

attempt to subdue them. I turn to the latest Drutt (a capital book), and find that gleet, in the majority of cases, is due to a granulating patch in the urethra; an olive-headed sound will as it is withdrawn detect tender patches, a short speculum will show warts or chancre if there are any. But will the sound always detect a tender patch, and what sort of speculum will show most of the urethral canal? I fail, through awkwardness or otherwise, to find out tender patches in the majority of cases. I have a patient who has been coming up to me for months (simple faith!) for a sealing of the meatus every morning, but who can pass a No. 12 bougie with no pain. But granting that I can find the granulating patch, I am told to apply a little solution of argent. nitr. with a special syringe. Now what is the special syringe that will inject any particular portion of the urethra?

Will any of our surgical authorities admit that there are cases of gleet which puzzle them to cure, or will any of them condescend to give a solution of these difficulties, which I know have troubled many of my friends as well as myself? I am sure that a succinct statement of the difficulties attending the treatment of gleet and a full description of the best methods of meeting them would be a great boon to the bulk of the profession.

HORS DE COMBAT asks for suggestions for the treatment of the following case:—My patient, an otherwise strong and healthy man of 35, is the subject of an obstinate gleet, with some unusual concomitant conditions. Two years ago he, being intoxicated, in an endeavour to effect coitus with his wife, found almost insuperable difficulties owing to the very imperfect state of erection. In his own words, he "madly and obstinately persisted" until a miserable emission resulted, and he was thoroughly exhausted. The next morning he discovered the glans tumid, and a yellow discharge from the urethra. His medical adviser ordered rest, cleanliness, and three or four bottles of soda-water daily. There was never any scalding or pain, or chordee or difficulty in micturition, and under the above treatment the discharge quickly diminished, but has never quite disappeared; and the gleet, which is usually thin and colourless, always becomes purulent after an extra glass of wine, and always after coitus. Though I have spoken of his alcoholic indulgence, I should observe that this is rare, and, comparatively speaking, anything but excessive. The tumefied condition of the lips of the meatus, which usually subsides upon gentle digital pressure, is nearly constant, especially is it noticed on waking in the morning. There is no doubt evidence of the entire absence of any vaginal impurity in the wife. Twelve years ago my patient had a "mild attack of syphilis," of which there are now no external signs. His occupation is sedentary.

He has been under my care six months, and I have tried the following: injections of zinc sulphate, zinc sulpho-carbolate and permanganate of potash; iodoform bougies; mild nitrate of silver injection, Plummer's pill, alkaline carbonates, general tonics. There is no stricture and no previous history of urethral affection. I should be glad of suggestions in detail.

#### A SUGGESTED ADDITION TO THE SCIENTIFIC VOCABULARY.

J. D. writes:—I cannot think that Mr. Best's suggestion to introduce a new French word into the English language is a happy one. The French use *physique* both as an adjective and as a noun, but *psychique* they use only as an adjective. Mr. Best proposes to take this French adjective and naturalise it as an English noun. Surely it is for the French to make *psychique* into a noun, if they think fit, not for us.

#### SUBCUTANEOUS INJECTION OF CUCAINE.

JOHN J. EYRE, L.K.Q.C.P.I., etc., writes: I had occasion, on April 23rd, to make an incision about an inch and a half long into the muscles of the fleshy part of the forearm of a gentleman, aged 60 years, for the purpose of removing part of a needle, which had got into the muscles.

About ten minutes before making the incision I injected into the tissues of the part 6 drops of a 10 per cent. solution of cucaine, in the hopes of lessening the pain of the operation. The result was very satisfactory, as my patient, who is very sensitive to pain, said he did not feel more pain than a scratch from a pin would cause, although I had to cut into the muscles quite an inch deep, and had to probe about for the needle quite twenty minutes.

