LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

Communications respecting Editorial matters should be addressed to the Editor, J. Agar Street, London, W.C. 2; those concerning business matters, advertisements, etc., to the Manager, J. Agar Street, London, W.C. 2.

OFFERS and LETTERS forwarded for publication are understood to be a present to the British Medical Journal, unless the contrary is stated.

Articles and communications intended for publication should be accompanied by a short abstract and a statement of the author’s name—of course not necessarily for publication. Communications not answered are requested to be looked at the Notices to Correspondents of the following week.

Ministers 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 business of the Journal should be sent to the Manager at his private house.

Telegraphic Address.—The telegraphic address of the Editor of the British Medical Journal is "Aldingso, London." The telegraphic address of the Manager of the British Medical Journal is "Aldingso, London."

**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.**

**QUESTIONS.**

Mrs. H. J. Curtis (in reply to "Chlo") inquirer, writes: "Treatment depends on the severity of the condition. Omitting the infrequently seen form in which the floor of the urethra is wanting right back from the meatus, treatment is indicated in the more frequent form of a groove produced by the variety commonly met with may be arranged into two groups:

1. Where the orifice is situated in the normal position and at, or in the immediate neighbourhood of, the frenum prepuiti.

2. Where the urethral orifice is further back or there is a more or less complete absence of floor of the pennis urethra, the urine escaping from an aperture, often, placed at the junction of the under surface of the最终 or isific.

Group 1. In infants, provided micturition is near enough to the floor of the urethra is wanting right back from the meatus, treatment is indicated. In the adult, if not induced to a late period, the orifice are larger and there is more skin available for plastic surgery, if indeed it is the case, then a delay in the condition, the meatus should be enlarged ("metotomy"), inserting the point of a atonivous knife, edge downwards, into the orifice and directing a forward and upwards to emerge at the top of the skin, with a vertical scar-like depression, the line of union of the two corpora spongiosa, indicates the normal position of the meatus urinari. The knife is made to cut from within outwards along the line of the scar-like depression, the groove thus formed continuing the normal direction of the urethra. The edges of this groove must be kept apart for a fortnight by a loop of stout silk wire gut tied in a snout, and a small bandage passed around the floor of the groove forming the floor of the urethra. Subsequently a bougie is inserted for an inch or so along the urethra, so as to distend the groove in the groove is done daily for the first week, then every other day, and so on, until the end of two months once a month is sufficient. The object is to convert the shallow groove into more or less of a cylinder, parallel with the canal of the urethra. The floor, however, is cut with a scalpel: a method I first saw carried out by Mr. Stansfield Collier at Great Ormond Street. A wide transverse slit is made at the level of the coronis glands through the external urethral connective tissue, the edges of the groove are retracted, and the floor of the groove is formed by the new meatus. The only difficulty is that due to the passage of urine, which may prevent union of the skin edges. In this case a prosthesis may be necessary."

Group 2. Where the deficiency in the floor of the urethra is more or less complete, I have successfully adopted Artthburn’s operation and the modification of Davies-Colley’s operation for cleft palate, raising a flap of skin, with its free edge downwards, from one side of the groove or line indicating the normal position of the urethra, turning inwards and stitches it to the under aspect of a flap from the other side of the groove, having its inner surface towards the free edge lines and the smooth outer surface of the first flap thus forms the floor of the urethra, whilst the opposite surface formed by the inner surface of the groove thus formed by the free edge. It is absolutely essential to success, however, to do median perilum section before commencing the urethroplasty. This little operation is indicated in the case of a newborn babe, being safely delivered on the fourth day. The efficacy of this method was first observed and published by James Wilson in the Transactions of the Royal Society of Edinburgh in 1788. No operation had previously been done by another surgeon without drainage and had completely failed.

LETTERS, NOTES, Etc.

**Joseph Bell of High Wycombe.**

Mr. F H. Parkinson (over Shrewsbury, Polpier, R.S.O. Cornwall) writes: "I am endeavouring to trace the history of Joseph Bell, a surgeon who lived at High Wycombe in the latter part of the eighteenth century. His name appears on the books of the old College of Surgeons up to 1799, but never appeared on the register of the present Royal College of Surgeons. It is the latter part of the eighteenth century that he died in 1799-1802. He did not qualify either at Surgeon’s Hall or Barbary Hall, London, and he may therefore have been licensed by one of the provincial companies of barber-surgeons, or by a bishop. I consider it very highly probable that he was identical with a Joseph Bell who was born at Marlow in 1741, and, if so, he was the great-grandson of the Rev. Joseph Bell (rector of Rufford and Bexton and Nov. to 1732), who was educated at Winchester College, and left school in his 17th year. If by chance any one of your readers will be able to give me any information about this surgeon, and especially as to the exact date of his death, the place where he died, and the bishop with whom he was licensed, I shall be pleased to communicate with me by letter. To yourself, if you can find space for this letter, my obligation will be great."

Dr. J. Birkenhau Cenvenry (isbrook, Kent) writes to say that in the course of his practice in London he has met with several persons in whom the smallest dose of opium would induce such a scaratinal rash as Dr. Hartson described in the British Medical Journal of June 23rd, p. 1405. In one lady a small dose of paregoric, as given in a mixture for a cold, brought out the rash. It is usually attended with a good deal of pruritus and followed by fine desquamation.

**EREWATUM.**—In connexion with his paper entitled A Case of Heria of the Bladder Associated with an Inguinal Hernia, appearing in the British Medical Journal of July 6th, p. 192, I wish to point out that on the sixth line from the bottom of the right hand column on page 192, the word "excised" should have been included in the sentence "the protrusion of the bladder was incised," that is, was wounded—and not completely excised—as happened in the case quoted immediately following.