

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, 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.

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

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

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*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

ITTEN would be glad to know any particulars as to circumcision in young adults without ether, or chloroform, or any anæsthetic. Are results satisfactory? Are there usually any untoward sequelæ (that is, shock)? Is a strong solution of cocaine liable to be absorbed with symptoms of poisoning?

ANSWERS.

BREASAIL.—We would advise our correspondent not to take any part in the use of a remedy the composition and preparation of which are not fully stated.

MAIDA.—The M.D. degree of the University of Brussels, if obtained subsequently to 1887, is not registrable on the *Medical Register* as an additional qualification.

J. A.—Poor patients suffering from chronic rheumatism are received at the Royal Mineral Water Hospital, Bath, and also at the Devonshire Hospital and Buxton Bath Charity, Derbyshire. We should recommend our correspondent to communicate with the secretary of one or other of these institutions.

CONSTITUTIONAL can obtain a very serviceable battery from Messrs. Miller and Woods, 2, Gray's Inn Road, Holborn, W.C., price 8 guineas. It is fitted with a constant current apparatus and an induction coil, and has a galvanometer. It keeps in good order without attention for a year or two, according to the amount of work required of it, and can easily be refitted with new cells when they are wanted. If "Constitutional" wants only an induction coil apparatus he can get one from K. Schall, 55, Wigmore Street, W., or from the firm mentioned in his letter—Messrs. Hockin and Wilson.

LANTERN SLIDES.

We should advise "M.B." to apply to the various dealers in lantern slides in order to obtain those he seeks. Failing this, slides are made to order at a small cost if diagrams from books are provided. Wood and Co., 74, Cheapside; and Newton and Co., 3, Fleet Street; W. Tyler, Waterloo Bridge Road, are well-known dealers in slides.

TREATMENT OF BORBORYGMI.

FLATUS.—A question in regard to the prevention and treatment of borborygmi, of very much the same nature as that sent by our correspondent, was inserted in the BRITISH MEDICAL JOURNAL of December 22nd last, and certain replies will be found in the JOURNAL of January 5th, 1895, page 58. In reply to a similar question inserted a couple of years ago, Mr. F. F. Jones recommended *mxv* of tincture of nux vomica in an ounce of water every morning before breakfast, and another correspondent recommended the following mixture: ℞ Bismuth. carb. ʒij; sodæ bicarb. ʒij; glycerin. acid. carbolic. mxlvij; pulv. tragacanth. co. q. s.; sp. chloroformi ʒj; aq. menth. pip. ʒvj; ʒ ter die sum. M., F. m.

ENTERIC FEVER AMONGST BRITISH TROOPS.

OBSERVER.—The causation of enteric fever as it originates and spreads amongst British troops in tropical and subtropical countries is a difficult subject, and has given rise to wide divergence of opinion amongst competent observers. It would not further investigation by eliminating all climatic causes, whatever they may mean. Our correspondent, we suppose, will agree that among predisposing, outside of specific causation, factors two are recognised in hot countries—temperature and the age of the soldier; the former, of course, must come under the head of climatic influences. The period of the highest annual temperature in the subtropics is the time, and the subjects of the disease the youngest soldiers. These may only be predisposing, but are none the less essen-

tial factors in the disease. If our correspondent will glance at the map, he will see that Bengal, Egypt, Malta, and Bermuda lie within certain parallels of latitude in the subtropics. It may be only a coincidence, but it is a curious and suggestive fact. We may believe that perfect hygiene would eliminate climatic influences; but until such is brought about the influence of climate in the spread of enteric fever amongst our troops in hot countries cannot be ignored.

REMUNERATION OF RAILWAY SERVANTS.

LATE SURGEON OF GT. N. RY. CO.—The described case is a hard one, and illustrates the terrible want of *esprit de corps* in the profession. It is greatly to be feared that any resignation of such an appointment on account of inadequacy of fees would lead to no reform owing to the facility with which other medical men are found to take the posts thus vacated. It might be different, however, if all the railway surgeons were to combine and approach the company as a body, bringing their grievances before the directors.

