We have refrained from alluding to the subject of the Napper testimonial fund, pending a correspondence that has taken place in the Surrey Advertiser, which was provoked by a most unjustifiable attack, from a quarter in which it should have been least expected, upon Mr. Napper's title to being considered the originator of the cottage hospital system. The evidence brought forward in support of Mr. Napper's claim, we think, must convince all reasonable persons that his position is unassailable; and further controversy seems to us out of place.

BORACIC GLYCERINE.

BORACIC GLYCERINE.

SIR,—It will be interesting to learn, from those whose practice and experience enables them to speak authoritatively on the subject, whether—as Mr. Balmanno Squire suggests—boracic glycerine can be made to take the place of carbolic acid in all the operations of antiseptic surgery. That it can be so used in certain cases, and with advantage, I feel sure; e.g., when a wound, treated antiseptically with carbolic acid dressings in any one of the usual methods, has become almost superficial, and begins to respond too vigorously to the irritation of even weak carbol oil, it will heal more readily and kindly under lint moistened with ordinary "glycerine of borax", than if treated with simple water-dressing, or with dry lint. This may be proved by simultaneously treating two similar wounds on the same limb, or two different portions of a large superficial wound, by the two methods, and noting the rate of progress and the result in each case. Ulcerated superficial wounds, once they have been cleaned and stimulated into healthy action, usually heal very readily under this treatment. But, in deep, or lacerated, or contused wounds—those from which we should expect, under ordinary circumstances, usually heal very readily under this treatment. But, in deep, or lacerated, or contused wounds—those from which we should expect, under ordinary circumstances, a good deal of suppuration—the boracic glycerine has disappointed me, and has seemed much inferior in usefulness to carbolic acid; and I think that the powerfully hygroscopic qualities of glycerine which come usefully into play when the main business in hand is the formation and protection of young epithelium, are, at best, of doubtful value in lesions involving greater depths of tissue. On the other hand, in dealing with weak, pale, and flabby granulations, boracic acid lacks that quality of sufficient irritating power which, when responded to, we term stimulation. I apprehend that the chief value of glycerine as a vehicle of the germicide boracic acid lies in the fact of its being in itself aseptic, protective, and hygroscopic, and not subject to evaporation at ordinary temperatures. I have often found boracic glycerine a pleasant and successful application in cases of tinea circinata

and not subject to evaporation at ordinary temperatures. I have often found boracic glycerine a pleasant and successful application in cases of tinea circinata and of pityriasis versicolor.

In the summer of 1874, I first showed that the action of glycerine upon borax was a chemical one—boracic acid being set free; since then, I have, in the case of infants who have to be brought up by hand, often ordered the addition of a few grains of borax to the milk, which is at the same time sweetened with glycerine instead of with sugar; milk thus treated is less apt to become sour in hot weather (borax is often added to milk, especially in the summer months, in many large dairies); and children thus fed would seem to suffer less frequently from "thrush" than do those fed in the ordinary way on cows milk and with equal attention to cleanliness. A similar treatment of the milk-food of infants and young children has served to prevent or mitigate the simpler forms of summer diarrbeca. A little borax, boracic acid, or—if the milk be liked sweetened—a little glycerine of borax, is probably, also, an useful addition to the milk ordered for enteric fever patients.

I have only lately learnt that, in 1878, Messrs. Senier and Lowe published papers in the journals of the Chemical and the Pharmaceutical Societies, showing that when ordinary sodic biborate, or borax, is dissolved in glycerine, boracic acid is set free,

ordinary sodic biborate, or borax, is dissolved in glycerine, boracic acid is set free, while more basic borates, having a constitution between mono- and bi-borates, remain behind; and proposing to utilise this fact as a test for glycerine, Glycerine, however, although peculiar, does not stand alone in this respect; the salts of ammonia also have the power of decomposing borax and setting free boracic acid (Woodcock, Jour. Chem. Soc., xxiv, p. 785)—a power which should not be overlooked in medical practice or prescribing.

