

**CORRESPONDENTS** are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

## HYPODERMIC SYRINGES.

**SIR**.—Seeing letters upon the above subject in the last two issues of the JOURNAL, I should like to offer a suggestion, if you will kindly grant me space. Mr. Jones, it appears, breaks the points of his needles against the bottle, owing to imperfect vision; as a remedy for this state of things, Mr. Hall recommends him to use a bottle with a mouth so small as only to admit the needle, but sufficiently deep to prevent the point from touching the bottom. It appears to me that the remedy is worse than the disease; for surely a man suffering from defective sight would break quite as many points in endeavouring to insert the needle into so small an orifice. The true remedy is obvious. I would recommend Mr. Jones, when about to operate, to procure that ubiquitous article, a common teaspoon; and, having poured some of the solution into its bowl, fill the syringe from it before applying the needle; supposing the instrument to be full, apply the needle by screwing it on or otherwise, as the case may be; then, turning it with the point upward, gently press upon the piston to expel all air, and the machine is fit for use. By adopting this method, I am confident Mr. Jones will break no needle-points, and he will find it quite as convenient as the somewhat clumsy mode of filling from the bottle.—I am, sir, yours truly,

A. G. YOUNG, M.B.

Mountnorris, April 16th, 1881.

**SIR**.—Your correspondent, Thomas Jones, will find the bayonet-pointed hypodermic syringe far more serviceable than the ordinary kind. The point is made of steel; the opening is at the side; the points of those of the ordinary make are very thin, made of soft metal, and soon give way; the steel ones are rather more costly.—I am, etc.,

S. H.

## THE IRISH LUNACY BILL.

**SIR**.—Permit me to call the attention of my hospital brethren to the new monopoly with which Mr. Litton's Lunacy Bill proposes to invest dispensary doctors. Under it, these gentlemen, and none other, are to inspect out-door lunatics. For the last few years, one monopoly after another has been grasped by dispensary medical men, until they have almost shut us out of all access to practice. Is it too much to suggest to hospital men to see to this?—I am, etc.,

T. LAFFAN.

Cashel, April 19th, 1881.

**A MEMBER**, who writes on the subject of consultations, has omitted to supply his name.

## COLONEL TOTTENHAM'S MOTION AND IRISH LUNATIC ASYLUMS.

**SIR**.—I have waited weeks and weeks for some attempt at reply to my letter of the above heading. I thought my arguments unanswerable, but I did not think that they would remain without some attempt being made to answer them. I would now suggest two things to Poor-law men: 1. To work their local M.P.'s to bring about a fusion of the two services; 2. That candidates for asylums should send copies of these letters to those officials who have the asylum-patronage at their disposal whenever vacancies occur.—I am, etc.,

THOMAS LAFFAN.

Cashel, April 19th, 1881.

**SIR**.—Will any of your readers who happen to be mental experts inform me whether they consider the following a natural or morbid phenomenon; viz., without any apparent connecting link, the association of airs or melodies with the memory of individuals.—Yours truly,

CORPUS SACRUM.

## LUCODERMA.

**SIR**.—In the JOURNAL of the 2nd April, Mr. Balmanno Squire asks this question: "Do piebald negroes or Hindoos ever cease to be piebald?" Having been in practice in the West Indies for over fifteen years, I venture to send an answer to the query: I think not.

Leucoderma, sometimes called white leprosy, is very common among Hindoos, and also the negroes, although this is questioned by Mr. Jonathan Hutchinson in his *Lectures on Clinical Surgery* (p. 33); the neck, front of chest, and the arms being the parts most frequently affected. I have hardly ever seen it in persons under thirty or forty years of age; and I believe that, once it appears, it remains as long as the patient lives; at least, I can call to mind a dozen cases who have had leucoderma for more than ten years, as well as others who have died with it. It has to be distinguished from the eruption of nerve-lepra, and both have been mistaken for a whitish pigmentary alteration common among the negroes and coloured creoles, known as *latta*, or *leuta*, which is curable by tonics and alteratives. In the *Leprosy Report of the Royal College of Physicians* (p. 18), Dr. Stevenson of Montserrat erroneously refers to *leuta* as an early stage of the so-called anaesthetic, or the non-tuberculated lepra, with which disease it has, of course, no connection. It has occurred to me that the cases of leucoderma said to have disappeared may have been merely *latta*, a mistake not at all unlikely to happen.—I am, etc.,