#### NEW POSITION FOR OPHTHALMIC OPERATIONS.

J. ACIANO DA GAMA, L.M. (Chief Surgeon Bombay Eye and Ear Infirmary) writes: Surgeon G. M. Giles writes, in the JOURNAL of December 11th, 1886, page 1158, about a New Position for Ophthalmic Operations, and gives an illustration showing the relative position of the operator and the patient in a cataract operation in the left eye. May I ask Surgeon Giles, through the JOURNAL: 1. What method of operation does he follow in his new position; 2. what instrument is that which he passes over the bridge of the nose into the cornea; 3. is really the position, as shown in the illustration, very convenient to the surgeon; 4. can modern operations be performed in that position without first fixing the globe properly?

I agree with Surgeon Giles when he says that, with the use of cucaine, cataract operations may be performed almost in any position, when only circumstances of the case require it, but I certainly feel constrained to disagree with him when he says that a cataract operation could be performed conveniently in the way shown in the illustration, and when he says that the supine position is by no means a convenient one for eye operations. I should say that this latter ought to be a position of selection.

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

Messrs. Brady and Martin, Newcastle-on-Tyne; Mr. J. W. Von Winckler, H.M.S. *Briton*; Dr. W. A. Carline, Lincoln; Dr. Beaven Rake, Trinidad; Surgeon-Major Rogers, Cairo; Mr. J. Kelland, Salisbury; Dr. W. Pearce, London; Dr. W. Curran, London; Surgeon J. A. da Gama, Bombay; Mr. G. F. Dabu, Kingston, Jamaica; Mr. A. H. Benson, Dublin; Dr. S. Little, London; Brigade-Surgeon Gore, Cairo; Dr. B. H. Allen, Hastings; Mr. A. N. Nankivell, Chatham; Mr. C. Donkin, Boughton; Dr. P. F. Frankland, London; Dr. Carl Genth, Langenschwalbach; Messrs. Cassell and Co., London; Mr. C. Ford, Hong Kong; Dr. J. Scott, Manchester; Mr. Lawson Tait, Birmingham; Mr. A. H. Tubby, London; Mr. J. W. Burdwood, Bourn; Dr. G. W. Stevens, Liverpool; Dr. T. W. Griffith, Leeds; Dr. Thin, London; Mr. W. Burns, Leith; Dr. J. Tatham, Salford; Dr. F. Hamill, Westgate; Dr. R. Gooding, London; Mr. E. White Wallis, London; Dr. A. Napier, London; Mr. W. A. Cowan, Dundee; The Secretary of the University of London; Dr. C. N. Gwynne,

