

## OPERATION DAYS AT THE HOSPITALS.

**MONDAY.**.....Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.—Hospital for Women, 2 P.M.

**TUESDAY.**.....Guy's, 1.30 P.M.—Westminster 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

**WEDNESDAY.**.....St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

**THURSDAY.**.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.

**FRIDAY.**.....King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

**SATURDAY.**.....St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

**CHARING CROSS.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

**GUY'S.**—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. W., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

**KING'S COLLEGE.**—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. 1; Ophthalmic Department, W. 1; Ear, Th. 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

**LONDON.**—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

**MIDDLESEX.**—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear, and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

**ST. BARTHOLOMEW'S.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

**ST. GEORGE'S.**—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

**ST. MARY'S.**—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., Tu. F., 2; Eye, Tu. F., 9.15; Ear, M. Th., 2; Skin, Tu. Th., 1.30; Throat, M. Th., 1.45; Dental, W. S., 9.30.

**ST. THOMAS'S.**—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

**UNIVERSITY COLLEGE.**—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.

**WESTMINSTER.**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

**MONDAY.**—Medical Society of London, 8.30 P.M. Dr. Routh: A Case of Poisoning by Citrate of Caffein. Dr. Robert Lee: On the Diffusion of Medicinal Agents in the Atmosphere. Dr. Symes Thompson: On Alpine Health-Resorts.

**TUESDAY.**—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. A. Willett and Mr. W. J. Walsham: Second Case of Malformation of the Left Shoulder-Girdle, with Remarks on the Nature of the Deformity. Dr. Percy Kidd: Two Cases of Congenital Syphilis of the Larynx.

**WEDNESDAY.**—Hunterian Society, 7.30 P.M. Council. 8 P.M. Mr. Matham: Malformed Heart. Dr. Warner: The Advantages of Antiseptic Precautions in Draining Dropsical Legs.

**THURSDAY.**—Harveian Society of London, 8.30 P.M. Clinical evening. Several cases and specimens of interest will be exhibited.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161A, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161A, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## A MARINE MEDICAL SERVICE.

SIR,—As one who has been a medical officer in the mercantile marine, I should like to be allowed to make a few brief remarks on one of the points discussed in the leader that appeared in the BRITISH MEDICAL JOURNAL of the 10th instant.

In connection with the subject of remuneration, the following passage occurs: "Let saloon passengers be required to pay the surgeon for his services, should they need them, according to a just and specified scale of charges." Now, I cannot but think that the sum accruing in this way would be, not only variable, but, in general, trifling. People, as a rule, are not more likely, by the fact of being aloft, to know when they stand in need of medical services than they do when ashore. Preventive advice they are not yet enlightened enough to ask and spontaneously pay for; and one reason why so many fail to consult the doctor, when from actual illness they ought to do so, is because they do not want to spend a fee, or an unknown number of fees, for what often seems to them a trifle. It appears to me, moreover, simply inexcusable that a mode of remuneration which, like other survivals, has nothing to commend it but the plea of custom—a mode which reason and advancing knowledge alike condemn—should unnecessarily be adopted as a part of anything that professes to be a reform. And further, the anomaly is increased by the fact that the method of payment proposed is different, for no apparent reason, from that suggested for the steerage passengers and crew. It is not in the least necessary that "the saloon passengers should be pauperised in this respect;" and I am only surprised that, after all that has been said and written recently on the system of provident payments for medical services, such a proposal should be found in a medical leader.

I must venture to suggest that the plan required is something like this. Let the shipowner be required to pay, say £10 a month, the Government contributing the same amount towards the medical officer's salary; and where the number of passengers exceeds, say 500, let an assistant medical officer be appointed at half the salary of the principal. The money required for the purpose might be raised wholly, or in part, by a levy of sixpence per head on steerage passengers, and two shillings and sixpence on saloon passengers, the former moneys being perhaps appropriated as indemnity by the shipowners, and the latter by the Government; or both levies might be made, and the medical officer's salary paid therefrom, at the rate of £20 a month by the Government alone. But in whatever way the money be raised, the medical officer should be saved the trouble, the embarrassment, and the indignity of collecting it. Everything considered, it will probably be found that the necessary servants, the improved accommodation, and the board required to be provided by the shipowner, would be quite as much as we could reasonably ask him to contribute, the salary coming from the passengers indirectly, in the manner I have indicated.

