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.

THE TREATMENT OF PEMPHIGUS.

SIR,—Mr. Jonathan Hutchinson, in his interesting clinical remarks, published in the current number of the JOURNAL, on empirical medicine with reference to the treatment of pemphigus, says: "Five-and-twenty years ago, I believe the case of pemphigus you have seen cured would have been found incurable in all the medical institutions of the world, with one single exception." When I was clinical clerk to Dr. George Budd, in the early days of the old King's College Hospital, I saw a case of pemphigus treated and cured by him with arsenic. Dr. Budd dwelt repeatedly, with his usual genial earnestness, on the supposed incurable character of pemphigus, and the general ignorance of its amenability to arsenic, and congratulated the patient on his admission to an institution where the right method of treating his malady was known. This, I regret to say, was not twenty-five, but more than forty, years ago. Mr. Hutchinson must admit a second exception to his statement. —I am, sir, your obedient servant,

S. H. STEEL, M.B.Lond., M.R.C.S.E., Associate of King's College, London.

Abergavenny, January 9th, 1882.

THE DENTISTS' ACT.

SIR,—In your issue of this date, the "Honorary Secretary British Dental Association" has challenged "Mr. Stevenson and others who are unfriendly to, and desire to discredit, the Dentists' Act" to find justification for the statement (for which I only am responsible) that that Act consigns us all to a low position of equality. If, like the honorary secretary, I entertained the opinion implied in his apology for introducing the subject, that dental matters are unworthy to occupy your space, I should not again trouble you; but as I still look upon my speciality as a branch of surgery, I have less hesitation in submitting discussions in its interest to your pages.

Mr. Turner says: "The Dentists' Act requires that the dental qualification of each registered person should be stated", etc., but he does not mention the equally true fact, that each person so registered (whether he be "A. B., Licentiate in Dental Surgery of the Royal College of Surgeons of England, Edinburgh, or Ireland", or "C. D." without a qualification, "in practice before July 22nd, 1878"), is entitled by that Act to style himself Dental Surgeon or Surgeon Dentist. Neither the public nor the medical profession take the trouble to consult the *Dentists' Register* (even when they know of its existence), but they are all equally misled by these assumed titles; therefore, whether as "Members of the Royal College of Surgeons", "Licentiates in Dental Surgery", or "In practice before July 22nd, 1878", we are all surgeon dentists, without practical distinction, and so most unfairly "placed on the same low position of equality".—Faithfully yours,

NATHANIEL STEVENSON.

51, Wimpole Street, Cavendish Square, W., January 7th, 1882.

A QUESTION OF TREATMENT.

SIR,—Will any of your correspondents suggest a line of treatment for enlargement of the capillary vessels at the tip of the nose? My patient is a gentleman over fifty, moderately stout, and of fair complexion. He is extremely regular in his habits, and a total abstainer. A patch, about the size of a sixpenny-piece, at the end of his nose, is covered by the fine red interweaving vessels. Apart from the disfigurement, which is so far not very great, the nose is extremely sensitive and bleeds upon very slight provocation. Collodion has been applied without benefit, and hamamelis, he thought, made matters worse. He finds the greatest comfort from keeping the hairs in the nostrils closely cut, and the application of oxide of zinc ointment at night when going to bed. The skin on the affected part appears to be somewhat coarser than it was some time ago; otherwise there has been no alteration for a long period. The patient is of gouty habit. Is the trouble liable to increase, or can it be arrested in any way?—Your obedient servant,

DOUBTFUL.

SCARLET FEVER.

SIR,—I should be glad to learn from Mr. H. A. Smith what he means by "protected and unprotected attendants upon scarlatinal cases". He surely does not wish us to believe that a person having had one or two attacks of scarlet fever is not liable to another attack!—I am, yours faithfully,

M. B. M. A.

SIR,—In permanent dilatation of the pupils from using atropine, what strength of a solution of Calabar bean should be used?—I am, etc.,

A MEMBER OF THE B. M. ASSOCIATION.

LE PETIT MAL IN OPERATIONS.

SIR,—The following case is, I think, quite analogous to the case of *petit mal* occurring in conection with vaccination, which is described by Dr. C. Dixson in the JOURNAL of December 17th. A few days ago, a stout country woman, who stated she had never had a day's illness, consulted me on account of epiphora in her left eye. Like many perfectly healthy people who have never had anything to say to doctors, she was nervous to an almost ludicrous degree; the mere approach of a probe to her eye making her throw back her head with a jerk, as if she anticipated some horrible proceeding on my part. The canaliculus was narrow, and the punctum almost impervious, so that it was only with considerable difficulty I succeeded in introducing the smallest of Bowman's probes. Just as, after reaching the sac, and elevating the probe to the vertical position, I was preparing to pass it down the nasal duct, a tremor came over her. Mistaking the nature of it, I told her not to be so foolish, but a glance at her face showed that she had become quite insensible. The tremor became a slight general convulsion, the limbs becoming rigid when it ceased; the head bent backwards over the chair, towards her right side, the muscles of the neck being rigid; the pupils dilated widely; eyes at first turned strongly upwards and to the right, which position was immediately followed by a strong convergent squint. Breathing became somewhat stertorous, and jaws clenched; face ashy-pale. All this took place in the space of about twenty-five or thirty seconds. A few drops of water dashed on her face restored her instantaneously, with merely the result of her looking a little bewildered, and feeling weak. I should say that, during the attack, her pulse was quite imperceptible; I could scarcely feel a flutter. This is in consonance with Dr. Moxon's observations with respect to stoppage of the heart's action during an epileptiform paroxysm; and goes far to sustain his view that this latter phenomenon is a much more probable cause of the convulsion than a general contraction of the arteries of the brain, it being almost inconceivable that such contraction could occur in an infinitesimal portion of time, and with equal suddenness cease.—I am, sir, yours obediently,

THOMAS DRAPER, M.B.