May I take this opportunity of again calling attention to the fact that the common glycerine of borax, B. P., is not "an alkaline combination", as it is often stated and considered to be; in proof whereof, anyone who will add a strong solution of bicarbonate of soda to an equal quantity of "glycerine of borax" in a lightly corked phial, will voluntarily make the experiment which is sometimes unwittingly and disastrously performed by the dispenser who trustfully mingles these ingredients in accordance with the unguarded directions of an apparently innocent prescription. accordance with the unguarded directions of an apparently innocent prescription.

—I am, sir, your obedient servant,

Hertford, May 3rd, 1882.

G. M. S. asks: Where could I obtain a copy of the Girton Review, as mentioned in the British Medical Journal of April 15th, page 548; and who are the manufacturers of the "corsets" you mention in the same article?

** The Girton Review is only printed for private circulation, but subscribers' names are received by Miss E. Sillers, Girton College. The address of the corset-maker is S. Harper, 11, St. Andrew's Street, Cambridge.

PRURITUS VULVÆ.

PRURITUS VULVE.

SIR,—Will any of your readers be kind enough to give me a few hints as to treatment of an obstinate case of the above distressing malady, which is most probably due to a diabetic condition of the urine? My patient is sixty years old, strong and robust in appearance. Menstruation ceased only four or five years since. None of the usual signs of diabetes are apparent. The urine is of low specific gravity, and contains a small quantity of sugar. Ordinary measures have been perseveringly used for some time without any good results, and I shall be greatly obliged for some additional suggestions from any kind member.—Yours very truly,

H. H. O.

GALL-STONES.

SIR,—In the JOURNAL of April 22nd, 1882, Dr. Dunbar Walker describes three gallstones passed by an infant of three months old after the administration of a dose of castor-oil. They were found to be "hard as wax, ovoid in shape, and dark grass-green in colour". He adds that those substances seemed to consist of cholesterine. It would be interesting to me, and doubtless to many of your readers, if Dr. Walker will kindly state what tests he applied to ascertain the presence of cholesterine, for the following reasons. 1. Masses of crystallised cholesterine are usually much harder than wax, and are generally almost colourless. 2. The masses described usually resemble those I have myself observed, which have been passed from the bowel after the administration of olive-oil, and which have been incorrectly described as gall-stones (vide Lancet, 1881, vol. ii). 3. The improbability of the formation of gall-stones at so early an age suggests the possibility that the masses observed were intestinal, and not biliary, concretions, and that they consisted of saponaceous matter rather than of cholesterine. 4. The smallness of the number of concretions observed is probably accounted for by the smallness of the dose of castor-oil.—I am, sir, your obedient servant,

Clifton, April 29th, 1582.

R. Shingleton Smith, M.D., B.Sc.

-Can anyone give a receipt for preventing the bite of fleas-some substance dissolved in oil would be most convenient for anointing the body with, but I cannot discover any? I suffer so fearfully from these pests that they prevent my doing my duty to the poor, being afflicted if I go near them with a kind of perpetual itch.-Yours obediently, TORMENTED.

