APHIDES ON PLANTS.

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AND I sympathise with Dr. Browne in his anxiety to cure his out-door patient, and I think I may help him. I have at present under treatment a gentleman who has a large number of patients affected with the same disease as Dr. Browne's interesting sufferer, and he tells me, that a never-failing remedy, and one which is now coming generally into use, is to squirt the patient all over with a dilute solution of soft soap. The precautions requisite are, first to dissolve the soft soap in a small quantity of boiling water before mixing it with the requisite volume of cold water, by which means "lumpiness" of the solution is avoided; and then you must squirt upwards as well as downwards, so as to irrigate effectually all the aphides. Plants have skin-diseases as well as man. I am told by the lexicographer Dean Scott (the joint author with Dean Liddell of the Lexicon) that so far from the name lichen being derived, as it is commonly thought to be from λειγήνα tree-moss, the right version of the matter is the thought to be, from $\lambda \epsilon \iota \chi \dot{\eta} \nu$ a tree-moss, the right version of the matter is the very converse of this. The primary signification of $\lambda \epsilon \iota \chi \dot{\eta} \nu$ is "skin-disease;" the tree-moss having been regarded by the ancients as a skin-disease of the tree. It undoubtedly is so. It is a vegetable-parasite skin-disease of the tree, just as the aphides constitute an animal-parasite skin-disease of the tree.—I am, your obedient servant.

Balmanno Souire. M.B. Lond. obedient servant,

Surgeon to the British Hospital for Diseases of the Skin. 24, Weymouth Street, Portland Place, W.

INCONTINENCE OF URINE AND FACES.
SIR,—In my hands Liquid Extract of Rhus Aromatica (Parke, Davis, and Co.) has SIR,—In my nands Liquid Extract of Knus Aromatica (Farke, Davis, and Co.) has produced very satisfactory results in nocturnal incontinence of urine. I beg to suggest a trial of it to "M.B., C.M." I give it in full doses, proportioned to the patient's age, three times daily. I should probably give his patient 5 to 8 minims in each dose.—Yours truly,

M. D. Berux.

Dr. Simon Barnet.—The communication is too long for insertion. We agree with Dr. Barnet as to the high merits of Dr. Emmet's work, which was reviewed in the Journal of May 16th.

AJVAIN OR O'MAM SEEDS.

Sir,—In the British Medical Journal of June 6th, Dr. Waring, in his "Remarks on a few Articles of the Indian Materia Medica," refers to ajvain or o'mam seeds in the treatment of dipsomania; I am sure he will confer a great favour on the professional brethren by kindly stating where they can be procured, also the preparations and doses, if any.—Yours faithfully,

RICHARD J. PURDON M.D.

RICHARD J. PURDON, M.D.

14, College Square East, Belfast.

A Remedy for Hav-Fever.

Sir.—At this time of the year, no excuse will be needed for making as widely known as possible a remedy for this tiresome complaint. The process may sound a little formidable to your lay readers, but it is really simple, and becomes easy after one or two trials. The thing to be done is to pass about a pint of tepid water, containing a powder, up one nostril and down the other. Get a druggist to prepare a line powder consisting of equal parts of borax and pure alum. Of this powder dissolve about a small salt-spoonful, or 20 grains, in a pint of water rather warmer than tepid. Buy three feet of India-rubber tubing, such as is used for feeding-bottles. Fasten one end of this tubing in the jug of water in such a way as to ensure its remaining at the bottom. Place the jug on a shelf or wardrobe well above the head and exhaust the air by suction at the other end. When the water begins to flow, place this end a little way up one nostril, which should be gently closed about it. On leaning the head over a basin, the water will escape in a continuous stream by the other nostril, and, judging by my own experience, instant alleviation will result. It may be done twice a day, and care should be taken to seize the moment when the patient is feeling pretty well and his nostrils clear. Of course, during the operation, he must breathe through his throat. I am indebted for the above to a London incumbent who had been cured by the application, and have found it remarkably efficacious in my own case.—Yours faithfully,

IMPERFORATE VAGINA.

Sir, -I think the following case is of value when looked at from a medico-legal point. A woman came to consult me whom I deemed it necessary to examine. I found the orifice of the vagina so small that it would only admit the entrance I found the orifice of the vagina so small that it would only admit the entrance of a No. I rectal bougie and undilatable. She had been married I7 years. Both her husband and herself were quite ignorant of the fact that perfect intercourse had never taken place. His penis was of a full average size.—Faithfully yours, M.R.C.S.E.

STAMMERING AND STUTTERING.

SIR, - As much misapprehension exists, perhaps the following brief notice may interest your readers

1. Speech, or articulated voice, depends for its perfect production on vigour of mind, on sound natural organisation, and on due training of the vocal and articulating apparatus.

2. Stammering is inability to articulate, marked by slowness, stoppage, hesitation, and indistinctness, but not with repetition; whereas stuttering consists in a painful repetition of the same consonants, often attended by flushing and facial contortions.

facial contortions.

3. Stammering and stuttering may sometimes be caused by organic defects, such as cleft palate, harelip, enlarged uvula, inflamed tonsils, etc.; but these impediments are far more frequently due to functional causes, that is, habit, imitation, heredity, etc. Nervousness is often the consequence, or concomitant of stammering, rather than its cause. Organic effects must, of course, be treated medically or surgically, but the subsequent cure belongs to the elocutionist; while functional derangements (wrong action of the voice apparatus), are peculiarly his province.

tharly his province.

