

INFECTION OF SMALL-POX.

SIR,—Could any of your numerous readers inform me, through the medium of your JOURNAL, at what period, after contracting small-pox, a patient may be considered free of infection?—I am, sir, yours, etc., W. E. W.

* * * In mild cases the patient will be free of infection in three weeks from the appearance of the eruption, in severe cases often not before two months. There is no fixed time, but, as soon as all the scabs and the dried up vesicles and pustules have come off the skin, the patient is free of infection. The dried-up pustules remain longest under the thick skin of the hands and feet.

COLERIDGE AND DR QUINCEY.

SIR,—I had already read the passage in Mr. Payn's *Reminiscences*, quoted in an unsigned letter in the JOURNAL of January 10th. Of course, it proves nothing as to the quantity of laudanum which De Quincey was in the habit of taking. It is not even stated whether he helped himself from his own decanter as freely as he would have helped himself to wine. And, again, Mr. Payn did not ascertain whether the decanter contained pure laudanum. Probably it was wine with some laudanum added to it. The statements of Mr. Nicholson, who knew both Coleridge and De Quincey, are very interesting.—Your obedient servant,
D.

A SIMPLE AND EFFECTIVE METHOD OF CLEARING THE TRACHEOTOMY-TUBE AFTER OPERATION.

SIR,—There are unfortunately too many modern instances of medical men who, like the late Mr. Samuel Rabbeth, have run the risk of death, in their endeavour to clear the tracheotomy-tube, "by the application of the mouth, and sucking" of that exceedingly tenacious mucus always present in diphtheritic cases. In order to obviate, if possible, the necessity for such a proceeding, I venture to suggest that one or two of the long or primary feathers from the wing of the ordinary barn-door fowl should always be laid in readiness on the table, among the instruments considered indispensable for this operation. By the insertion of this simple instrument through the tube into the trachea, and gently twirling it once or twice between the thumb and forefinger, the glutinous secretion becomes invaginated in the barbs and barbules of the feather, and may be drawn forth more effectively, I believe, than by any form of suction that can be brought to bear on the tracheotomy-tube.

During the summer of 1866, I assisted Dr. Bruce, of Dingwall—then of Crumond, Aberdeenshire—in performing tracheotomy on a child about 5 years of age, suffering from a severe form of diphtheritic croup. The child was evidently on the point of suffocation, and a brother or sister had died under similar conditions only a day or two before. Dr. Bruce, however, determined on giving the little sufferer the only chance in his power. The operation was performed at once in the usual way, but the tube was continually becoming blocked with viscid mucus, so that, had not the feather or some such simple instrument been resorted to, the child must certainly have perished. I remained several hours with the case purposely to clear the cannula, and had the great satisfaction, in the course of a few weeks, of seeing the patient restored to health.—I am, etc.,
W. MUIR, M.D.

LACTATE OF LEAD.

SIR,—I believe you will find liquor plumbi lactatis to be almost identical with cremor lithargyri, given in Squire's *Companion to the British Pharmacopœia* (liquor plumbi 1, cream 8). There is, perhaps, a little salicylic acid added to preserve it.

The preparation is best used fresh, as, if sour, it irritates. I only know of its being used to inflamed surfaces, erysipelas and eczema. It may be either painted over with a brush, or applied with lint like a compress.—Yours truly,
1, Esplanade, Waterloo, Liverpool.
JOSEPH MATTHEWS.

ON THE RESULTS OF EXTENSION AFTER TENOTOMY.

SIR,—May I ask those of your readers interested in orthopedic surgery, whether it is an established fact (as generally stated) that, after tenotomy, the extension made use of in the after-treatment actually stretches the newly formed tendon between the cut ends, like a piece of India-rubber?

I have recently operated on two cases of wry-neck, one a severe case with two and a half inches shortening on the affected side. My after-treatment in these cases was first by elastic extension, with a Martin's bandage. Finding this rather irksome, I commenced manual extension, with a very good result. One thing struck me, that, on forcibly extending the divided tendon, a distinct "give," accompanied by a snap, was the result. I found that the upper end of the new tendon and the lower end of the old were separated abruptly for about one-eighth of an inch; the nail and part of the tip of the index-finger could be inserted into the hollow; there was evidently no new material between the old and the new tendon.

After a lapse of twenty-four hours or so, this hollow was filled up with inflammatory lymph (tendon-callus, if we may so term it), which projected lump-like above the level of the old tendon; this, after a time, was smoothed down to the ordinary level of the tendon.

Does not this show that, whether mechanical and slow, or manual and quick, extension be used, the newly formed tendon is not stretched, but rather that the extension used opens up a fresh area of sheath from which the new tendon is regenerated?

If this separation be great, non-union is the result, the blood-supply being unequal to the demand of tendon-formative material.—Your obedient servant,
Snodland, Rochester.
T. HENDERSON FOUNDS, F.R.C.S.

LANCING THE GUMS.

SIR,—Will you allow me to send you the following remarks by John Hunter, in reference to the effects of dentition, and his experience of lancing the gums?

"Teething is productive of local and constitutional complaints, with local sympathy. The local symptoms are inflammation, heat, and swelling of the gums, and an increased flow of saliva. The constitutional, or general consequential symptoms, are fever and universal convulsion, attended by diarrhoea, costiveness, loss of appetite, eruptions on the skin, especially on the face and scalp; cough, shortness of breath, with a kind of convulsed respiration; spasms of particular parts; an increased secretion of urine, and sometimes a diminution of that secretion with a discharge of matter."

He goes on to say: "As far as my experience has taught me, to cut the gums down to the teeth appears to be the only method of cure. I have performed this operation above ten times upon the same teeth, where the disease had recurred so often, and every time with absolute removal of the symptoms."—
Yours faithfully,
WILLIAM J. V. EARLE.

BANNOCKBURN.—Information on the subject of the preliminary examinations can be obtained on application to the Officer of the Royal College of Surgeons, Edinburgh.

L.R.C.S.—We do not know anything of the merits of the University of Vermont, United States.

DR. SHEPHERD.—The information required is not in our possession.

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BOOKS, ETC., RECEIVED.

The Student's Guide to Diseases of Children. By J. F. Goodhart, M.D. London: J. and A. Churchill. 1885.

Practical Anatomy; A Manual of Dissections. By C. Heath, F.R.C.S. Sixth Edition. London: J. and A. Churchill. 1885.

The Year-Book of Treatment for 1884. London: Cassell and Co. 1885.

The International Encyclopædia of Surgery. Vol. V. London: Macmillan and Co. 1885.

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