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

Mr. W. S. Simpson, Worthing; Mr. Schofield, Manchester; Mr. H. Turner, Norwich; Dr. Wilks, London; Mr. Simeon Snell, Sheffield; Dr. Waters, Chester; Mr. John D. Power, Swansea; Dr. B. A. Whitelegge, Sheffield; Dr. Collie, Homerton; Dr. Bassett, Birmingham; Mr. C. E. Shelly, Hertford; Dr. Morley Rooke, Cheltenham; Mr. H. Roe, Droitwich; Dr. Styrap, Shrewsbury; Mr. R. Heelis, Barrow-in-Furness; Our Aberdeen Correspondent; Dr. G. W. Potter, London; M. O. H.; Mr. Lawson Tait, Birmingham; Mr. A. D. Macdonald. Liverpool; Mr. T. Laurence Read, London; Dr. J. F. Knott, Dublin; Mr. W. H. Lamb, London; Dr. W. R. Gowers, London; Mr. P. Gordon Bell, Etwall; Mr. E. P. Hardey, Hull; Mr. D. H. Cullimore, London; Dr. T. Maccall, Matlock Bridge; Mr. Dawson W. Turner, London; Our Dublin Correspondent; Mr. Shirley F. Murphy, London; Dr. A. Rabagliati, Bradford; Mr. T. L. Walford, Reading; Mr. R. Ellis, Newcastle-upon-Tyne; Mr. A. T. Bacon, Leeds; Mr. Thomas Laurie, London; Dr. Brailey, London; Messrs. Fletcher, Fletcher, and Stevenson, London; Dr. Mac Cormac, Belfast; Mr. F. J. Falvey, Tralee; Dr. John Ringwood, Kelso; Dr. H. A. Cottell, Louisville; Dr. Crichton Browne, London; Dr. J. W. Moore, Dublin; Mr. John Keay, Glasgow; Dr. C. R. Illingworth, Accrington; Dr. Parsons, Dover; Dr. Woodward, Worcester: Mr. John Furley, London; Dr. Saundby, Birmingham; Dr. Dougal, Strathavon; Mr. Hugh Linton, Crouch Hill; Dr. C. A. Cameron, Dublin; Mr. Jabez Hogg, London; A Scotch Doctor; Dr. J. B. Emmerson, Biggleswade; Mr. G. E. Williamson, Newcastle-on-Tyne; Dr. F. B. Hallowes, Redhill; Dr. G. de Courcy Morris, London; Dr. M. Beverley, Norwich; Dr. R. John Garden, Aberdeen; Veto; Dr. J. Hamilton Scott, Camberley; Dr. Holman, Reigate; Mr. William Marriott, London; Mr. A. E. Jerwood, London; Dr. A. Patterson, Glasgow; Dr. Sidney Coupland, London; Dr. Henderson, London; Mr. F. Wallace, London; Mr. A. Graham, London; Mr. W. M. Vores, Great Yarmouth; Dr. Kerr, London; Dr. C. A. Greaves, Derby; Dr. Heneage Gibbes, London; Mr. C. H. Golding-Bird, London; Mr. J. Davis, Steeple Aston: Dr. Thomas Draper, Enniscorthy; Mr. C. C. Claremont, Portsmouth; Dr. Jacob, Dublin; Mr. H. Farbstein, Hull; Mr. T. Whitehead Reid, Canterbury; Dr. Erskine, Bournemouth; Mr. J. P. Oates, Malvern Wells; Mr. Nelson Hardy, London; Dr. Thin, London; Mr. F. Hawthorn, Uttoxeter; Dr. Creighton, London; Dr. Markham Skerritt, Clifton; Dr. A. Hughes Bennett, London; Mr. J. A. Byerley, Portsea; Mr. Bernard Roth, London; Mr. T. D. Thomas, Chester; Dr. Ireland, Prestonpans; Mr. Watson Cheyne, London; Dr. Fairlie Clarke, Southborough; Mr. B. G. Morison, London; etc. ----

BOOKS, ETC., RECEIVED.

Catalogue of the Pathological Museum, Medical College, Calcutta. By J. F. P. McConnell, M.B. Calcutta: Bengal Secretariat Press. 1881.

Nitro-Glycerine in Angina Pectoris. By William Murrell, M.D. London: H. K-Lewis. 1882.

On Concussion of the Spine. By J. E. Erichsen, F.R.S. London: Longmans, Green, and Co. 1882.

Spirillum Fever. By Dr. H. Vandyke Carter. London: J. and A. Churchill. 1882. Examination Questions on the Medical Sciences. By J. G. Leask, M.B. London: Baillière, Tindall, and Cox. 1882.

Muscles, Mind, and Morals. By E. T. Tibbits, M.D. London: Simpkin, Marshall, and Co. 1882.

On Failure of Brain Power. By J. Althaus, M.D. London: Longmans and Co.

John Howard's Winter's Journey. By W. A. Guy, M.B., F.R.C.P., F.R.S. London: Thos. De la Rue and Co. 1882.

The Sphygmograph. By Dr. Dudgeon. London: Baillière, Tindall, and Cox.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL".

Each additional line	• •	••	۰	0	4
A whole column	••	••			
A page	. ••	••	5	0	0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made in the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of 20 ,, 12 or 13 ,, :: .. 1, 26 •• ,, 52 .. 30

For these terms, the series must, in each case, be completed within twelve months rom date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than Twelve o'Clock on the Wednesday preceding publication; and, if not paid

for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office High Holborn. Small amounts may be sent in postage