FOR SENILE GANGRENE.

SIR,—I think that much may be said in favour of the views expressed by Mr. Hutchinson in his paper, read at the Royal Medical and Chirurgical Society on December 11th. I think that a large majority of persons who are attacked by senile gangrene tend to die of the affection; and there can be no doubt that the hesitation which surgeons have to resort to amputation in such cases, is founded on the fear that the gangrenous process will re-appear in the flaps. It is, however, quite reasonable to suppose that by amputating high up in the limb, where the arteries are, presumably, comparatively free from disease, and by avoiding all reactionary inflammation by careful antiseptic precautions, this risk may be very materially diminished. Mr. Hutchinson's cases, and those of Mr. James, of Exeter, to which he refers, certainly, so far as they go, lend support to such a supposition; and I feel that his paper will induce surgeons to reconsider the treatment of senile gangrene from this standpoint.

But I think it may fairly be asked on what grounds does Mr. Hutchinson recommend amputation in the lower third of the thigh in such cases, rather than through the knee-joint? If the latter be otherwise preferable, it can hardly be because the former is a few inches more remote from the seat of disease. Is amputation through the knee not otherwise preferable? I take it that the great end to be held in view, under the special circumstances, is to select a part where the accidents which may befall an amputation-wound are least likely to occur, and where union is likely to be speedy, complete, and secure. Such a part would be one free from muscular tissue, possessing few large vessels, and requiring no section of bone. Of all regions of the body where such requirements are most perfectly met with, the knee-joint is surely the chief. It is true that the lower third of the thigh compares favourably in these respects with the upper third of the leg; but, as compared with the joint itself, there are the still bulky quadriceps, the still muscular hamstrings, and the sawn femur, instead of soft parts, reduced to a minimum and almost entirely tendinous, and the cartilage-covered condyles. Such a comparison seems greatly to the disadvantage of amputating through the femur. The question, then, again presents itself, has this situation any counterbalancing advantages?

I believe that in many quarters there exists an objection to amputating through the knee-joint. For what reason? With myself it is a favourite operation, and I am always glad when, in the interests of my patients, I can select it. Healing almost always takes place at once; there is no fear of exfoliation of bone; and the resulting stump is in all respects admirable. I believe that, in this situation, all round success may more uniformly be obtained than in any other major amputation. In a paper which I read at the meeting of the Association in Liverpool, I referred to this subject, and, as it will probably appear shortly in your report of the proceedings, I shall not at present enter into details. I also showed, on the same occasion, two patients on whom the operation had been performed—in one case for gangrene, which was probably embolic. Meantime, however, if there be any positive objections to amputation through the knee-joint, either in the class of cases with which Mr. Hutchinson dealt, or in general surgery, I think it would be well to have them stated.—I am, sir, yours etc.,

JAMES HARDIE.

Manchester, December 1883.

EARLY AMPUTATION IN GANGRENE.

SIR,—With reference to Mr. Savory's remarks on a paper read by Mr. Jonathan Hutchinson at the recent meeting of the Royal Medical and Chirurgical Society in London, on "High Amputations for Senile Gangrene," will you kindly allow space, in your next issue, for a brief note of a case of gangrene from "constitutional" causes, which occurred in my practice some time ago, in which I amputated with the most satisfactory result: proving, I think (at least, on the *ex uno omnia disce* principle), the fallacy of Mr. Savory's conclusion that "so far as the mischief was constitutional, he regarded