The objection to paying the medical officer by capitation fees directly, is that in all ships, except perhaps the colonial emigration ships, the number of passengers varies considerably from time to time, and the medical officer's salary would vary of course directly in proportion. From the nature of the case, a large salary cannot be looked for; all the more need, therefore, that it should be constant in amount, and certain and regular in payment. Of course, £500 a year is not a penny too much for a good man, but that is scarcely the point. There are plenty of good men who would be content to fill the post for less, and not a few who do even harder and more onerous work on shore without such pay. Payment on shore is not, invariably, in proportion to professional skill, and is not likely to be while practices are bought and sold, while anything like a just and ready test for the skill that is worth so much a year, has not yet been invented. On the other hand, to make reasonable demands, would probably only succeed in raising an amount of opposition which might defeat our efforts at reform, or greatly mar the results. W. F. PHILLIPS.

St. Mary Bourne, Andover, February 19th, 1883.

## ANOTHER VEGETARIAN'S EXPERIENCE.

SIR,—It may be of interest if any other medical men besides your correspondent of last week will give their experience of vegetable diet—or, rather, of a diet exclusive of butchers' meat—stating why they have adopted it, and the result. I am aged 57, and have suffered from lithiasis and rheumatic pains, besides periodic attacks of gastric catarrh. The following is my dietary: *Breakfast*—2½ ounces of American breakfast cereals in porridge, a small cup of coffee, and bread. *Dinner*—First course: 1½ ounce of Snodgrass' prepared pea flour made into soup, with one drachm of Benger's extract of meat; second course: potatoes and milk; third course: rice and milk, or tapioca and milk. *Tea*—A cup of weak tea, an egg, and bread. I take 15 or 20 ounces of milk in various forms in the course of the day. I have got rid of the rheumatism and the lithiasis. I still suffer from the gastric catarrh when exposed to cold and damp.—Yours, etc., A. W. W.

## "GUARANA" COFFEE.

R. G. II. wishes to be informed whether there is such a preparation as "Guarana" Coffee, and, if so, he would feel obliged with information as to the manufacturer and price. He has not been able to learn of it through any druggist.

ALCOHOL AND INTOXICATING DRINKS.

SIR.—Might not even Dr. Kerr be a little less iconoclastic in his criticism, and a little more guarded in his assertions on the above subject? It seems possible for such an eminent gentleman as he, with "medical training," "practical acquaintance with the facts of the pathology of alcohol, etc.," to "fall into error," quite as "naturally," too, to all appearance, as those who have not obtained and enjoyed such advantages. If the danger to the reformed inebriate lie not in alcohol as alcohol, then in alcohol as what does it lie? In alcohol as proportion? Scarcely pure English, such setting! Nor am I persuaded as to its infallibility. Are we to set at nought the power of a drop or two of blood to give rise to all the fierceness in the nature of the tame tiger? And it may be a nice point to prove how far the thirst for alcohol in the inebriate actually differs in power and intensity from that for blood in the above beast. Again, putting aside such a danger altogether, with which many members of our profession unthinkingly, or unbelievably, are daily surrounding their reformed (?) patients, it still is an absurd thing to bolster up an evil appetite—on a sort of jail-fare, so to speak—in the anticipation of its languishing to death, in spite of Dr. Kerr's belief in such a system of needless expense and prolonged thralldom. Why not deal with this craving as we deal with other doomed criminals? The "ginger-beer" retreat recalls to my memory the case of a friend who, upon religious scruples, abandoned the use of tobacco, to which he had for half a lifetime been a great slave. The cravings "for something to keep him company" were so intense, that he took to carrying mint-lozenges in his pocket, "to kirk and to market," with the result of becoming as much bound to them as he had formerly been to the "narcotic poison." Which, I ask, was the worse state of such a man?

