

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor.

THE GENERAL PRACTITIONER.

SIR,—Permit me a word with my *confidés*. The time is approaching when the various branches of the British Medical Association will commence their sessional meetings. It is not improbable that even now many a hard-worked general practitioner is in the agonies of composition, labouring to evoke from the depths, or shallows, of his consciousness some ideas which may be true, if not new, on the stale subject of *post partum* hæmorrhage, or the yet staler subject of *placenta prævia*. It is the misfortune of the family physician that he never seems able to get beyond the discussion of some elementary fact in midwifery. Or if, in an evil hour, he is tempted to try higher flights—such, for example, as the treatment of pneumonia, or the differential diagnosis of measles—it is with infinite labour, and a resultant sense of cerebral exhaustion, which effectually deter him from further exertions.

The approach of the winter session brings with it a sad foreboding of melancholy listening to threadbare platitudes, and polite attention to profitless experiences. "How weary, flat, stale, and unprofitable" is an ordinary meeting of a Branch Association! How tedious the orator; how listless the audience; how dull the debaters! No wonder that the attendance is small; that Smith is too busy to be present, and that Brown instructs his wife to send an urgent message for him when the pipes and coffee are coming to an end. Is it possible to persuade the Ruperts and the Pitts of medical debate to forego the contemplation of their favourite subjects for a while, and to give a little of their attention to others, which, though less scientific in sound, have the advantage of being more novel and more immediately interesting to the general practitioner? The Association of the trade of a druggist with the art of the physician; the professional fees of the family doctor; the establishment of private medical clubs, called provident dispensaries; these and other like subjects demand immediate and serious consideration.

The time has come for the settlement of the question, whether the family doctor is to be a physician, or a tradesman with a medical qualification. Can he dare to rest his claims for daily bread and social recognition on his knowledge and skill in medicine, or must he still be a compounder of drugs and an apt manipulator of bottles and sealing-wax? The highest class of general practitioners has already answered this question, by bidding farewell to the shop, or, as it is more politely termed, the surgery. It remains to be seen whether the rest will follow their wise and dignified lead; or whether the profession must be further subdivided into consulting physicians, family physicians, and nondescript hybrids, who are neither druggists nor doctors, but a very disagreeable mixture of both—neither fish, flesh, fowl, nor good red herring. This subject, along with others, we may hope to see discussed during the coming winter by many Branch Associations, but especially by those of the metropolis. London, which affects a superior style of practice, and displays a lofty kind of pity towards "the country, you know," seems to have a monopoly of third- and fourth-rate practitioners. Nowhere else are you startled at the corner of every street by a flaming red lamp, and a house painted in humble imitation of the nearest gin-palace. Nowhere else can you see numbers of shop-windows all ablaze with "Advice gratis," "Medicine, sixpence," and other similar advertisements expressive of the fine taste of a portion of the medical profession. Things are done in all parts of the metropolis which country practitioners would be ashamed to acknowledge. Let us hope that the metropolitan Branches will soon begin to display a little more regard for the dignity of their order, and strive to bring up the methods of their practice to a level with the demands of modern times. They have a fine opportunity of placing themselves at the head of a progressive movement. Are they capable of a further stage of development? or shall we see in them a conspicuous example of retrograde metamorphosis?—I am, sir, yours faithfully,
ESPRIT DE CORPS.

Muddleton Magma, September 22nd, 1880.

THE USE OF ESMARCH'S BANDAGE.

SIR,—Might I be allowed to suggest that Esmarch's bandage is not altogether an un-mixed blessing. The arteries of the body (or the capillaries into which they branch) may be represented collectively by a tube of a certain diameter. Through that tube it is the heart's function to force a fixed amount of fluid. Encircle the thigh with a tourniquet; a femoral artery is compressed, the diameter of the collective tube must be decreased; but blood remains in the limb, so that the quantity of fluid to be propelled is proportionately diminished. Apply an Esmarch's bandage and squeeze the blood from a limb; a femoral artery is occluded, the diameter of the collective tube is decreased, but there is no relative diminution in the quantity of fluid to be driven through it. The heart's labour is therefore increased. It is noticeable that, in the case recounted in your columns last week, death occurred during the application of Esmarch's bandage. The patient, notwithstanding his weak heart, had upon two previous occasions taken chloroform without accident. Is it not possible that, in the last instance, Esmarch's bandage may have turned the scale? The bandage, when applied, squeezes blood from the smaller branches into the arterial and venous trunks. Arterial tension is, therefore, immediately greatly increased, and may prove too much for a faltering heart.—I am, yours truly,
Richmond Hill, Clifton, September 29th, 1880. GEORGE BUDD (junior).

