

## BRITISH MEDICAL BENEVOLENT FUND.

MR. EDWARD EAST, of 18, Clifton Gardens, has succeeded Mr. Malcolm Morris as honorary secretary of the British Medical Benevolent Fund.

B.D.T. gives no information in his letter upon which an opinion can be formed. He should consult a competent valuer, who would charge a small fee for such advice.

## MEDICAL ETIQUETTE.

SIR,—Will you kindly give me your opinion in the following case? A. is the medical attendant of a family living in the town in which he practises. A member of the family goes to a neighbouring town five miles distant, where he meets with a serious accident, and is attended at once by B., a practitioner of that town, who accompanies him home. Is it usual, under these circumstances, for B. to continue his attendance on the patient, or to hand the case over to A., when the patient himself is indifferent as to which practitioner shall attend him? I enclose my card, and am, sir, yours truly,

G. H. R.

\* \* The following rule, extracted from the *Code of Medical Ethics*, is strictly applicable to the above case. "When a practitioner is called in to an urgent case in a family usually attended by another, he should (unless his assistance in consultation be desired), when the emergency is provided for, or on the arrival of the attendant in ordinary, resign the case to the latter; but he is entitled to charge the family for his services."

## MEDICAL TITLES.

SIR,—“Surgeon” inquires, “What titles will the new licentiates of the Medical Council be allowed to use?”

I would wish to ask whether, under the new Act, licentiates of the Colleges of Physicians will be permitted to call themselves “Doctor So-and-So;” as a penalty may be inflicted on those who use wrong titles, and some of the above colleges expressly order that their licentiates are not, on the strength of being licentiates only, to style themselves “Doctor.”—I am, etc.,

A COUNTRY DOCTOR.

## COLONIAL PRACTICE.

SIR,—I shall be glad if you, or any of your readers, will give me some information respecting medical practice at the Cape. I am married, no children, aged 40, good health, do not mind work, capital about £500; what degrees are required other than English or Scotch? What is the best town to start in? Should I be obliged to dispense my own medicine? What are the fees as a rule? Are there any appointments to be had? What language is most used? This, or anything further, I should be glad if you could tell me.—I am, yours faithfully,

M.D., M.R.C.S.

SIR,—If your correspondent, Mr. J. Brindley James (see *JOURNAL*, March 17th, p. 511), will state—1. Whether he injected the ether locally in the muscles of the back, or otherwise? 2. Whether he used the same daily in the doses mentioned? 3. Whether he found dry cupping alone sufficient, in many cases? he will oblige, yours, etc,

MEDICINE.

## LOCALISED DIAPHORESIS.

SIR,—Your correspondent, in attempting to produce diaphoresis of one arm by means of the vapour-bath, does not appear to recollect that the heat applied to the arm renders more rapid the evaporation from the remainder of the body, and this increased evaporation tends to neutralise the effect of the heat locally applied. To obtain the result he desires, he must first limit the evaporation from the general cutaneous surface. This may be done by enveloping the patient in a couple of blankets. Heat may be applied to the arm by the vapour or hot-air bath, or if the patient has a brisk circulation, cold wet packing of the limb is preferable. Under any circumstances perspiration of the limb can only take place a short time prior to general diaphoresis of the body, so that the bath will have to be discontinued within five or ten minutes of the sweating.—Yours respectfully,

PERCY R. WILDE, M.B.

Bath.

## THE BRITISH PHARMACOPEIA.

SIR,—Now that a new edition of the *Pharmacopœia* is contemplated, it may not be out of place to notice any defects in the present one with a view to their being remedied. For instance, the preparation of liquor bismuthi et ammon. citratis, may be improved upon by simply adding solution of citric acid to the solid crystals of nitrate of bismuth, subsequently neutralising with ammonia. The latter should be that known as volcanic ammonia, being free from tarry products present in that obtained from gas-works. The advantages of the above method are absence of all excess of nitric acid, and the much greater purity of the crystals if properly prepared than the solution of the metal in nitric acid, besides the simplicity of the formula, the crystals not being precipitated by water if the right quantity of citric acid be first added.—Yours faithfully,

A. N. C.

## TREATMENT OF CROUP.

SIR,—In reply to “Anxiety,” each case of true croup must be treated on its merits. In debilitated children, we must be careful in the administration of remedies that have a depressing effect upon the system. I will describe the treatment I adopted in a case of croup, which recovered. Perhaps the little patient might have got better without my aid; anyhow, I had great faith at the time in the measures I then employed. The patient was at once put in a warm bath, then dried and wrapped in a dry warm blanket. The temperature of the room was kept between 65° and 70°, and the air rendered moist by means of a steam-kettle. Sponges wrung out of hot water were diligently applied to the throat. The bowels were kept open. The drugs I prescribed were iodide of potassium, aromatic spirits of ammonia, and oxymel of squilla. As regards emetics, Niemeyer says: “They are only indicated when obstructing croup-membranes play a part in producing the dyspnoea, and when the child’s efforts at coughing are insufficient to expel them.” When the breathing became laboured, as Niemeyer describes, I used a spray of saccharated lime-water for about fifteen minutes, and immediately afterwards I administered a teaspoonful of ipecacuan wine. If that did not effect the expulsion of the false membranes, I gave another teaspoonful of the wine, which generally had the desired effect. The hot applications to the throat should be used every half-hour, and for ten minutes at a time. The diet should consist of milk, broth, and beef-tea. I attach more importance to the use of the spray of lime-water than any other remedy prescribed.—I am, etc.,

Heston Chapel, Manchester.

