

MR. T. M. STONE AND THE ROYAL COLLEGE OF SURGEONS.

SIR.—Will you kindly allow me, through the medium of the BRITISH MEDICAL JOURNAL, to express my best thanks for the very kind letters I am daily receiving from all parts of the country, consequent on my retirement from the Royal College of Surgeons, and to state that I will answer them all as soon as possible.

I have also to request that all letters of official nature may be addressed to "the Secretary of the Royal College of Surgeons, Lincoln's Inn Fields, London, W.C., from whom they will receive every attention.—Your obedient servant,

Pelham Road, Wimbledon, August 20th, 1882.

T. M. STONE.

A CIVV F.R.C.S.—For many years, and until a few years ago, the College of Surgeons claimed and received venison from the royal parks—two bucks and two does annually. The haunches were reserved for the President and Vice-Presidents, and the shoulders for the Secretary (Mr. Belfour) and Conservator (Mr. Clift). The Royal present is now quite discontinued.

TINCTURE OF IODINE IN ERYSPIELAS.

SIR.—I am extremely sorry that, in my communication under the above heading, I should have in any way appeared to act with injustice to Mr. Spinks of Warrington with regard to his communication on the same subject. I can only assure him it was perfectly unintentional, and must apologise for the hasty way in which I must have read his article. The date of the case I mentioned was November 10th, 1880; and I have been waiting since then to give the treatment a more extended trial before publishing it; and, seeing Mr. Spinks's article on the same subject, I was only too happy to be able to corroborate his facts. Corroboration always strengthens a case.—Yours truly, CHARLES F. HUTCHINSON.

2, Albion Villas, Scarborough.

SIR.—Surely no novelty can be claimed for the external use of iodine in either idiopathic or traumatic erysipelas. I am but a young practitioner, yet I can certify to its use in both cases for upwards of seven years in large hospitals; and I have been in the habit of using it myself invariably for quite that length of time, and always with the best results. The only two books to which I have referred, Bryant's *Surgery* and Ringer's *Therapeutics*, both mention its use in erysipelas; and, in Ringer, it is even in the index.—Faithfully yours, SCRUTINY.

ENDEMIC HÄMaturIA.

SIR.—Some interesting remarks have appeared in the *Times* relative to a terrible form of hæmaturia as being prevalent in Egypt. It seems to be caused by a parasite contained in small freshwater mollusks, and named after its discoverer, Bilharzia. It would, however, appear, that we can prevent the disease by invariably using filtered water, care being especially taken that the filter itself is kept well cleaned and in good order.

In the late Dr. Todd's *Clinical Lectures on Hæmaturia*, published in 1857, he mentioned that the disease was endemic in Mauritius, and so common there, as he was informed, that few of the male population escape it. In the single case which Dr. Todd had the opportunity of fully investigating, he concluded that the hæmorrhage, which was always very small in quantity, was derived from the bladder—I quote Dr. Todd's own words. Having retired from the profession for many years, I have no means of knowing whether the microscope has discovered the cause of this form of hæmaturia so prevalent in Mauritius. Might it not be due to the same parasite which exists in the water of Egypt?—Yours faithfully,

JOHN COLEBROOKE, late Surgeon, Madras Army.

13, William Street, Lowndes Square, S.W.

SIR.—Can any of the readers of the BRITISH MEDICAL JOURNAL let me know where I can obtain directions for constructing an earth-closet?—I am, etc.,

MEDICAL OFFICER OF HEALTH.

POST MORTEM EXAMINATIONS IN PRISONS.

SIR.—I am sure all prison medical officers must feel indebted to you for so persistently championing their cause, and exposing the annoyances—one may almost say insults—to which they are subjected. In your issue of July 1st, you refer to the Home Secretary having "issued an order" to coroners in reference to *post mortem* examinations. This is a slight error, as only the Lord Chancellor can "order" a coroner. The objectionable circular to which you refer has been in existence more than eighteen months, and was forwarded to governors of prisons, requesting them to call the attention of coroners to the fact of its being his wish that a medical man, unconnected with the prison-service, should be employed when a *post mortem* examination was necessary. As this latter is only needed occasionally, it is optional with the coroner to gratify the Home Secretary; and I trust our medical coroners will sternly refuse to cast an unmerited stigma upon their professional brethren.

As regards daily prison routine, both in matters of diet and excusing from labour, I invariably give the prisoner the benefit of the doubt, and err on the side of leniency. This saves many a grumble and correspondence.—I am, sir, yours truly,

PRENEZ-GARDE.

NORMANDY.—An English physician, desiring to practise in France, must obtain a French degree. Particulars regarding the requisite examinations may be obtained from the Dean of the Faculty of Medicine in Paris. A licence for practice, restricted to one department of France, may be obtained by passing the minor examination for *Officier de Santé*.

THRUSH.

SIR.—"Every child has 'frog'" (thrush), is a common saying among mothers in Rochdale, who seem to imagine that the children were so born. On inquiring more particularly, they will say that the tongue appeared to be white on the second day after birth; and, as the child ails in nothing, save that it sucks with difficulty, if at all, they say ought about it. In the cases I have seen, a teat or some such article has been used by a baby affected with thrush as well as by the other infected child, and I have in every case detected the *oidium*. In two cases, both of which I happened to see shortly after birth, and in which the parents used the wet rag to clean the tongue with, at an interval of six weeks there were emaciation, green motions, erythematous buttocks, etc.

