

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.

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.

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.

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.

J. M. asks where in this country the "Rongoa" ointment—the extract from the leaf of the Rongoa bush, which has such a high reputation in New Zealand—can be obtained.

DR. B. B. MACPHERSON (Southbar, Cambuslang) asks for any information regarding: (1) The application of the antiseptic treatment of wounds in the Franco-German and Russo-Turkish wars, and in recent military operations. (2) The prevalence of pyæmia in the American civil war, the Franco-German, and Russo-Turkish wars.

GALACTORRHOEA.

A M.B.M.A. writes: I send notes of a case of galactorrhœa, in which the usual remedies have failed to have any effect. The patient's only child is 4 years old, and was weaned when he was 16 months old. She has had severe pains in the breasts all the time; otherwise she has enjoyed fair health. Menstruation slightly irregular. Belladonna, vin. antimon., pot. iod. to 35 grain doses, and acid mixtures have been given, also friction, without any effect whatever, the milk flowing freely from both breasts, and soaking her dress through. I should be glad of the opinion of some of your readers.

THYROID EXTRACT IN EXOPHTHALMIC GOITRE.

E. S. YONGE, M.B. (Burlington Street, W.), writes: Will you be kind enough to inform me whether feeding with thyroid extract has been found successful in exophthalmic goitre. I can only find a record of one such case, namely, in the BRITISH MEDICAL JOURNAL of December 2nd, 1893.

. Only amelioration has been noticed as far as we are aware, and no actual cure in exophthalmic goitre.

ANSWERS.

NOCTURNAL INCONTINENCE OF URINE.

ANOTHER MEMBER writes: I found of use for myself, after several doctors had tried: Tr. nucis vom. ʒj; tr. hyoscyam. ʒij; aq. menth., pip. ad ʒviii. ʒss ter die. And every morning before dressing took a cold bath, and allowed the spray to run on to the lower part of the spine and pubes. This, with about a month's trial, entirely cured me after fourteen years, in which never a night passed without urinating the bed.

MR. T. HAWKSLEY (Oxford Street) writes: As a means of preventing incontinence of urine in a boy aged 17 years, I have made for the profession for more than twenty years a "jugum penis" for that purpose, and have not yet heard of its failing in a single instance.

THE "TYSON CURE."

MEDICUS.—The "Tyson Cure" has been vigorously denounced in some Scotch papers by someone who seems to have made a trial of it on some friend, and has been dissatisfied with the result. Accounts have also been given in the press of the lapse of many of the test cases in Belfast and elsewhere. We know nothing of the composition or character of the "cure," and can at present only say that all "cures," the true composition of which is not disclosed, are better avoided by self-respecting practitioners of legitimate medicine.

PRURITUS ANI.

MR. NORRIS F. DAVEY (Abergavenny) writes: "Anti-Scalptor" will probably find the following useful as a local application: Calomel ʒiss; cerat. cetacei ʒj. M. It should be made with less than the B.P. proportion of oil, and the calomel stirred in till cold. I have personally found this very efficacious when the pruritus has been in connection with sluggish liver; 10 grains of pil. hydrargyri at night and a

seidlitz powder in the morning being taken as a preliminary. In the case of a very muscular man who suffered greatly from pruritus ani and perineal chafing, everything failed until I tried a queer remedy which I learned from an old North Sea fisherman—namely, the application of a roll or pledget of fine, soft, tarry oakum. The relief was immediate. As ung. picis co. did not give similar results, I concluded that however auxiliary the tar may have been, the oakum acted chiefly in keeping the surfaces asunder and promoting coolness and ventilation. As "Anti-Scalptor" says that some of his cases have been "unusually robust," they may have been caused, like the foregoing, by too close approximation of the surfaces.

MR. GARRY SIMPSON (East Acton) writes: "Anti-Scalptor" will find the following ointment a most reliable remedy: ʒ cocain. hydrochl., gr. ij; atropin. sulph. gr. ʒ; morphin. acetat. gr. ij; ung. plumbi acet., ad ʒj. M. Ft. ung.