Enniscorthy, Ireland, December 27th, 1881.

NASAL CATARRH.

SIR,—At this season of the year, when coryza is prevalent, it may interest some of the readers of the JOURNAL to know that this very common and exceedingly troublesome complaint may be cured in a few hours if taken at the onset, or at least twelve hours afterwards, by the inhalation of the spray of a solution of sulphate of quinine.

The mode of administration which I generally adopt is as follows. A solution of the sulphate (four grains to one ounce of water), prepared with just sufficient dilute sulphuric acid to dissolve the quinine, and scented with any agreeable perfume, is injected up each nostril in succession by the ordinary hand ball spray-producer, which can be procured at any chemist's for one shilling. The patient can use it himself, and he should be directed to inhale the vapour, so that it may reach the posterior nares; this may be known by the taste of the alkaloid in the mouth. The inhalations should be carried out at least every hour, or oftener, according to the urgency of the symptoms.

The remedy has been tried in hay-fever with success; and if, as I strongly suspect, nasal catarrh is of parasitic origin, and not, as we have been taught to believe, as the result of sudden change of temperature, exposure, etc., the action of the drug becomes at once apparent; this, however, is a point that will have to be decided by further research. One thing is evident, that the old explanation is, to say the least, unsatisfactory, and will not be accepted without further proof in this age of scientific medicine.

Any member who may not have already tried the remedy, and should wish to do so, will confer a favour by publishing the result of his experience in the JOURNAL. —I am, sir, yours truly,

N. FFOLLIOTT, Surgeon-Major A.M.D.

Cork, December 31st, 1881.

SIR,—Would any of your readers kindly inform me what parts of the island of Jamaica are most suitable for a phthisical patient?—I am, etc.,

NEUROSIS.

DISEASE OF SCALP.

SIR,—In answer to "A Perplexed Member", I have always found painting the patches with acetum cantharidis very efficacious (one application being sufficient usually).—I am, etc.,

NORMAN LAWRENCE, L.R.C.P., etc.

26, Dee Street, Aberdeen.

SWALLOWING ARTIFICIAL TEETH.

SIR,—As another warning to the careless, I send you the enclosed. Miss P., on the night of December 7th, 1881, being awoke by a choking sensation, found her artificial teeth from the upper jaw missing. When brought to me, she was in great distress, and described them as in the œsophagus, but examination proved that they had passed down into the stomach. She was plentifully fed on porridge and thick puddings, and, as the bowels had not acted, had a mild aperient on the third day. She went on day after day without any urgent symptoms. Her sensations seemed to locate them still in the stomach until the night of the sixth day, when it appears she had some uneasiness, like indigestion pains. On the seventh day after they were swallowed, the uneasiness was felt on a level with the umbilicus, with a pricking pain, probably caused by the sharp hooked condition of one end of the plate. On the morning of the 16th, nine and a half days after the accident, the teeth passed away imbedded, without any difficulty.

The plate was one inch and three quarters long by one inch wide, having three lateral incisors on one end, and one on the other. One end of the plate had lost the hooked portion which attached it to the adjoining tooth, and which seems to have been soldered on, instead of forming a portion of the plate itself.—Yours faithfully,

M. WILLETT, M.D.

Bristol, December 17th, 1881.

HONORARY MEDICAL ATTENDANCE.

ON the subject of the proposed appointment of an honorary staff of medical officers to a rate-supported borough hospital for infectious diseases at Sheffield, Sir Chas. Trevelyan writes:—"In every way the eleemosynary system of medical treatment has been carried too far. It pauperises and degrades the working class, and lowers the standard of popular medical relief by crowding, hurry, and impossibility of permanently individualising the cases; and it also exercises a depressing effect upon the medical profession itself, by requiring medical men to make personal sacrifices unheard of in any other calling, and making it difficult for the younger men to get a proper professional footing without going into lines in every way to be deprecated."

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

Mr. George Jones, Birmingham; Mr. S. H. Steel, Abergavenny; H. A. H.; Mr. J. Bisshopp, Tunbridge Wells; M.B., M.A.; Yorkshire Student; Dr. E. West Symes, Halifax; Mr. W. G. Walford, London; Dr. H. Aubrey Husband, Edinburgh; Mr. Thomas Dutton, Chichester; Mr. H. Boyle Runnals, Watford; Mr. Norman Lawrence, Aberdeen; Mr. A. Tayler, Hanley; Mr. Henry Morris, London; Mr. E. L. Grant, Paisley; Dr. Atkinson, London; Dr. C. Fleming, Worksop: Mr. W. E. Green, Sandown; an Old Member; Mr. J. P. Chadwick, Southport; Mr. John Scott, Manchester; Mr. Jonathon Hutchinson, London; Dr. Warrington, Congleton; etc.

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