

period when guineas flow in, their duty to their families demands, in common justice, that they should gather in their harvest while their health and life are spared.

It appears to my possibly short-sighted vision that, if the peers, bishops, members of parliament, authors, and others were to put their hands into their pockets, and pay the fees for their protégés whom they wish to benefit by the advice of eminent specialists, they would show their estimate of philanthropy in a much more practical manner than by calling upon an already overtaxed and underpaid profession to make further sacrifices.

When the Lord Chancellor, the Solicitor and Attorney General, can be induced to give their legal advice to the poorer members of our profession at a reduced but fixed fee of "five shillings," it may be time for our brethren to consider the propriety of assisting the "Association for the Treatment of Special Diseases."—I am, etc.,

M. D.

#### THE TREATMENT OF FIBROID TUMOURS OF THE UTERUS BY ELECTROLYSIS.

SIR,—I cordially endorse your remarks in the JOURNAL of May 7th, p. 996, in the review of M. Apostoli's recent work on *The Treatment of Fibroid Tumours of the Uterus by Electrolysis*. You say: "With such testimony to rely upon, we do not see how we can any longer refuse, at any rate, to make inquiry, if not to test the practice in our own country, where fibroid disease is as prevalent, and the failures and mortality from other operative proceedings are almost as much to be regretted as elsewhere." I have been acquainted with this mode of treatment of fibroid tumours of the uterus by electrolysis for several years past, and have had much of the literature on the subject sent to me, from time to time, from France and America.

I have frequently asked members of our profession engaged in the treatment of diseases of women in this country to send me cases to test and verify, if possible, the reported successes received from abroad, but it is very difficult to get English physicians or surgeons to adopt any mode of treatment with which they are not themselves perfectly conversant. Perhaps, for the safety of their patients, this is in many instances a good characteristic.

I have been associated in the treatment of electricity in two cases of fibroid tumour of the uterus, both of which improved; and I have had several cases of dysmenorrhœa, which have been treated with the negative pole of the constant current battery with marked relief.

I do think with you, and with your correspondent Dr. W. W. Webb, that this mode of treatment should receive a fair trial in our own country.—I am, etc.,

W. E. STEAVENSON, M.D. Cantab., M.R.C.P.,  
Electrician to St. Bartholomew's Hospital.

SIR,—Any treatment recommended for the cure of uterine fibromata which may obviate the necessity for abdominal section must of a surety receive the most careful consideration of the profession, and especially of those members of it who are constantly treating cases of this nature. It is, therefore, to be hoped that Dr. Webb will publish full details not only of the mode of procedure he mentions, but also of all the cases he has seen so treated. Your readers may care to know that a valuable paper on "The Treatment of Fibroid Tumours of the Uterus by Electrolysis, with a Description of Apostoli's Method," was read by Dr. Martin before the Chicago Medical Society, and is published in the *Journal of the American Medical Association* for April 23rd.—I am, etc.,

WILLIAM DUNCAN.

Harley Street, W.

#### SEQUEL TO A PORRO'S OPERATION: VAGINAL ENUCLEATION OF FIBRO-MYOMA.

SIR,—At the annual meeting in Cardiff I narrated a case of pregnancy in double uterus in which I performed a modification of Porro's operation (*vide* JOURNAL, October 10th, 1885). There was a single cervix, but a divided corpus uteri, in the right segment of which a large fibro-myoma was developed which fully occupied the pelvis and obstructed labour. By abdominal section the left segment, in which the child was, and a portion of the right horn were removed, but it was impossible to enucleate the fibro-myoma. On April 7th, just two years subsequent to this operation, the uterine tumour had extended to the umbilicus, and was also protruding from the vulva in a sloughing condition. As the os uteri was out of reach, I opened the uterine capsule freely with scissors, and enucleated, *per vaginam*, a fibro-myoma whose collected fragments weighed 4 lbs. 13 oz. The tumour was not polypoid, and its separation from the uterine wall was difficult. Dr. Davies administered ether and assisted me; the operation

lasted two hours, but there was little hæmorrhage, and the patient has made a complete recovery.—Yours, etc.,  
FRANCIS IMLAUGH,  
Liverpool, May 3rd, 1887.