NOTES, LETTERS, ETC.

ERRATUM.—In the notice of the appointment of Miss Eleonora L. Fleury to the Richmond Lunatic Asylum it should have been stated that she took the degree of M.D. in 1893, and not 1892.

LICENTIATES AND THE TITLE OF "DR."

We have received several additional letters on this subject:

A SCOTCH GRADUATE AND DOUBLE DIPLOMATE writes to point out the absurdity of finding fault with the Colleges of Physicians and Surgeons for not granting the title of "Dr.," since this is a degree which can only be granted by universities under charter. He repudiates the suggestion that degrees in medicine can or should be obtained from universities in this country "on easy terms." The secret of the success, he adds, of the northern university is to be found in the better methods of teaching (especially in Scotland), better opportunity for study, fewer temptations to waste time in amusements, and greater economy of expenditure.

A LICENTIATE, in reply to a previous letter from the above correspondent, says that the failure of the majority of London students to take a degree in medicine is due entirely to the fact that there is no teaching university in London, and that the matriculation examination of the London University is not only "stiff," but must be passed entire, failure in one subject meaning failure in all. It is not, he observes, until a student has been studying his profession for a year or more in London that it dawns upon him that, though he is passing examinations which may be of as high a standard as those of some universities, he will when qualified be a "mere diplomate."

M.R.C.S., L.R.C.P. LOND. also writes in reply to "Scotch Graduate and Double Diplomate," and refers him to the BRITISH MEDICAL JOURNAL of January 12th. He points out that it is in relation to the London University degree of medicine that London students and diplomates are placed in an unsatisfactory position, leading to a misconception in the mind of the public as to their professional status and ability.

A DOCTOR OF THE MEDICAL FACULTY OF A UNIVERSITY writes to urge that the fact of being a medical man gives no right to the title of "Dr." which should belong only to the doctors of some faculty of a university.

. While fully aware of the interest which this question has for many, its further discussion at the present moment can hardly lead to any practical result. Until we have a properly constituted teaching university in London, medical students in the metropolis must remain under a certain disadvantage with regard to medical degrees. The uncompromising attitude of certain opponents of the scheme approved by the Royal Commission and by all the corporate bodies interested will, it is to be feared, give the Government an excuse for further postponing the necessary legislative action. A report of the observations of the Premier in reply to the deputation which waited upon him on January 22nd will be found in the BRITISH MEDICAL JOURNAL of January 26th. Lord Rosebery expressed his own views on the question very clearly, but at the same time indicated with equal distinctness the circumstances which were likely to retard the progress of the question. While we recognise, from the very numerous letters which have been addressed to us during the last few years, that there is a rankling feeling of injustice on both sides, we cannot help thinking that it is useless to continue further a controversy which can lead nowhere. The index of the BRITISH MEDICAL JOURNAL contains references to the matter in 1892, vol. i, four times; in vol. ii, seven times; in 1893, vol. i, nine times; in vol. ii, eight times; in 1894, vol. ii, once; and already in this volume four times, several of the entries covering many letters; and much the same can be found during many years.

INFLUENZA AND ITS TREATMENT.

M. A. BAMBY, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg. (Rotherham), writes: Like Dr. Terry and others, I have observed marked pharyngitis and tonsillitis as a complication of influenza. In all my cases, however, the pain in the throat was severe and constant, and was at times—particularly on swallowing—accompanied by an excruciating dart towards the ears. There was also much glairy secretion, which was with difficulty expelled. The glands in the neck were painful, but not much enlarged. The tonsillitis as a rule occurred early, and in several of the cases the local symptoms were so severe as to mask the general disease for a time. Local treatment gave much relief. I used a glycerine paint internally of menthol, cocaine, and borax, the cooling sensation left by the menthol being particularly liked. The glycerine was preferred to a gargle by most patients, as its effects lasted longer.