The last paragraph of Dr. Kerr's letter is even more inaccurate. His definition of a poison is very decided and very short; but, unluckily, equally indefinite, which is not to be wondered at, inasmuch as it forms one of the vexed questions amongst toxicologists. But to say that "we know nothing" of the effects of a minute dose of such a drug as aconite is certainly a gross mistake; and if Dr. Kerr does not know, he should surely content himself with simply saying so. Mr. Spencer Wells was the first reputed as finding great benefit in small (half-minim) doses; but I, with many other allopathetic practitioners even of my own acquaintance, have been quite satisfied with results of one-twentieth of a drop. Is this not minute enough to please Dr. Kerr? As to the truth of such assertion, he can prove for himself in the first case of catarrh, in the early stage, of any of the mucous membranes, that comes under his notice. The only room I can see for a fallacy in connection with these effects is the possibility of it being the other ingredient of the tincture, the spiritus vini. But, then, that is alcohol, the other substance quoted.

Let me only further point out to Dr. Kerr that, should he not be satisfied with the minuteness of the dose in my argument given, it has still the advantage of possessing such a quality to a much higher degree than the beverages do of alcohol, of which he speaks in such sturdy and positive terms of recommendation.—I am, yours faithfully,

T. HISLOP JOHNSTON, M.B.E.D.

Rosehill, Eskbank, Dalkeith, N.B., February 10th, 1888.

SIR.—There are some statements in Dr. Norman Kerr's letter of the 10th inst., which are at variance with my experience; and, as the subject of the reclamation of drunkards is an important one, I would like to have them elucidated. Dr. Kerr states that he has "seen marked good following the administration of various intoxicating beverages containing from 5 to 2 per cent" (of alcohol). Now I cannot imagine how such beverages can be considered un-intoxicating, as London porter only contains 5.12 per cent. of alcohol, and it is certainly intoxicating.

Then Dr. Kerr speaks of ginger-beer containing 1½ per cent. of alcohol, as having been taken, not only without harm, but with considerable benefit, by reformed drunkards. Half-a-pint of such ginger-beer would contain 1.2 drachms of absolute alcohol, or 2.7 drachms of proof spirit, a quantity which, it appears to me, would be quite sufficient to arouse a dormant craving. I have more than one case in my mind where a sip of wine, which could not have contained ten drops of alcohol, revived a craving which had lain dormant for years, and which, when aroused, was not gratified until delirium tremens and death resulted. In these cases there was undoubtedly the element of taste; but, apart from taste, I cannot help believing that the presence of alcohol in the blood causes a craving which too often leads to a further consumption of alcohol, and that even greatly diluted drinks may be a source of danger to the reformed, who, always prone to relapse, should not have unnecessary temptations placed in their path.

I should like to know why aerated beverages need ferment, and whether ginger ale and lemonade could not easily be obtained free from such measurable quantities of alcohol.

There is another point in which I must join issue with Dr. Kerr; my experience amongst abstainers leads me to believe that the use of the so-called temperance beverages marks a middle ground between the non-abstainer and the abstained of some standing. At first, when the use of alcoholic drinks is given up, various substitutes are tried, but after a time they gradually fall into disuse, and water, the natural beverage, is relied on. In confirmation, I may mention that in a large temperance hotel aerated waters are but little used, and when they are it is chiefly by non-abstainers. The probable solution is that, when the alcohol is eliminated from the blood, the morbid thirst ceases.

I see no hygienic reasons for recommending weak alcoholic or flavoured and sweetened beverages instead of water; but those who differ from me have at present plenty of varieties to recommend, and I hope we will not see the standard of non-intoxicability (according to Government) raised above what it is at present.—Yours, etc.,

E. MACDOWEL COSGRAVE, M.D., M.B., M.A.

OPERATION FOR HERNIA.

