

FEES FOR CERTIFICATES.

SIR,—Touching Mr. W. H. Michael's Bill for the notification of infectious diseases, might I ask if Mr. Michael (who is, I presume, a barrister) were legislating for the performance of duties by a lawyer, would he name 2s. 6d. as the fee? Medical men are obliged to work for very small fees, but then they are paid by the poor, who must otherwise do without the medical attendance. It is quite another thing when the Government is the debtor. A proposal of low fees by a lawyer is an anomaly, considering that they never work gratuitously themselves, and that their fees are high; but from a medical barrister, such a proposition is almost absurd. A solicitor, for like service, would charge 6s. 8d. Why should a doctor get less?—Your obedient servant,
EXCELSIOR.

* * The fee of a solicitor for fulfilling the functions of Commissioner of the High Courts of Justice, in taking affidavits, filling in and attesting the same, is a shilling.

N. R. H. should apply, to ascertain whether his name is on the *Register*, to the Secretary of the General Medical Council, Oxford Street. If it is, he might apply for advice to R. H. S. Carpenter, Esq., 130, Stockwell Road.

TREATMENT OF DIPHTHERIA.

SIR,—My own opinion with regard to nitrate of silver is, that it is harmful in all cases of throat-affection except strumous enlargement (early stage) and syphilitic ulceration of the tonsils. Perchloride of iron also is of very little service except in a relaxed condition of the fauces. The best local application, as far as I have seen, is boracic acid. The throat should be painted frequently with the following solution. Boracic acid, twenty grains; glycerine, half a drachm; compound infusion of roses to the ounce.

Drs. Cossar Ewart and Malcolm Simpson, in speaking of its action, say: "Pieces of the membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope, showed the characteristic bacilli, but these were absolutely innocuous; and, instead of lengthening into spore-bearing filaments, micrococci bacterium termo, or torula, appeared in their stead. By the use of the acid, the disease was shortened, and the other members of the family were protected from infection."

As regards internal treatment, I think it is perfectly agreed that iron is the remedy *par excellence*; combined with dilute nitric acid and chlorate of potash, it seems most effectual. Of course, plenty of good beef-tea and carefully regulated quantities of port wine are required to keep up the patient's strength and circulation. My own experience of this treatment is so satisfactory, that I should like others to give it a trial, and mention the results obtained.—I am, sir, your obedient servant,
F. P. ATKINSON.

Kingston-on-Thames, November 1st, 1881.

A NEW REMEDY FOR HICCUGH.

SIR,—Being troubled the other day with an attack of hiccough, it occurred to me that the inhalation of tobacco-smoke might prove beneficial. I was surprised to find that it gave me instantaneous relief. Since then, I have tried it in several other cases, and have invariably found the attacks to be immediately arrested. It is true that the inhalation of the fumes frequently causes considerable personal inconvenience, and in some cases may be objectionable; yet the action of the "fragrant weed" is so remarkable, that it is, perhaps, deserving of note. It is, of course, possible that the same result might be obtained from the inhalation of stramonium, etc., but of this I cannot speak with any certainty.—I remain, yours truly,
R. H. P.

ATTENDANCE ON FAMILIES OF MEDICAL MEN.

SIR,—I shall feel much obliged if other medical men will give an opinion on the subject of charging for attendance on the widows of medical men and their families. I have attended such a family; the widow resides in her own house—one of several belonging to her—which is worth over £100 a year's rental; and, having sent in an account for my services, I was told by the above-mentioned lady, not only that "my account was very high"—I charged five shillings a visit—but that it was unusual to charge at all in such cases. On expressing my opinion on the matter, I was told that "if my conduct were published in the medical journals, it would look very eccentric." I replied that I would myself publish it, which I now do.

My own opinion is, that we ought always to charge for our attendance on the families of deceased medical men when they are left comfortably off. I am aware that many do not so charge, but I fear that in many cases the non-charging is from want of moral courage.—I remain, yours faithfully,
H. B. BLACKBURN.
129, Ladbroke Grove, W., November 2nd, 1881.

NIL NOVI SUB SOLE ACCIDIT.