Dr. Bristow writes: "We are disposed to regard the *oidium albicans* as a mere accident of aphtha, and not as a cause of it in any of its varieties." Can the above be so explained? If the above are all *post hoc*, what are we to say of infection? In gastric catarrh, a stomatitis may develop. This has often been classed with thrush, whether justly or not I cannot say.—I am, etc.,

Rochdale, August 21st, 1882.

JOHN REID, M.B.

HOSPITAL SURGEON inquires where he can find the best history of trephining, and the name of the probable inventor of the trephine.

LAUGHING GAS AS AN ANÆSTHETIC.

SIR.—I noticed with surprise a statement made in one of your editorials for August 19th, under the heading, "Death from the administration of chloroform". There are several questions suggested by the article, but I wish to direct attention to the remark accredited to Mr. R. A. Millingham, the house-surgeon at Guy's Hospital, who administered chloroform in the case in which the patient died suddenly, on August 9th. It is stated that Mr. Millingham replied to the coroner that, "though laughing gas was not dangerous, its effects did not last long enough to permit an operation like this, which would have taken a quarter of an hour" (amputation of the thumb). Laughing gas has been so long used in operations not only fifteen minutes, but thirty minutes, three-fourths of an hour, or more in length, that I had supposed its utility in all operations not requiring prolonged anaesthesia had been acknowledged generally. It was only last spring that I witnessed an operation for the removal of a large papilloma of the bladder, performed by Professor J. W. S. Gouley of New York. The anaesthetic used was laughing gas, administered most successfully by a dentist (whose name I regret I cannot now recall, for he is a worthy man), and the operation lasted more than three-fourths of an hour. Besides, there was no evidence whatever that the anaesthetic could not have been continued easily and safely for three-fourths of an hour longer, had it been required; for the pulse was full, strong, and regular. So successfully has the gas been given for Professor Gouley by the same gentleman upon several occasions, that that eminent surgeon prefers it for all ordinary operations, to say the least. I also know of its having been administered successfully by Dr. D. H. Goodwillie of New York, for our most highly esteemed *confrère* J. Marion Sims. To introduce the anaesthesia by the use of the laughing gas, and continue it by the use of sulphuric ether, has been Dr. Goodwillie's practice for several years. The advantage claimed is, that the usual struggling on the part of the patient, when ether alone is used, is avoided; and, so far as my observation extends, it is a claim which has been sustained by practice.—I am, etc.,

WESLEY M. CARPENTER.

COMMUNICATIONS, LETTERS, etc., HAVE BEEN RECEIVED FROM:—

Mr. H. Cecil Moore, Hereford; Dr. Fairlie Clarke, Southborough; Mr. Bennett May, Birmingham; Mr. Lloyd Roberts, Denbigh; Mr. W. Tyrrell, Great Malvern; Mr. G. Chater, Tenby; Dr. W. M. Carpenter, Paris; Dr. Roden, Droitwich; Mr. H. Morris, London; Dr. T. Savage, Birmingham; Mr. W. H. Day, London; Mr. Josias Williams, Sheffield; Dr. Drummond, Newcastle-on-Tyne; Mr. J. W. Measures, Long Sutton; Mr. John Reid, Rochdale; Dr. Stevenson, London; C. R. W.; Mr. Cheesewright, Rotherham; Dr. Hobson, Croydon; Mr. T. E. Jones, Llanrwst; Mr. Hugh Rees, Carnarvon; Dr. Ewing Whittle, Liverpool; Mr. G. D. Brown, Ealing; Our London Correspondent; Mr. W. E. Steavenson, London; Mr. E. B. Trent, New York; Mr. Lennox Browne, London; Dr. Fierce, Manchester; Dr. C. Warden, Birmingham; Our Aberdeen Correspondent; Mr. D. H. Plunkett-Johnston, Darlington; Dr. T. More Madden, Dublin; Prenez Garde; Mr. W. G. Cresswell, Birmingham; Mr. Randle Buck, Worcester; Dr. R. Neale, London; Dr. Joseph Rogers, London; Mr. Nettleship, London; Mr. W. Adams Frost, London; A Constant Subscriber; Mr. R. Ellis, Newcastle-on-Tyne; Mr. F. H. Hodges, Leicester; Scrutiny; Mr. B. J. Newmarsh, London; Dr. A. Vesey, Rostrevor; Dr. Jas. Russell, Birmingham; Mrs. Hanbury, Dover; Mr. Nelson Hardy, London; Mr. W. F. Jebb, London; Mr. Wheelhouse, Leeds; Dr. C. Theodore Williams, London; B. M. J.; Dr. C. F. Hutchinson, Scarborough; Dr. W. Murrell, London; Mr. C. M. Goyder, Newcastle-on-Tyne; Normandy; A Member of the British Medical Association; etc.

BOOKS, etc., RECEIVED.

Hereditary Syphilitic Eruptions of the Skin in Early Life; or Congenital Syphilis Dermata. By James Starlin. London: H. Renshaw. 1882.

On the Climate and Fevers of India: being the Croonian Lectures delivered at the Royal College of Physicians, in March 1882. By Sir Joseph Fayrer, K.C.S.I., LL.D., M.D., F.R.S. London: J. and A. Churchill. 1882.

On the Sea-Bathing of Scarborough, with the Various Forms of Baths, and their Medicinal Uses; together with the Analyses of the Mineral Springs, and their Medical Properties. By W. Alexander, M.D., F.R.C.P.Lond., Senior Physician to the Halifax Infirmary. A New Edition (Illustrated). Halifax: T. H. Theakston and Co., Scarborough. London: Longman and Co. 1882.

Modern Dress and Clothing in its Relation to Health and Disease. By T. Frederick Pearse, M.D., L.R.C.P.Lond. London: Wyman and Sons. 1882.

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