SIR.—Some weeks ago, your correspondent "H. L. H." quoted a passage from Captain Burnaby's book *On Horseback through Asia Minor*, in which it is stated that the Koords are accustomed, in cases of hernia, to burn the skin around the seat of the protrusion; that the proceeding is sometimes attended with considerable benefit. He adds that this method of cure is not generally known to the faculty, and he therefore invites attention to it. May I also invite "H. L. H.'s" attention to the fact that this same operation was practised in the latter half of the tenth century by the Arabian physician Abulcasis. To verify this statement, he may refer to *Hæser's Geschichte der Medicin*, vol. 1, p. 580, or to Channing's edition of *Abulcasis de Chirurgia*, p. 91.—Yours truly,

E. C. FERRY.

King's College, Cambridge.

INCIPIENT CATARACT: OPTICAL ILLUSIONS.

SIR.—I am attending an elderly lady, who is in an advanced state of Bright's Disease, but, except general debility and oedema, no great sufferer, and in possession of her mental faculties. Cataract is forming on both eyes. Nearly every day she sees for some time a church, numbers of people entering it, carriages driving up, sometimes a market-place full of life opposite her windows, although she is quite aware that there is nothing of the kind in reality. The vision ceases when she shuts her eyes; therefore I cannot consider it a hallucination in the proper sense of the term. May the impaired vision (in an anemic person) be the cause of it, presenting to the mind confused images for a persisting wrong interpretation?—Yours faithfully,

LONDON FEBRUARY, 27th.

AUGUSTUS HESS, M.D.

\*.\* The most probable explanation of these appearances is the supposition that the cataract is progressing in the form of dotted or linear opacities, the shadows of which, projected on the retina, are readily imagined by the mind into the forms of objects with which the patient has been or is familiar.

HYPERIDROSIS.

SIR.—If your correspondent "M.D." will give his patient five drops of nitrite of amyl with a little spirit (one drachm) and tragacanth mixture (one ounce) in some simple vehicle three times a day, I think he will find it will soon cure him.—I am, etc.,

C. H. F. E.

\*.\* People are variously affected by this drug; and full doses require caution and careful watching.

ERRATA.—At page 431 of the JOURNAL of March 3rd, second column, first and second lines of Mr. Boys' letter, for "Dr. Ewing Smith," read "Mr. Greig Smith," and for "Mr. Harcourt," read "Mr. Harsant."

HEMIPLEGIA FOLLOWING ACUTE MYELITIS.

SIR.—If "A Physician," who writes in the JOURNAL of January 6th, will communicate with me, I will give him such particulars of a long-standing and extreme case of hemiplegia following acute myelitis, treated with marvellous success at the Droitwich Brine Baths, as may induce him to try this treatment in the case to which he refers.—I am, etc.,

GLoucester, March 6th, 1883.

GEO. A. HEPPWORTH, M.R.C.S., etc.

TRICYCLES.

SIR.—As one who used a tricycle in country practice for more than a year, I may be allowed to speak with some authority on the subject. I should certainly not advise any medical man who has long distances to cover, to attempt the use of a tricycle. The exercise is so severe as to entirely weary one out, especially in a hilly country. The machine which I had was the "Salvo," made by Stanley Brothers, of Coventry, and which about three or four years ago was greatly praised by various writers in the JOURNAL. The principal advantage I found, was that for night work, you could start at once, without any delay.—I am, Sir, yours, etc.,

J. A. ERSKINE STUART.

Healy, Batley, Feb., 26th, 1883.

THE DOSIMETRIC SYSTEM.

M.D.—We do not know of any criticism by any recognised authority of the so-called "dosimetric" system. The plan of giving the active principles of drugs in small doses, instead of the crude drug itself, has long been recognised, and is universally practised; but it is nonsense to speak of it as a "system" of medicine.

A METROPOLITAN TARIFF OF FEES.