ENQUIRER (Erith).—1. Correctly addressed. 2. Mr. Holmes, or Dr. Joseph Rogers; or Mr. Allom, Secretary, Metropolitan Provident Association, Bedford Street, Covent Garden.

MOUNTAIN ASH.

SIR,—Your correspondent requiring information respecting "mountain ash" will find a short account of its medicinal qualities, etc., in Gray's *Supplement to the Pharmacopœia*, as follows: *Fraxinus Sylvestris*; mountain ash, quicken, roan; fl. white; tree; mountainous woods; fruit astringent, dried and powdered makes a kind of bread; infusion acidulous; seeds yield oil; bark tans better than oak bark; flowers, bark, and root yield fully as much hydrocyanic acid as that procurable from an equal weight of cherry laurel leaves; fruit yields malic acid.—I am, etc.,
168, Fulham Road, London, S.W., October 5th, 1880. E. T. GREGORY.

DR. M. A. Pallen.—The paper will appear in due course.

ADMINISTRATION OF BICHLORIDE OF METHYLENE.

SIR,—Your correspondent "Anæsthesia" will find in Junker's apparatus—which is, so to speak, a combination of hand-spray and inhaler—a very easy and a most comfortable and efficient means for administering methylene bichloride. The instrument may be obtained from any of the principal makers.—Yours obediently,
Hertford, October 4th, 1880. C. E. SHELLY, M.B. Cantab.

VACCINATION FOR CHRONIC ECZEMA.

SIR,—In your issue of September 25th, Mr. Edward Crickmay says that my "relation of chronic eczema cases having been removed by vaccination is nothing new." Will Mr. Edward Crickmay kindly refer me to any papers that he or anyone else has written on the subject? I have looked up all the authorities I have at hand, but can find no mention of the proceeding; and I can only say that it would have saved me a good deal of anxiety if I had known before that this method of treatment had been recommended. Judging, however, from the conversations I have had with several medical men lately, and from letters I have received on the subject, I am inclined to think that Mr. Edward Crickmay is wrong, and that the relation of such cases is something new, and that vaccination as a cure for eczema in children is only now brought out through the publicity you kindly gave my letter in the JOURNAL of September 4th. Hebra does not mention such a method of cure, and he especially condemns *deriventia*, under which head vaccination must come, unless it is granted that the vaccine virus itself acts as a specific, which it can hardly do, if Mr. Edward Crickmay has seen its beneficial effects in a variety of skin-diseases. I feel quite sure that Mr. Edward Crickmay would confer a boon on the profession if he would give some particulars of the cases of the "number of children" he remembers "in whom the practice was perfectly successful," and also of the "variety of chronic skin-diseases" in which he has "frequently advised vaccination."—Yours truly,
CHARLES D. HILL DRURY, M.D.
3, Bucklersbury, E.C., October 5th, 1880.

DR. DAVIES, Hillside House, Ebbw Vale, Glamorganshire, will find the information which he desires as to cottage hospitals in a work published by Mr. Burdett (Churchill and Co.).

W. P. S. A. had better communicate with Dr. Buchanan at the Local Government Board, where there is probably special experience in such a matter available.

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

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BOOKS, ETC., RECEIVED.

St. Thomas's Hospital Reports, 1879. By R. Cory and W. Mason. London: J. and A. Churchill.
Cottage Hospitals, General Fever and Convalescence. By H. C. Burdett. Second Edition. London: J. and A. Churchill.
A Text-Book of the Physiological Chemistry of the Animal Body. By A. Gamgee, M.D. London: Macmillan and Co. 1880.
Trinity College, London: Calendar for the year 1880-1881. W. Reeves, 185, Fleet Street, E.C.
The Atomic Theory. By A. A. Wurtz. Translated by E. Clemenshaw, M.A., F.C.S. London: C. Kegan Paul and Co. 1880.
Practical Blowpipe Assaying. By George Attwood, F.G.S., A.I.C.E., etc. London: Sampson Low and Co. 1880.

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