JOHN D. HILLIS, F.R.C.S.I., M.K.Q.C.P., Medical

Superintendent General Leper Asylum, British Guiana, West Indies.

Providence, Carlow, April 12th, 1881.

**DR. A. WALLACE**.—The drugs shall receive consideration before long.

## PURTON SULPHATED AND BROMO-IODATED MINERAL WATER.

ACCORDING to the analyses of this water, it is relatively rich in iodine of sodium, bromide of magnesium, sulphate of soda, and sulphate of magnesia, and as such has an attested value as an alterative and depurant, especially useful in scrofulous chronic skin-diseases, erratic gout and rheumatism, and other chronic disorders of the stomach, liver, and skin. It is well spoken of by Althaus, Sir Ranald Martin, Dr. Marctet, and others.

**SIR**.—It may amuse you, or some of your readers, to know that the anagram of "Medical Reform" is "Mere mad frolic".—Yours,

M. DE B.

## THE CLIMATE OF GLENGARIFF.

We have received, from the proprietors of the Eccles Hotel, a small box of spring flowers, grown in the open air, a pleasing testimony to the mildness of Glengariff, and its suitability to those who require a warm and equable climate. Dr. Noel Gueneau de Mussy, Dr. Alfred Hudson, Sir John Forbes, and many other eminent physicians, have borne testimony to the mildness of the climate, to the sheltered position and equable temperature of Glengariff as a health-resort, and its suitability to invalids suffering from pulmonary complaints. The scenery is of singular beauty; and the hotel well known for its cleanliness, comfort, and superior appointments, at this season of the year. We are by no means unwilling to say a word for a delightful health-resort in the sister isle, where the east wind may be set at defiance.

## THE ACTION OF PANCREATINE UPON FAT.

**SIR**.—In the JOURNAL for November 27th, 1880, Dr. Dobell expresses astonishment at Dr. Roberts for casting a doubt upon the alleged power of the pancreas to emulsify fats. After admitting the uselessness of the pancreatic essences, extracts, and liquors for this purpose, he states that the "pancreatine powder of Savory and Moore, practically powdered pancreas", does possess this power. In the course of a series of investigations I have made from time to time into the alleged actions of various remedies advertised as aids to the digestive processes, I have attempted to obtain an emulsion of fat by using Savory and Moore's pancreatine powder in the manner directed in Dr. Dobell's paper already quoted; but I have, after repeated trials, entirely failed to verify his statements.—I am, etc.,

ROBERT SAUNDBY, M.D.

91, New Hall Street, Birmingham, April 2nd, 1881.

**DENTAL EXAMINER**.—The Committee on Examinations in Anatomy and Physiology of the Royal College of Surgeons will meet on Monday next, the 2nd proximo, to consider and report to the Council on the applications and nominations of "persons skilled in dental Surgery", Mr. S. J. A. Salter, F.R.S., having resigned.

**DR. ASHWORTH (Barrow)**.—A short communication will be published.

## INVETERATE SNEEZING.

**SIR**.—Would any gentleman advise me on the following somewhat obscure case? A young lady, aged about 24, suffers from paroxysms of sneezing, lasting from a few minutes to as long as two hours. She is greatly prostrated by them, and her health suffers considerably. They commenced about two years ago, when in the East Indies. The only point she can remember about their starting was the fact of her giving music-lessons to another young lady, who suffered from the same complaint, only much more slightly. The latter appears to have got rid of the complaint just as the former commenced to suffer. I have tried a great many remedies, but with only partial success. What line of treatment would be most likely to effect a permanent cure?—I am, etc.,

A MEMBER.