C. M. I. writes: The remedy for pruritus ani will depend upon the cause of the discomfort. Mercurial preparations are about the best local application—calomel, white precipitate, or citron ointment at bed time. As two patients were robust, the common mist. alba of the hospitals would be most suitable for such night and morning. For others 5 grains of salicylate of soda in pills two or three times a day will be useful. Dr. Neale's Digest should be referred to for further information if above found not suitable. I venture to hope "Anti-Scalptor" will state his result in his present case.

ARSENIC FOR BADNESS OF WIND IN HORSES.

DR. W. A. HAYES.—Our correspondent's question is somewhat vague, and it is impossible to say what is best upon the premises offered. "Bad in wind" includes many respiratory troubles, and, according to veterinary authorities, long experience has proved that arsenic given to horses in the majority of respiratory troubles is useless. A safe dose for a horse is half an ounce of Fowler's solution poured over the food or given in the drinking water night and morning. This should not be continued for longer than twelve days. An interval of four or five days should elapse before recommencing, and it may then be given, half an ounce of the same solution at night only. The arsenious acid is not a good preparation to use, although often given, as it is apt to accumulate in the manger, and produce toxic symptoms. If a horse be a "roarer," or suffers from emphysema, the best treatment is to give him a wineglassful of cod-liver oil every night mixed up with his last feed; this is less harmful and more beneficial than arsenic.

NOTES, LETTERS, ETC.

ERRATUM.—In the editorial comment on Dr. H. Cayley's letter published in the BRITISH MEDICAL JOURNAL of April 7th, p. 774, the word "not" should have preceded the words "dependent on dysentery."

MEDICAL WOMEN AS WORKHOUSE DOCTORS.

MISS E. WINIFRED DICKSON, M.B., F.R.C.S.I. (Vienna) writes: With regard to medical women as workhouse doctors, I wish to say to "M.D." that I hold the moral standard to be alike for men and women, and cases which in women may be attended by a man, may in men be attended by women on exactly the same ground. And as I hold that a man has a right to learn all the work and attend all classes of cases when occasion arises, so a woman has a right both to learn and to practise all. When specialism is possible, venereal cases, etc., in men should be attended by men, and gynaecological cases by women. In private practice these questions settle themselves by the choice of the patient; in public institutions containing patients of both sexes, I hold that a doctor of either sex has a right to practise. I believe that the majority of women, especially of the lower classes, do prefer to be treated gynaecologically by women. I have frequently been assured of the contrary by men, but very rarely by women. I would remind "M.D." that the specialism of gynaecology is of very recent date, say fifty years or so, and certainly has not been practised for "centuries."

LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY.

DR. GEO. E. MEAD (National Liberal Club, S.W.) writes: As some little misunderstanding is being caused by my resignation of the financial secretaryship of the London and Counties Medical Protection Society and the appointment of Dr. Foulerton, will you permit me to state the causes which led to this. In the early part of the Society's existence it was advisable that the Secretary should be well acquainted with the details of the amount of pecuniary support we received; in fact, to enable us to cut our coat according to our cloth. Happily our success has been such that this is no longer necessary. The general work of the Society has now become so enormous from the mixing of the financial with the ordinary secretarial work, especially the receipt of subscriptions, that I was compelled to ask my Council to relieve me of those duties, and the Treasurer (Dr. Heron) required more effective help than I could give him. Dr. Foulerton has now kindly undertaken the duties. All letters on financial matters received by me are at once forwarded to Dr. Foulerton, unless there are other special matters requiring an answer from me. This, I hope, will tend to greater efficiency and precision in our work.

THE ELECTRICITY OF THE BODY.

M.D. writes: Paragraphs are continually appearing in the papers which to the lay mind seem to show, and are probably intended to suggest, that after all electricity plays a larger part in the economy of the body than doctors are inclined to admit. We are told that every function of the body is accompanied by a development of electricity, and that by delicate galvanometrical arrangements a current can be demonstrated even on the passage of sensory impulses. All this is interesting, no doubt, and to some appears extremely novel: to such, however, it should be pointed out that, after all, the electricity so developed is but a sort of waste product, and has no more to do with the production of vital activity than the heat in the escaping steam has to do with the power of a steam engine. When the potential energy of food and living