W. BAIN.

## PRINCIPALS AND ASSISTANTS.

SIR,—In the event of no special agreement having been made between principal and assistant in reference to attendance at inquests, has the principal the right to claim the fee paid by the coroner to his assistant for such attendance? My own feelings in the matter are that the assistant is entitled to the fee, because he is performing a special duty.—I am sir, yours respectfully,

HYPERICUM.

## TREATMENT OF SYCOSSIS.

SIR,—Through the medium of the *JOURNAL*, I would invoke the assistance of your readers in the treatment of a case of sycoosis under my care, that has so far foiled all the well known modes of cure. The subject of it is very slightly gouty, but in the best of health; says he has an inherited tendency to skin-disease, but not markedly so. Ten years ago, he had a similar affection, which, in spite of all treatment, lasted six months, and at last yielded to time, or unguentum hydrargyri—he is not sure which. A sea-voyage has had no effect upon it; arsenic, limejuice, sulphur waters, applications of ointment of iodide of lead, have at different times been tried, but so far to no purpose. Hoping to get some fresh light from some one with longer experience.—Believe me, yours, etc.,

MONREAL.

## MORNING CUP OF TEA.

SIR,—The sudorific properties of hot tea would seem to indicate that it is certainly out of place in the morning, especially with those who habitually use the cold bath. The object of the latter I take to be, in addition to washing away the accumulated insensible perspiration of the night, the partial closing of the skin pores. Perspiration is to be encouraged in circumstances which do not favour exposure of the perspiring surfaces. Tea at night, therefore, when exposure is unlikely, is a sound rule, but tea in the morning, with the exposure of the day to follow, is surely unphysiological.

As to its effect upon the nervous and digestive systems, I thought there was no doubt that it tended to produce both nervous irritability and gastric catarrh.—I am, yours faithfully,

KENNETH W. MILLICAN.

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

Dr. W. A. Bonney, London; Mr. W. Hartigan, Hong Kong; Dr. W. Newman, Stamford; Mr. J. R. Somers Vine, London; Mr. E. Fenn, Dover; Dr. Bushell Annington, Cambridge; Dr. J. Hunter, Linlithgow; Mr. W. D. Symington, Wolverton; Mr. Jordan Lloyd, Birmingham; Mr. George David Ellis, Manchester; Dr. W. E. Stevenson, London; A Member; Dr. E. Seaton, Nottingham; Mr. T. M. Stone, London; Mr. H. D. Oughton, Manchester; Dr. H. E. Dixey, Great Malvern; Dr. Quinlan, Dublin; Mr. T. M. Watt, Hovingham; Dr. N. F. B. Fitzmaurice, Dunning, Perthshire; Mr. F. W. Jordan, Heaton Chapel; Mr. E. Bryan, Sale; Dr. Grant Bey, Cairo; Mr. W. de Rosario, Lahore; Dr. H. Rayner, Hanwell; *Habitans in Sico*; Disappointed; A Junior in the Bengal Medical Service; Mr. S. S. Ryerson, Toronto; Messrs. G. and T. Carlyle, Liverpool; Dr. Clibborn, Birmingham; Dr. Dobell, Bournemouth; Messrs. Orridge and Co., London; Mr. W. Owen, Hackney; The Secretary of the Meteorological Society; Dr. S. Weir Mitchell, Philadelphia; Dr. T. Pearce, Plymouth; Dr. F. Ernest Pocock, London; Dr. F. B. Stephenson, Washington; Mr. De Watteville, London; Mr. John Holm, London; Dr. Eklund, Stockholm; Mr. James Dinholm, Poitton, Midlothian; Mr. B. F. Stevens, London; Mr. F. W. Lowndes, Liverpool; Dr. D. Manson Fraser, London; Dr. H. Fisher, London; Dr. Willoughby, London; Dr. P. T. S. Colmer, Yeovil; Dr. D. Cullen, Cheltenham; Mr. C. R. Thompson, Westham; Mr. A. Boys, Pill; Dr. Churton, Leeds; Mr. Blackett, London; Mr. D. C. Cox, Annan; Mr. W. H. Day, Norwich; Dr. J. Leach, Sturminster, Newton; Mr. M. J. R. Behrendt, Burringham; Dr. Sawyer, Birmingham; M.D.; Mr. F. J. Laimbeer, Liverpool; G. N. T.; Dr. J. W. Hayward, Liverpool; Mr. A. H. Benson, Dublin; Mr. H. Meymott, Ludlow; Dr. Fairlie Clarke, Southborough; Mr. Thomas Clarke, Pewsey; Dr. A. Davidson, Liverpool; Messrs. Turnbull and Wood, Newcastle-on-Tyne; Mr. Lister, London; Dr. E. L. Tyler Smith, Hove; Dr. W. A. Carline, Lincoln; Dr. S. C. Smith, Halifax; Dr. Andrew Sparing, Shaw; Mr. H. Raven, Litcham; Messrs. Vawdrey and Johnstone, Smethwick; Mr. W. Dunnett Spanton, Hanley; Dr. J. Braxton Hicks, London; Dr. C. A. Cameron, London; Mr. Ernest Blacker, Midsomer Norton; Dr. J. Ward, Sparkbrook; Dr. Strange, Worcester; Dr. Styrap, Shrewsbury; Dr. A. Chadwick, Heywood; Dr. C. Parsons, Dover; Mr. J. Byrne, London; Mr. Samuel Stretton, Kidderminster; Dr. Sinclair, Dundee; Mr. W. Whitehead, Manchester; Mr. T. S. Verrall, Brighton; A Victim, London, etc.

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