#### IRISH HOSPITALS STATISTICS.

SIR,—Sir Charles Cameron is quoted by your Dublin correspondent, in the JOURNAL of April 30th, as having stated that 421,357 patients were alone treated in all the Irish hospitals for some ten years, and that of this total nearly half were treated in the hospitals of Dublin. Allow me to add to that statement that during the same period a million of patients were treated in the Union hospitals of all Ireland. These hospitals are provided with everything that money can procure for the treatment of patients, and they are neither under the necessity of turning out patients prematurely, nor of addressing piteous appeals for alms to the public to save them from impending bankruptcy. At the date at which the memorial was presented by Union hospital physicians to the Royal University, the total number of beds placed at the annual disposal of patients in hospitals other than Union ones in all Ireland was but 16,000, while there was bed-accommodation, and those beds were actually occupied, in Union hospitals for over 100,000.

It must not be forgotten, also, that the nominal bed-accommodation of Dublin is largely in excess of the beds really occupied, while the habit of sending away patients quickly introduces another item which is calculated to mislead. I may add that Union hospital returns are official ones; I am not sure that there is any check on some of the others at all events.—I am, etc.,

THOMAS LAFFAN.

Cashel, May 4th, 1887.

#### MEDICAL DEFENCE UNION.

SIR,—Will your permit me to reply to various criticisms which have appeared in your columns (and elsewhere) of this institution, that I have now before me an audited copy of the accounts, signed by the eminent firm of Hibberd, Bull, and Co., 17, King's Arms Yard, Coleman Street, E.C.; and that their report is absolutely satisfactory, and confirms the report made to the last annual meeting in everything except one or two trifling details?—I am, etc.,

Birmingham. LAWSON TAIT, President.

#### RIGHT UPPER CANINE TOOTH REMOVED FROM THE LEFT ORBIT OF A CHILD.

SIR,—The extremely interesting case reported under the above heading by Dr. Ward Cousins in the JOURNAL of April 23rd adds yet another to the many instances already recorded of the unexpected trouble sometimes arising from an unerupted, or abnormally erupted, tooth. Permit me, however, to question the correctness of the conclusions arrived at as to the nature of the tooth in point, which is, I think, conclusively proved by Dr. Ward Cousins himself to be a supernumerary tooth, and not one of the normal series at all.

In the report it is stated that, "on examination, the teeth were found normal in position, complete in number, and well formed." Clearly, then, the tooth found in the orbit could not have been a right upper canine or any other tooth belonging to the normal milk series; and it is further stated "the age of the patient, and also the special characters of the tooth, clearly indicate its relation to the deciduous set." It did not, therefore, belong to the permanent series, and as the milk set was complete without it, there is no option but to decide that the tooth was a supernumerary one belonging to the first dentition. This being so, the question of "crossed displacement" falls to the ground, for there is no evidence that the tooth found in the left orbit ever occupied the right maxilla, and, being a supernumerary tooth, its mere shape would hardly warrant one in definitely fixing the original site of its development.

There is sometimes so great a resemblance between normal and supernumerary teeth that it is difficult to state decidedly into which category a particular specimen should be placed, and this Dr. Ward Cousins has recognised, for he says, "Sometimes they present, however, a definite outline, and accurately resemble one of the recognised forms." The tooth in question should therefore, I think, be described as a supernumerary tooth, resembling a right upper canine.

I may add that the statement contained in the latter part of the notice, that misplaced teeth "are generally found to occupy an inverted position on the bone to which they are attached" is one that will scarcely be endorsed by many practitioners.—I am, etc.,

STORER BENNETT, F.R.C.S. Eng. L.R.C.P. Lond., L.D.S. Eng.,

Honorary Curator of the Museum of the Odontological Society, Dental Surgeon to the Dental Hospital of London and to the Middlesex Hospital.