SIR,—In your JOURNAL of June 18th is published an article by Henry Netherclift, Medical Superintendent of the Chelsea Infirmary, on the "Direct Method of Artificial Respiration for the Treatment of the Drowned", still-born, etc. This is undoubtedly a great improvement on Sylvester's and Dr. Marshall's systems, as any anatomist and physiologist might at once see. However, it is not new. From infancy, I can remember stories of resuscitation from drowning told as follows. When any person was "taken out of the water", the following plan was adopted. A bystander was induced to lie down on the ground. At right angles across him was laid the (supposed) drowned person, whose stomach was supposed to rest on the party laid down. Another party held firmly the back and head of the drowned man (clutching the hair in his hand) to prevent the bending of the neck, and consequent choking. Another bent the drowned man's legs on the thighs, and the thighs on the abdomen, and used this as a pump for expelling the water from the stomach and linings. No mention was ever made of any attempt to fill the lungs on the bellows principle, as so ably and graphically described by Mr. Henry Netherclift.—I am, etc.,
RICHARD McDONAGALL.

Murrumburrah, New South Wales.

N.B.—The above description may be heard of any day about Dumfries and other places in the south of Scotland.

RECESSION OF THE GUMS.

SIR,—In answer to "An Old Member of the British Medical Association", I beg to suggest that, as the presence of tartar both below and at the edge of the gums is one of the chief causes of receding gums, this must be removed, after which the patient should be directed to use a soft tooth-brush, and occasionally paint the gums with glycerine of tannic acid. There are, of course, other causes, such as loose teeth, etc., which require appropriate treatment; but space will not allow me to explain here. Full information on the subject can be obtained from *Tome's Dental Surgery*.—Yours faithfully,
CHAS. W. GLASSINGTON, M.R.C.S.Eng.

105, Fulham Road, South Kensington, S.W., November 5th, 1881.

DR. NEALE'S "MEDICAL DIGEST".

SIR,—In the commendatory notice you gave of the proposed second edition of the *Digest*, you are scarcely fair to your own JOURNAL or to myself. It was no want of appreciation of the BRITISH MEDICAL JOURNAL that made me omit it specially from the list of journals referred to; but unfortunately, at the time I began my career, the JOURNAL did not exist; and, during the years I was abroad in Java, I assure you it was hard work to digest the contents of those journals that had been my earliest companions. You must remember that the *Digest* was begun and continued up to nearly the end of 1876, without any idea of publication, and then it appeared "on its own positive merits", not for what it did not contain, but because it rescued 100,000 to 120,000 valuable references from greater or less obscurity. Now let me once else perform a similar task for those periodicals I have left unnoticed.—I am, etc.,
RICHARD NEALE, M.D.Lond.
60, Boundary Road, South Hampstead, N.W., October 15th, 1881.

We are requested to state that the present address of Dr. Thompson, the Honorary Secretary of the Irish Graduates' Association, is 1, Florence Terrace, Ealing, W.

FEES IN MANUFACTURING DISTRICTS.

SIR,—What are the highest fees that a surgeon and apothecary, practising as a general practitioner in a manufacturing district, can charge for his attendance and medicine, and for prescriptions? Is there any rule or scale on the subject?—I am, etc.,
A GENERAL PRACTITIONER.

SEA-SICKNESS.

SIR,—Dr. Gibson has given an excellent *résumé* of the best therapeutic measures for the relief of this distressing malady; but is the rational treatment not as much mental as medicinal? After some experience of seafaring life, I came to the conclusion, several years ago, that sea-sickness was, in the great majority of cases, simply the product of fear, nervousness, and timidity. People go to sea with the expectation of being sick; and, as a natural consequence, they are not disappointed.

On my last voyage, we left New York with fourteen passengers, all males, most of whom were about to cross the Atlantic for the first time. As a sort of *experimentum crucis*, I took an early opportunity of expressing to each of them my conviction that sea-sickness was, to a great extent, preventible by an effort of determined will. The voyage proved to be an exceedingly rough one (it was the month of March), but I heard no complaint of the slightest sickness; and I am certain that none of them experienced any of the horrible sensations usually associated with *mal de mer*.

I have had no further opportunity of testing the correctness of my theory; but I am decidedly of opinion that a pinch of resolution will prove of more service to the intending seafarer than all the specifics in existence.—I am, etc.,
M.D.

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