SIR.—The British Medical Association has done, and is doing, much for the honour and welfare of the profession, but it has left one thing undone; it has never drawn up a scale of fees, and a code of ethics, for the general practitioner. It is true that the Manchester Medico-Ethical Association and the Shropshire Branch of the British Medical Association have taken up the subject, but I can affirm, after twenty years' practice, that there is an urgent need for such a guide for the Metropolis. If my suggestion were acted upon, it would prove of very great service to many who now have no certain light to guide them, and it would probably be of use as a standard for the various Branches of the Association.—I am, Sir, your obedient servant,

LINDUM.

VEGETARIAN COOKERY.

F.R.S.E. asks if there is a good "vegetarian" cookery book published? He does not mean merely a collection of recipes for cooking vegetables, but one describing various assortments of dishes for different meals.

ENLARGED TONSILS.

SIR.—Will some one of your correspondents kindly say, if moderately enlarged tonsils will retain their natural size under any local application, and, if so, what is the best course to adopt? I have always found nitrate of silver effective to a limited extent, but beyond a certain point, it seems to lose its reducing power.—I am, etc.

S.M.

ERUPTIONS FOLLOWING INJECTIONS OF MORPHIA.

SIR.—If your correspondent "L.B." will omit the acetic acid from his solution of three grains of acetate of morphia to a drachm of distilled water, and then if he will always inject the solution deeply into the cellular tissue over the abdomen, hips, thighs, or legs, he will never again see an abscess follow its use.—I am, etc.

MEDICUS.

PERSISTENT HICCOUGH.

SIR.—In reference to letter of "M.D.," allow me to say that in an obstinate case of hiccough, under my care, some time since, I was able to instantly check it by a subcutaneous injection of one quarter grain of morphia. The cause of the hiccough was a disordered condition of the alimentary canal. Repeated aloetic enemas cured the complaint; and the frequent use of Hunyadi Janos water has prevented the return of what had previously been an almost annual trouble.—I am, yours truly,

WILL. J. V. HALL.

February 24th.

INFALLIBLE DIAGNOSIS.

"Now in Vienna they're first rate at diagnosis; but then, you see, they always make a point of confirming it by a post mortem."—*American Paper.*

Br Med J: first published as 10.1136/bmj.1.1158.492 on 10 March 1883. Downloaded from http://www.bmj.com/ on 19 April 2024 by guest. Protected by copyright.



**A CAUTION.**  
 MR.—I think it right to publish the following facts, and put my medical brethren on their guard against an impostor. A tall, dark man, of fairly good address, called on me a few days ago to ask for assistance. He stated that his name was Phillips, and that he was nearly related to two medical gentlemen of that name in practice in London. On inquiry I found that the man's statements were absolutely false. He took good care to leave the neighbourhood before I could ascertain the facts of the case, otherwise I should have given him in charge.—Yours faithfully,  
 Hopfield Villa, Lydney, Gloucestershire,      ANDREW S. CURRIE, M.D.  
 February 23rd, 1883.

**PARAPHIMOSIS.**

MR.—Having been called to a case of paraphimosis in a youth, and having tried the usual remedies, without success, I have great pleasure in bearing testimony to the utility of the application of the narrow bandage, as recently advocated in your JOURNAL—when reduction was easily accomplished.—Yours truly,  
 ALLEN DURE.