4. The sooner the curative process begins, the greater is the prospect of success. What is easily evaluated at an early age, becomes hard to remove at success. success. What is easily eradicated at an early age, becomes hard to remove at a later period; though at any time of life, alleviation, if not cure, can be assured as the result of perseverance. "He will grow out of it," is a fatal saying. A fair time ought to be given, according to the nature of the case; for "a few lessons" cannot reasonably be expected to undo the mischief of many years; and the teacher is often accused of failure, when the blame is solely attributable to the patient or the parent.—I am, sir, your obedient servant, King's College, London.

ALEX. J. D. D'ORSEY.

R. W. (Edinburgh). - Duly received, and is being carefully considered.

THE MEDICAL COUNCIL AND MR. L. D. PARRY.
SIR,—Reading in the JOURNAL of May 16th that the case of Mr. Parry, who was its,—Reading in the Journal of May 16th that the case of Mr. Parry, who was convicted a year or two ago of manslaughter in New Zealand, has been brought before the Medical Council, and has been referred to the Royal College of Surgeons of Edinburgh with a view to erasing his name from the Medical Register in this country; as one personally acquainted with that unfortunate gentleman before his departure abroad, I beg to draw attention to the fact that, although his name has been erased from the New Zealand Register, there were many petitions at the time of his conviction from all the colonial medical societies, and among others from the affiliated Branch of the British Medical Association, affirming that the conviction had been against the evidence, and asking for a remission of the sentence, but unfortunately it appears without success. All this was reported and commented upon by most of the medical journals at the time, and the general opinion was. I think, decidedly in favour of Mr. An tins was reported and commented upon by most of the medical journals at the time, and the general opinion was, I think, decidedly in favour of Mr. Parry. As, therefore, it is by no means improbable that this gentleman may have received but scant justice in New Zealand, being, not unlikely, the victim of popular prejudice, but too apt to be excited against any practitioner unfortunate enough to lose a patient in child-bed, I trust that all the particulars of his case will be carefully considered by the authorities in this country before coming to a final decision, and that the example of the colonial legislature will not be followed as a mere matter of routine.—I am, yours faithfully, .18, Queen's Road, Dalston, E. M. Greenwood, June.

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

Dr. Styrap, Shrewsbury; Mr. J. Walker Downie, Glasgow; Mr. R. Clement Lucas, London; Mr. J. Conyers Morrell, Ealing; Secretary of the National Dental Hospital and College; Mr. J. E. L. Moore, Welshpool; Mr. H. W. White, London; Mr. Richard Davy, London; Dr. Champneys, London; Dr. Myrtle, Harrogate; Dr. C. W. Purdy, Chicago; Mr. F. W. Byden, Fareham; Dr. J. Barron, Belfast; Dr. G. H. R. Dabbs, Shanklin, Isle of Wight; Mr. John Marshall, Dover: Dr. P. Maury Deas, Exeter; Dr. Jackson, Hexham; Dr. William Curran, London; Dr. W. M. Campbell, Liverpool; Dr. David Couper, Dennistoun; Mr. A. A. Knight, Brockley; Dr. David Newman, Glasgow; Mr. J. H. Oliver, London; Mr. W. Donovan, Erdington; Dr. J. Weston Bull, West Chislehurst; Mr. Simeon Snell, Sheffield; Mr. J. Nicholson Stathers. Stokenchurch; Mr. J. Howell Thomas, Wellingborough; Mr. W. E. Green, Sandown; Mr. J. C. R. Crewes, Truro; Dr. Avides, Porto; Mr. E. R. Curtice, London; Dr. W. R. Cossham, Circnester; Dr. Sinclair, Dundee; Messrs. Clowes and Sons, London; Mr. J. White, London; Messrs. Cassell and Co., London; Dr. J. Sydney Langdon, Seville; Dr. Althaus, London; Mr. G. E. Williamson, Durham; Dr. Macdonald, Liverpool; Mr. George A. Gloag, Bristol; Dr. Maxwell, Woolwich; Dr. John Lindsay Steven, Glasgow; Dr. John Livy, Bolton; Dr. Imlach, Liverpool; Dr. T. Churton, Leeds; Mr. A. Finegan, Morpeth; Mr. C. E. Paget, Kendal; Mr. Reginald Harrison, Liverpool; Mr. Ralph Stockman, Edinburgh; Our Correspondent at Valencia; Our Birmingham Correspondent; Mr. Ackerman-Laurance, London; Dr. Johnson, Tunbridge Wells; Dr. Huggard, Geneva; Mr. W. E. Hacon, Christchurch, New Zealand; Mr. Robert Harris, Southport; Mr. T. A. D. Partridge, Silchar, India; Dr. Makuna, Ystrad; Our Edinburgh Correspondent; Mr. W. Elliott, Birmingham; Our Dublin Correspondent; Mr. W. A. S. Royds, Reading; Mr. C. E. Scragg, London; Mr. W. Hern, London; Mr. J. A. Tapson, London; Mr. G. A. Rae, Devonport; Dr. J. Tweedy, London; Dr. Morton, London; Dr. Savage, Birmingham; etc.

BOOKS, ETC., RECEIVED.

Mappin and Co.'s Catalogue (Illustrated) of Surgical Instruments and Appliances Manufactured and Imported by them at Birmingham. 1885.

Elements of Surgical Pathology. By Augustus J. Pepper, M.B., F.R.C.S. Eng. London: Cassell and Co. 1885.

Health Exhibition Literature. Vol. XVII, Miscellaneous, including papers on Japan. Vol. XVIII, Miscellaneous, including Jury Awards and Official Catalogue. Vol. XIX, Miscellaneous, including papers on China. London: W. Clowes and Sons, Limited. 1884.

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