

and there are no persons more liable to fall into intemperance than those who resort to alcohol for the relief of sinking sensations, low spirits, and other morbid feelings. All narcotics, chloral, opium, chlorodyne, alcohol, etc., have their victims through the feeling of necessity for them which their use creates in proportion to its extent; and the danger is so great, the habit so insidious, and the consequences so awful, that the profession ought to retain all such drugs in their own hands, and give them, if necessary, without the knowledge of the patients, so that they may not be able to administer to themselves more than is proper. Prescriptions of such drugs ought to be valid only for a definite time, after which it should be penal to dispense them without their being countersigned by a medical man. In this way, all, or nearly all, abuse would be prevented.—I am, sir, yours truly,
Enfield, October 1880. J. JAMES RIDGE, M.D.

EFFECTS OF CHLORAL AND MORPHIA.

SIR,—I shall feel obliged if you, or any of your readers, can tell me where to find the best account of chloral and morphia, and their effects. I suffer fearfully from insomnia, and should be glad to know of any means to procure sleep without the aid of narcotics; but, suffering from a painful spinal complaint, any violent measures would be out of the question. I think the frequency of insomnia would form a very good subject for discussion.—Yours faithfully,
INSOMNIA.

SUSPENSORY BANDAGES FOR CIRSOECLE.

SIR,—My attention has recently been directed to the subject of "suspensory bandages" for cirsocele by the receipt of a catalogue of surgical "specialities" by a London maker, in which an apparatus for this purpose is figured and recommended. Having worn a suspensory bandage constantly for upwards of forty years, I may be supposed to possess some experience in the matter, and this I will now detail for the benefit of those who may be required to wear a similar appliance.

In the days of my youth, when a pupil of the late Mr. Syme of Edinburgh, I recollect his saying in his class, when touching upon the subject of cirsocele, that he would recommend any young man present, who might be affected with this complaint, to get a suspensory bandage at once, and wear it constantly. This arrow "shot at a venture" stuck in me, for I was then suffering from enlarged scrotal veins, and I made haste to follow my preceptor's advice, and by so doing have, through a pretty long life, hitherto escaped anything worse than an occasional inconvenience from the malady. I have always worn the simplest form of appliance—a net bag of rather fine cotton twist, crocheted, not woven, pretty open in the mesh, so as to admit of free transpiration. The bag is hollowed out above in front, to afford free passage to the penis, and is suspended by a band of tape, which passes across and is fixed to the upper edge of the bag, is then carried round the waist on each side, crossed behind, and brought back again and tied in front. The bag is steadiest in its position and prevented from shifting to one side or the other by the aperture through which the penis passes, this member being encircled beneath and at the sides by the hollowed out edge of the bag, and bounded above by the suspending tape. If the aperture be made of proper dimensions, there is no risk of the testicle protruding through, as sometimes happens when the opening is unduly large. A bandage thus made and applied can be put on and off with great facility, is pleasant and convenient to wear, and when required, it can be washed and ironed, and made as good as ever. I much prefer this simple arrangement to those complicated contrivances, with perineal bands, India-rubber rings, *et hoc genus omne* of uncomfortable contrivances. In the matter of expense, also, the simple bandage has greatly the advantage. As to the inconveniences portentously attributed, in the instrument maker's circular, to the simple bag and tape, I can only say that I have never experienced them when the apparatus was properly made and fitted.—I am, sir, yours, etc.,
M.D. EDIN.

AN EXTENSIVE CARBUNCLE.

SIR,—In your clinical memoranda of this date, Mr. W. H. Walter records a case of extensive carbuncle, and asks whether any of your readers have seen similar cases. In 1860, I was called to a Chinaman, in good position, living in Batavia, who had a large carbuncle over the right shoulder, extending from the acromial process to the bend of the elbow; it had involved the whole circumference of the arm, and bid fair to terminate the life of its owner. Old tarred rope was teased out fine and wrapped round the large sloughing surface, which was daily dressed, and large quantities of slough pulled and cut out; indeed, it seemed as though all the intercellular tissues of the muscles of the arm were removed, each muscle being most beautifully and distinctly dissected out and cleaned. Eventually, the man battled through the disease, living entirely on rice and dried fish, nothing inducing him to take more strengthening diet; the wound healed up, but how was a puzzle, as every particle of skin had sloughed off, and a fairly useful, though mutilated, member was the outcome of all his sufferings. The day of epidermic grafting had not then dawned; otherwise, doubtless, the cure would have been even more satisfactory.—I am, etc.,
RICHARD NEALE, M.D. LOND.

60, Boundary Road, South Hampstead, N.W., October 23rd, 1880.

P.S.—A case of triple ovariectomy, at page 673, is noted as unique. Dr. Winkler, at Dresden, in 1877, also removed three ovarian tumours from the same patient (*vide Lancet*, February 1879, p. 241).

THE TREATMENT OF NÆVI.

SIR,—Having lately read many letters in your valuable JOURNAL on the treatment of nævi, as my experience has been somewhat extensive in this direction, I beg to offer some remarks. One gentleman eulogises vaccination, another injections of lead, etc. Vaccination is all very well when the nævus is small; but no one, I should say, would expect any good from it when the nævus is larger than a shilling, or between that and the palm of a man's hand. I have had several cases brought to me where the nævus has only been as large as my thumb-nail, and vaccination has been tried twice or thrice, and failed. I have also seen cases where the lead injections have failed. I think I have given all the various methods a fair trial, viz., lead, iron, and tannin injections; threads steeped in liquor ferri perchloridi passed through the nævus, and left in two or three days. I have ligatured them in various ways, cut them off with harelip-pins and ligature; have burnt them with strong nitric acid, acid nitrate of mercury, and ethylate of sodium (this last is certainly the best of these three applications). With all these different ways and means, I have had, I suppose, about the average results, and in one way and another caused the children a good deal of suffering, and myself much anxiety: especially on one occasion, when a child, ten months old, was brought to me with a small nævus on the front and right side of the head. I injected five drops of tincture of perchloride of iron (not *fortior*), with two drops of distilled water. Having injected the nævus, I turned away to wash the instrument, when, in about one minute, the mother gave a scream. I turned to see what was the matter. The mother had fainted; and the child's face was of a peculiar pea-green colour, with black stripes—the veins. I at once saw what I had done; the tip of the syringe had entered a small vein. How could that have been prevented? After four hours of hard work and the greatest

care, I saved the child's life. Since then, I have never used injections for the cure of nævi.