**A MEMBER OF THE BRITISH MEDICAL ASSOCIATION**.—The crematory furnace built by the council and members of the Cremation Society of England, stands upon an acre of ground in St. John's parish, Woking. The ground has been inclosed, and planted; but the mortuary chapel has not yet been built, owing to want of further funds. The furnace is complete, but is not open to the public, pending the result of present arrangements with the Government. Plans of this English and other foreign crematories, prepared by the Honorary Secretary, Mr. Wm. Eassie, C.E., 11, Argyll Street, London, W., will be found in the *Transactions of the Society*, published by Messrs. Smith, Elder, and Co., 15, Waterloo Place, London, S.W.

**ERRATUM**.—In the JOURNAL of April 16th, page 595, column 2, line 10 from bottom, for "trephined" read "re-opened".

## COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. J. W. Langmore, London; Dr. Laffan, Cashel; Dr. Murrell, London; Mr. C. H. Phillips, Hanley; Mr. Thornton, London; Dr. W. R. Thomas, Sheffield; Dr. Roper, London; Mr. E. Willoughby, London; Mr. G. Mahomed, Bournemouth; Mr. W. J. C. Miller, London; Messrs. F. Edwards and Son, London; Mr. W. H. Watson, Bolton; Messrs. F. Newbery and Son, London; Dr. T. M. Dolan, Halifax; Dr. D. Browne, London; Mr. T. P. Harvey, St. Leonard's-on-Sea; Mr. A. Hirschwald, Berlin; Dr. Sawyer, Birmingham; Mr. G. Eastes, London; Mr. S. B. Mason, Pontypool; Mr. W. G. Vassie, London; Dr. W. Kelly, Taunton; Dr. Donkin, London; Dr. H. M. Sackwell, Oxford; Mr. A. F. McGill, Leeds; Dr. A. Davidson, Liverpool; Dr. Godson, London; Dr. R. Sinclair, Dundee; Our Dublin Correspondent; Mr. Shirley Murphy, London; Mr. G. P. Field, London; Dr. T. M. Lowndes, Egham; Mr. J. Ewens, Bristol; Mr. T. B. Green, Sedbergh; Dr. F. J. Sandford, Market Drayton; Mr. R. S. Fowler, Bath; Our Edinburgh Correspondent; Mr. T. Leeds, Bath; Mr. T. Jones, London; Mr. P. H. Banks, Leicester; Mr. Hamilton Mitchell, Londonderry; Mr. Francis Vacher, Birkenhead; Dr. W. H. Barlow, Manchester; Mr. R. W. Egan, Dublin; Dr. Churton, Leeds; Mr. Jenkins Lloyd, Denbigh; Dr. G. H. Dabbs, Shanklin; Dr. Glasco, Manchester; Mr. R. Manners Mann, Manchester; Dr. W. Boyd Musket, New Brighton; A Member; Mr. David Skinner, Victoria; Mr. Joseph Lewis, Birmingham; Dr. W. M. Campbell, Liverpool; Dr. J. Milner Fothergill, London; Mr. Henry Brown, Northallerton; Rus; Mr. R. Harrison, Liverpool; A Member of the Metropolitan Counties Branch of the British Medical Association; Mr. C. G. Wheelhouse, Leeds; Mr. T. W. Reid, Canterbury; Dr. Brett, Watford; Our Aberdeen Correspondent; Mr. H. C. Clark, Glasgow; Mr. John Horsfall, Leeds; Dr. Corfield, London; Messrs. Fletcher and Fletcher, London; Mr. Lennox Browne, London; Dr. John Mitchell, Barnard Castle; Mr. W. Arnison Slater, London; Mr. A. Hamilton, Chester; Mr. J. Henry Ashworth, Lincoln; Dr. A. H. Robinson, Hull; etc.

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