Sheffield; Mr. J. J. Eyre, London; Mr. Brierley, Tattenhall; Dr. J. Oliver, London; Mr. J. V. Fitzgerald, Birmingham; Mr. G. H. Leah, London; Mr. J. E. Crisp, Corsham; Mr. James Gilroy, Birmingham; Dr. G. H. Rodman, Oxford; Dr. J. H. Parkinson, Sacramento; Mr. G. Lee Bapty, Manchester; Mr. W. Gardiner, London; Mr. E. Garraway, Faversham; Mr. A. E. Nevins, London; Dr. P. Horrocks, London; Dr. S. R. Lovett, London; Dr. Hack Tuke, London; Mr. D. G. Bennett, Fettercairn; Mr. T. Bell, Morehard Bishop; Dr. G. Henty, London; Mr. R. Maples, Kingsclere; Dr. J. P. Massingham, Wollstanton, Stoke-on-Trent; Dr. Maxwell, Woolwich; Dr. J. C. Murray, Stranraer; Mr. V. Jackson, Wolverhampton; Surgeon-Major J. Scanlan, Pembroke Dock; Mr. A. W. Mayo Robson, Leeds; Mr. Jai Gopal, Punjab, India; Mr. O. Hehner, London; Mr. J. Rowlands, Carmarthen; Mr. J. West, London; Dr. W. Traves, London; Mr. G. H. Morgan, Shrewsbury; Dr. C. F. Knight, Dublin; Mr. J. Booth Clarkson, Liverpool; Mr. R. Batho, Pontefract; Mr. A. Whyte, Brecon; Mr. S. S. D. Wells, Plymouth; Dr. C. Hailes, Clifton; Dr. Rayner, Hanwell; Mr. G. A. G. Simpson, Clifton; Mr. E. Bellamy, London; Dr. J. T. Arlidge, Stoke-on-Trent; Mr. B. D. Taplin, Nottingham; Mr. E. H. Moore, Falmouth; Mr. Shirley Murphy, London; Dr. J. Alexander, Paignton; Mr. C. Lovegrove, Llanwddyn; Dr. Mickle, London; Mr. J. R. Nunn, Redditch; The Editor of the *Stock Exchange*, London; Mr. H. Bracey, Birmingham; Mr. C. Penruddocke, Winchcombe; Dr. de Watteville, London; Dr. F. Imlach, Liverpool; Mr. T. Laffan, Cashel; A.M.S., Colchester; Mr. J. Hogg, London; Mr. C. B. Lockwood, London; Messrs. Woollams and Co., London; Mr. S. R. Lovett, London; Mr. W. P. Mears, Newcastle-on-Tyne; Mr. W. J. Miller, London; The Secretary of the University of Durham; Messrs. Shelley and Co., London; Mr. J. Alfred Carpenter, London; Mr. C. Nicholson, Leeds; Dr. Jacob, Dublin; Dr. C. Bell Taylor, Nottingham; Mr. H. Howgrave Graham, London; Mr. J. E. Bennett, Liverpool; Dr. Markham Skerrett, Bath; Mr. E. L. Fox, Liverpool; Mr. Green, Leeds; Dr. W. H. O. Sankey, Shrewsbury; Messrs. J. P. Segg and Co., London; Mr. E. Thornhill, Cork; Mr. J. R. Upton, London; Mr. H. C. Ensor, Cardiff; Mr. C. E. Abbott, Brantree; Mr. W. O. Redmond, Victoria, B.C.; Mr. W. A. Jayasingha, Kurnegala, Ceylon; Dr. J. W. Moore, Dublin; Mrs. Jones, Bala, North Wales, etc.

#### BOOKS, ETC., RECEIVED.

- Anatomy, Descriptive and Topographical, in 625 Illustrations. By Carl Heitzmann, M.D. English Edition by Louis Heitzmann, M.D. London: Dulau and Co. 1887.
- Organic Materia Medica. By Robert Bentley, M.R.C.S., F.L.S. London: Longmans, Green and Co. 1887.
- The Misuse of Marriage, or Hymen Profaned. A Voice. London: Remington and Co. 1887.
- A Manual of Veterinary Hygiene. By Fred Smith, M.R.C.V.S. London: Baillière, Tindall and Cox. 1887.
- The Principles and Practice of School Hygiene. By Alfred Carpenter, M.D., etc. Illustrated. London: Joseph Hughes. 1887.
- Post-Mortem Handbook. By Thomas Harris, M.D., M.R.C.P. Illustrated. London: Smith, Elder and Co. 1887.
- The Bradshaw Lecture (1883) on Neurectasy. By John Marshall, F.R.S., LL.D., F.R.C.S. Illustrated. London: Smith, Elder and Co. 1887.
- The Official Materia Medica. By F. T. Roberts, M.D., etc. Second Edition. London: H. K. Lewis. 1887.
- Syllabus of Materia Medica. By Alex. Harvey, M.D., and A. Dyce Davidson, M.D., F.R.S. Eighth Edition. London: H. K. Lewis. 1887.
- The Essentials of Bandaging. By Berkeley Hill, M.B., F.R.C.S. Sixth Edition. London: H. K. Lewis. 1887.

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

Seven lines and under..	..	..	..	..	£0	3	6
Each additional line ..	..	..	..	..	..	0	4
A whole column ..	..	..	..	..	..	1	15
A page ..	..	..	..	..	..	5	0

An average line contains seven words.

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

For 6 insertions, a deduction of..	..	..	..	10 per cent.
" 12 or 13 "	..	..	..	20 "
" 26 "	..	..	..	25 "
" 52 "	..	..	..	30 "

Special terms for occasional change of copy during series:

20 per cent. if not less than 26 pages be taken	or their equivalent
25 " " 52 "	in half or
30 " " 104 "	quarter pages.

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

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon 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 paid in postage-stamps.