

recently discovered in the *Deutsche Medizinal Zeitung*, in a review of an article in an American paper on the average rate of mortality of physicians. The author, Dr. Ranch, if he should see this remarkable word, will surely be reminded of a loftier phrase, "Freundschaftsbeziehungengestadtverordnetenversammlungenfamilieneigenthümlichkeiten," coined by his accomplished countryman, Mark Twain.

PRESCRIPTIONS AND DISPENSING.

DR. GEORGE E. JEAFFRESON (Framlingham) writes: The letter of Dr. Myrtle on poisoning by gelsemin is very interesting. May I be allowed to draw a lesson not physiological from it, namely, doctors ought to write their prescriptions in accordance with the *Pharmacopœia*, especially if the medicines are to be dispensed abroad? For gelsemin ext. gelsemii alcohol. ought to have been written— $\frac{1}{10}$ is not the half of $\frac{1}{2}$, nor of 2; but $\frac{1}{10}$ is the half of $\frac{1}{5}$. I beg to put in a plea for the very lenient judgment of the censured foreign chemist, and an exhortation to physicians to consider the poor, much-abused dispensers, and, if necessary, consult their *Pharmacopœia* before writing prescriptions for those who will not consult a fresh doctor. $\frac{1}{2}$ will conveniently multiply by 12; but $\frac{1}{10}$ multiplied by 12!!

INGUINAL VERSUS LUMBAR COLOSTOMY.

MR. SAMUEL BENTON (St. James's, S.W.) writes: From experience in both, I much prefer the inguinal operation; but whichever is performed, proclittia occasionally follows. The prolapsed bowel occurs frequently from the lower part, therefore the suggestion made by Mr. Cripps of pulling the bowel out from above and pushing it in again below does not commend itself to my judgment, and the bold practice recommended by Mr. Allingham, jun., of cutting off large pieces of intestine is too severe a proceeding.

In the cases recently shown by me at the Harveian Society, following Mr. Whitmore's custom, an ovariectomy pin was passed through the mesentery at the time of operation to steady and keep the bowel in position for the first four days.

The tendency to proclittia is best guarded against by: (1) Making a small skin incision; (2) at the time of operation disturb the bowel as little as possible; (3) check constipation by appropriate remedies and so avoid the consequent straining; (4) apply early a light spring truss with vulcanite support.

MR. HERBERT ALLINGHAM (Grosvenor Square, W.) writes to correct an error in the paragraph on this subject published in the *JOURNAL* of April 27th, page 956. The passage to which he takes exception reads as follows: "Without the above somewhat formidable proceeding"—pulling out a large quantity of the gut—"Mr. Allingham thinks that a good spur is not formed." Mr. Allingham considers that the above sentence does not correctly express his principle of operation. "Pulling out the gut in the manner I describe in the *JOURNAL* of April 27th is only to obviate the extreme proclittia if this is not done, should there be a long mesentery. This mode of operating is to deal with the question of proclittia. When it is only desired to make a good spur, there is no necessity to pull out so much gut. Only just a small knuckle of the bowel should be drawn out of the wound to make sure of a good spur, thus forming an artificial anus instead of a fecal fistula."

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BOOKS, ETC., RECEIVED.

The Elements of Vital Statistics. By Arthur Newsholme, M.D. London: Swan Sonnenschein and Co. 1889.
Diseases of the Nose and Naso-Pharynx. By Litton Forbes, M.D., F.R.C.S.E. London: Henry Renshaw. 1889.
The Anatomy of Labour. By A. H. F. Barbour, M.D., M.A., B.Sc. With Illustrations. Edinburgh: W. and A. K. Johnston. 1889.
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Aids to Ophthalmic Medicine and Surgery. By Jonathan Hutchinson, jun., F.R.C.S. London: Baillière, Tindall, and Cox. 1889.
The Legends of St. Patrick. By Aubrey De Vere, LL.D. London: Cassell and Co., Limited. 1889.
Physiological Notes on Primary Education and the Study of Language. By Mary Putnam Jacobi, M.D. London: G. P. Putnam's Sons. 1889.

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