But this catastrophe led me to seek some other method of treatment, and I shortly began to use electrolysis. Since then (seven years ago), I have treated a large number of cases, both at St. Mary's Hospital and in private practice, with constant success. It makes no difference where they are; the needles will reach them. I have done them on the ear, nose, eyelids, lips, neck, body, arms, legs, fingers, toes, and the vulva. This latter was a case where the labia majora and minora on one side were implicated, extending some distance upwards and inwards; it recovered. The size of the nævi treated by this method has varied from a split-pea to the size of the palm of my hand. I have never seen a case fail. A fainter cicatrix is left by this than by any other method. I have never had any anxiety or trouble; the pain ceases within a few minutes of the removal of the needles. This, then, I hold, is the treatment above all others for nævi; for it matters not what may be their kind, shape, size, or locality—it cures them all. And having now treated a very large number, and given nearly everything I ever heard of a fair trial, I have every confidence in advising electrolysis to those of the profession who have not used it.—I am, sir, your obedient servant,
Burwood Place, W., October 18th, 1880. SYDENHAM J. KNOTT.

VACCINATION FOR ECZEMA.

SIR,—If Dr. Drury will consult the BRITISH MEDICAL JOURNAL of January 27th, 1872, or Dr. McCall Anderson's excellent treatise *On Eczema*, third edition, published in 1874, he will find vaccination referred to as a cure for chronic eczema.—Yours truly,
JAMES ADAMS, M.D.

MR. TREVOR FOWLER.—In the remarks referred to, there was no intention of imputing blame either to the sanitary authority or its officers; but we believe the facts are as stated. To Mr. Fowler's own personal action, no exception was, or could be, taken. We willingly recognise the energy displayed by the authority when the gravity of the situation was recognised; but it must, at the same time, be observed that the outbreak had attained wide-spread dimensions before an attempt was made by the authority to secure the isolation of any of the sufferers.

THE NEWCASTLE-ON-TYNE THROAT AND EAR HOSPITAL.

WE have a communication from Mr. Torrance on the subject of the late Throat and Ear Hospital, Newcastle-on-Tyne, in which that gentleman produces satisfactory evidence that he and Dr. Wicks publicly retired from the Throat and Ear Hospital then in existence, in consequence of their finding it undesirable that they should be any longer associated in any way with Dr. Ellis. Dr. Wicks and Mr. Torrance publicly advertised, on February 4th, 1880, the necessity which they felt of severing their connection with the institution, inasmuch as Dr. Ellis declined to retire from it.

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

Mr. J. Broadbent, Manchester; Mr. T. Holmes, London; Mr. G. Eastes, London; Dr. C. Y. Biss, Sydenham; Dr. E. Mackey, Brighton; Our Edinburgh Correspondent; Dr. Patterson Cassells, Glasgow; Dr. Stirling, Aberdeen; Dr. J. Mackenzie Booth, Aberdeen; M.R.C.P.; Dr. Nelson, Birmingham; Dr. Godson, London; Mr. R. Kershaw, London; Mr. H. E. Wright, Bootle; M.D. Brussels; Mr. R. Torrance, Newcastle-on-Tyne; Mr. W. R. Stewart, London; Dr. James Forrest, Stirling; Mr. F. Coley, Newcastle-on-Tyne; Mr. J. R. Jenkins, Ruthin; Dr. J. Adderley, Cork; Dr. A. Hughes Bennett, London; Mr. G. Tweddell, Houghton-le-Spring; Dr. A. Ogston, Aberdeen; Mr. A. de Watteville, London; Mr. J. Martin, Portlaw; Dr. A. H. Carter, Birmingham; Mr. F. A. Maciver, Edinburgh; Our Dublin Correspondent; Professor Donders, Utrecht; Dr. Thin, London; Dr. Kelly, Taunton; Mr. C. Davidson, London; Dr. W. F. Fernie, Malvern; Dr. Peter Eade, Norwich; Mr. Sydney Henson, Manchester; Dr. T. F. Chavasse, Birmingham; Sir Edwin Lechmere, London; Dr. L. Lewis, London; The Registrar of the King and Queen's College of Physicians, Dublin; Mr. Donovan, Whitwick; Mr. Robinson, London; Mr. H. Sinclair, Edinburgh; Dr. Moinet, Edinburgh; Dr. Haughton, Norwood; Dr. Bernard, Liverpool; Mr. T. M. Stone, London; Our Glasgow Correspondent; Dr. Eustace Smith, London; Surgeon-Major Fitzgerald, Mirzapur; Mr. Gamgee, Birmingham; Dr. Galabin, London; etc.

BOOKS, ETC., RECEIVED.

Hints on the Application of the Poro-Plastic Jacket in Spinal Curvature. By Paul Swain, F.R.C.S. Plymouth: W. Brendon and Son.

St. George's Hospital Reports. Edited by T. T. Whipham, M.B., F.R.C.P., and Thomas Pickering Pick, F.R.C.S.; vol. x; 1879. London: J. and A. Churchill. 1880.

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