**TREATMENT OF PUERPERAL MASTITIS BY IODIDE OF LEAD OINTMENT.**

DR. THOMAS T. GAUNT, in the *American Journal of Obstetrics*, expresses his disappointment at the ill success of belladonna in checking the secretion of milk, but reports good effects from iodide of lead. He says: "The breast being thoroughly dried and perfectly cleansed, we smear its surface with the official ointment of the iodide of lead, and then gently rub it in until a considerable quantity is absorbed. Soak a piece of sheet-lint, of a size sufficient to cover the breast, in the following solution: Acetate of lead, from ʒij to ʒss to the pint of a one-to-four solution of alcohol. If we desire a more elegant preparation, eau de Cologne may be substituted. If there be much pain, it is often well to apply an ice-bladder upon the sheet-lint covering the breast. The lint should be frequently dipped in the lead lotion. The following phenomena will present themselves: first, a cessation of pain, fulness, and uneasy feeling of distension, which is so annoying. It is common for the patient, who has been exhausted by pain and consequent loss of sleep, to fall into a refreshing slumber even after the application is made. In the course of three or four hours, the breasts may be completely emptied by an experienced hand. The ointment should be used as a lubricant during the manipulation. By applying the iodide freely twice or thrice daily, the secretion will be gone in less than one week, as a rule. The pivotal point in the treatment is the use of this ointment; the evaporating lotion and cold being only adjuncts. I have proved by repeated trials that, when applied alone, it is capable of exerting an absolute control over the secretion. I believe we here invoke a specific action from the lead iodide. A point of considerable moment is the partial anaesthesia it is capable of inducing, which thus enables us to empty the glands, where before even slight pressure was badly borne. Its action without doubt extends to the epithelial cells and inhibits their secretory activity, as is seen in its action, in cases like the above, in causing the drying up of the secretion."

RUSH.—In the pages of recent back numbers, this subject has frequently been treated.

**COMMUNICATIONS, LETTERS, etc., have been received from:**

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**BOOKS, ETC., RECEIVED.**

- The Student's Handbook of Surgical Anatomy. By John M'Lachlan. Edinburgh: E. and S. Livingstone; London: Baillière, Tindall, and Cox. 1883.
- A Dictionary of Domestic Medicine and Household Surgery. By Spencer Thomson, M.D., L.R.C.P. Edin. Thoroughly revised and brought down to the present state of medical science by J. C. Steele, M.D., assisted by the Author, with a Chapter on the Management of the Sick-room, illustrated by numerous woodcuts and diagrams. Seventeenth Edition. London: Charles Griffin and Co., Exeter Street, Strand. 1883.
- Manual of the Minor Gynecological Operations and Appliances. By J. Halliday Croom, M.D., F.R.C.P., F.R.C.S.E. Second Edition, revised and enlarged. Edinburgh: E. and S. Livingstone; London: Baillière, Tindall, and Cox. 1883.
- A Guide to the Medical Profession; a Comprehensive Manual conveying the means of entering the Medical Profession in the Chief Countries of the World. By Edwin Wootton. Edited, and with Preface, by Lyttleton Forbes Winslow, M.B., D.C.L. London: L. Upcott Gill, 170, Strand, W.C.
- General Surgical Pathology and Therapeutics; in Fifty-one Lectures: a Text-Book for Students and Physicians. By Dr. Theodor Billroth, Professor of Surgery in Vienna. With Additions by Dr. Alexander van Winiwarter. Translated from the Fourth German Edition with the Special Permission of the Author, and revised from the Tenth Edition by Charles E. Hackley, A.M., M.D. London: H. K. Lewis. 1883.
- Economy of Coal in House Fires; or, How to Convert an Ordinary Fire-Grate into a Slow Combustion Stove at a Small Cost. By T. Pridgin Teale, M.A., F.R.C.S., Surgeon to the General Infirmary at Leeds. London: J. and A. Churchill, New Burlington Street. Leeds: Charles Goodall, Boar Lane. 1883.
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- Refraction of the Eye: its Diagnosis and the Correction of its Errors, with Chapter on Keratotomy. By A. Stanford Morton, M.B., F.R.C.S. Ed., Senior Assistant-Surgeon Royal South London Ophthalmic Hospital; Clinical Assistant, Moorfields Ophthalmic Hospital. Second Edition. London: H. K. Lewis. 1882.
- The Dental Proceedings of the General Medical Council, July 1882: an Address delivered at the Annual General Meeting of the British Dental Association held at Liverpool, August 1882, on the proceedings of the past years (1878-82) in regard to the Registration of Dentists, with an Appendix thereto. By J. Tomes, F.R.S., the retiring President. Report and Minutes of Evidence on Dental Questions of the Royal Commission on Medical Acts, 1882. Printed from the Journal of the British Dental Association.

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