pregnant, when Dr. Koch dilated the os and emptied the uterus. In 1910 she returned eight months pregnant and in labour. I assisted Dr. W. B. A. Moore (assistant superintendent), who in addition to delivering a dead fœtus removed an inch of each tube. The woman recovered without a bad symptom. All diameters of the pelvis were uniformly contracted.—I am, Sir, yours faithfully,

J. BELL,
Superintendent of the Civil Hospital, Hong-Kong.

OPERATION FOR PROLAPSE OF THE RECTUM.

To the Editor of THE LANCET.

SIR,—With reference to an article by Mr. Leslie W. Dryland in your issue of Sept. 10th, p. 801, on prolapse of the rectum, and your annotation on the same, I write to state that I have performed a similar operation on two occasions.

The first was a middle-aged woman who had suffered from procidentia of the rectum for many years; it was about 6 inches long when fully down. After opening the abdomen in the left semilunar line I divided the peritoneum for about 2½ inches to the outer side of the left external iliac vessels and stripped up an outer flap of peritoneum to make a bed for the colon, removing the extra-peritoneal fat to allow the bowel to come into contact with the iliacus muscle. The edge of this flap was then stitched to a longitudinal band. This was about a year ago, and the result has been quite successful, the bowels acting normally and showing no tendency to prolapse.

Some time after performing this operation I came across a similar one described by Murphy in Kelly and Noble's "Operative Surgery," in which he speaks very highly of the procedure. Murphy makes a nest in the left iliac fossa for several inches of the bowel and stitches the peritoneal flap to the meso-sigmoid as well as to the bowel wall. The success attending the first case induced me to try it again a few months later in the case of a young woman, aged 30 years, who was three months pregnant. She had suffered terribly from the prolapse during her previous pregnancy and confinement and dreaded a repetition of it. At the time of my first seeing her the bowel always prolapsed several inches whenever she walked. A similar operation was performed and she went safely to term. During the latter months of her pregnancy there was a little prolapse of mucosa on defæcation, but if this persists it can be easily dealt with locally.

Colopexy in bad cases of prolapse is undoubtedly safer than amputation of the prolapsed bowel and appears to give quite as good results. Fixation of the bowel in the iliac fossa is unquestionably better than securing it to the anterior abdominal wall, the fixation being firmer, and there is no risk of leaving a weak scar, which is necessarily the case when the edges of the parietal peritoneum are not sutured together. I am, Sir, yours faithfully,

SIDNEY BOYD.
Chandos-street, Cavendish-square, W., Oct. 18th, 1910.

A REMARKABLE CASE OF INJURY TO THE EYE.

To the Editor of THE LANCET.

SIR,—The following account of an accident that is, I believe, unique in the history of the London and North-Western Railway Company, may be of sufficient general interest to make it worth recording.

On Sept. 22nd last an express engine-driver of the London and North-Western Railway Company came to my out-patient clinic at the Liverpool Eye and Ear Infirmary with the following story. Ten days previously he was driving the Irish Mail from Chester to Holyhead, and whilst running at a speed of 60 miles per hour down the line near Flint the window of the engine "cab" was struck by a thrush, which came through the thick plate-glass "like a bullet" and struck him in the left eye. He continued the journey to Holyhead, a distance of over 60 miles, and returned to Chester as a passenger by the next train, and had undergone some treatment at his home in that city.

I need not go into details as to the condition of the eye, but it is sufficient to say that there was a very small punctured wound in the sclerotic in the lower and outer quadrant of the eye and the whole eye was intensely inflamed. The man himself thought that this wound had been made by the bird's beak, but I strongly suspected a fragment of glass, which was not, however, proved by the X rays. The eye improved considerably under treatment, and I decided not to meddle with the wound in the hope that the small fragment of glass would be extruded. This duly happened, and a very small splinter of glass was found lying loose under the lower lid by my friend, Dr. Cyril Dobie of Chester, three days after the man left the hospital, this being the second occasion lately that I have known of a fragment of glass being extruded from the original wound by natural process.

I am told that a cracked window from the impact of a bird is not an uncommon accident to express engines, but that there is no previous instance on record of a bird coming bodily through the window, at any rate, in the history of the London and North-Western Railway. The thrush, which I suppose weighs about 4 ounces, must have been travelling at a good speed in the opposite direction, and they probably met at about 90 miles per hour. Needless to say, the thrush did not survive. I think the man's pluck in continuing the non-stop run to Holyhead is worthy of great commendation.

I am, Sir, yours faithfully,

EDGAR STEVENSON,
Honorary Surgeon, Liverpool Eye and Ear Infirmary.
Liverpool, Oct. 17th, 1910.

FIRST OPERATION UNDER ETHER IN EUROPE.

To the Editor of THE LANCET.

SIR,—I am collecting materials for a description of the first operation under ether in Europe, that performed by Robert Liston, Dec. 21st, 1846, and should be glad to hear from any surviving witness. At present Lord Lister is the only one known to me. The dresser, whose notes of the case are now before me, was Edward Palmer.

I am, Sir, yours faithfully,

F. WILLIAM COCK, M.D. Durh., F.S.A.
1, Porchester Houses, Porchester-square, W., Oct. 15th, 1910.

*** In the *Pharmaceutical Journal*, Vol. VI., No. 7, Jan. 1st, 1847, pp. 337–38, there is the record of two operations under ether by Mr. Liston at the North London Hospital on Friday, Dec. 18th, 1846. The first operation was that on Frederick Churchill, a patient with disease of the knee-joint, in which amputation was found necessary. The operation took place at 2 o'clock on Friday, Dec. 18th. The second operation was on an out-patient with a painful toe. This account was sent in by Mr. Ransome, the house surgeon of the North London Hospital. The medical staff at University College (or North London) Hospital at that time were Dr. C. J. B. Williams, Dr. A. T. Thomson, Dr. John Taylor, Dr. W. H. Walshe, Dr. E. W. Murphy, Mr. S. Cooper, Mr. Richard Quain, Mr. T. Morton, Mr. Durancé George, and Dr. Richard Quain. Surgical clinical lectures were given by Mr. Liston and Mr. Richard Quain.—ED. L.

THE QUESTION OF A COUNTERBLAST.

To the Editor of THE LANCET.

SIR,—Every member of the medical profession must receive a daily shock when he takes up his newspaper and searches for the news amongst the superabundance of quack medicine advertisements, each purporting to be an epoch-making discovery. To those whose sole literature is the newspaper such advertisements actually represent medical views. The readers believe that the statements therein made represent the progress of medical science. Surely some means can be adopted to enlighten these poor people who waste their money on quack remedies. It would be useless to attempt a crusade against these advertisements through the medium of the newspapers which publish them. Surely, however, we could reach a very large proportion of the population of our big cities by making use of the walls of the waiting-rooms of hospitals to issue a counterblast. Without mentioning any names, if this were thought inadvisable, a general warning could be posted up on these walls against the indiscriminate use of such medicines,