URETHRAL CARUNCLE (?)

SIR,—In Mr. T. W. H. Garstang's paper on the above subject, published in the JOURNAL of November 11th, he mentions that one of his cases—No. 1v—subsequently became the patient of another medical man. As I believe I am the medical man referred to, I think it probable that a short account of the later history of this case may throw some light on the results of what I might call "Mr. Garstang's method" of applying nitric acid to the urethral canal.

I must premise by saying that the patient, in her lifetime, did not consider Mr. Garstang's "original work" to be so beneficial as he supposes it was in her case. On the contrary, she said she was worse after each "keening" (as she called it); that she never could "make water" properly after it; and, so far from obtaining "complete relief", for nine months, she was obliged to seek relief from another medical man in a few weeks after.

When the cast for the greater weather of the Mr. Garstang's last application.

When she sent for me, fourteen months after Mr. Garstang's last application, she was suffering from constant and almost fruitless efforts to pass urine, only a she was suffering from constant and almost fruitless efforts to pass urine, only a few drops passing at a time. On examining her, I found a vascular fungoid substance about the size of a hazel-nut projecting from the meatus, and extending upwards about half an inch; but, on attempting to pass the catheter, I found it almost impossible, not because of the mass, which was soft and friable, but because of the contracted and tortuous condition of the canal, amounting almost to complete stricture. With much difficulty, I passed a No. 3 catheter, and drew off about fifty ounces of very feetid urine, and a large quantity of pus.

I subsequently partially dilated the canal with compressed sea-tangle, not "preparatory to some operation", as Mr. Garstang supposes, but simply to facilitate keeping the bladder clean and empty. Notwithstanding all efforts, the patient sank from the exhaustion of chronic cystitis within a month.

Of course, I do not assert that this stricture was produced by "sponging out" the urethra with nitric acid; but, as Mr. Garstang does not mention its existence. I presume it did not then exist. However, from Dr. Edis's observations, as well as from the careful directions he gives in his excellent book on the application of nitric acid, even to the meatus, such a result is, I presume, not impossible; and, if any medical men be inclined to follow Mr. Garstang's heroic example, I think they would do well to pause.

It is unfortunate, considering Mr. Garstang's anxiety to make his "report as

It is unfortunate, considering Mr. Garstang's anxiety to make his "report as complete as possible", that he did not seek for authentic information as to the patient's final condition, which he could have had for the asking.—I am, etc., Uppermill, Saddleworth, November 13th, 1882.

Colin G. Campbell.

Errata.—In Mr. N. Falkiner's letter in the Journal of November 11th, page 974, col. 1, the words "fifty-six" and "forty-two" in the last two lines of the paragraph on "Minimum Lectures" should be "forty-two" and "thirty". In our article on "The Indian Contingent from Egypt", p. 1012, column 1, line 15, for "climacteric", read "climatic".

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions in Anatomy and Physiology submitted to the candidates at the recent primary examinations for the membership. In each division, they were required to answer four of the six questions.—A. Anatomy: 1. The skull-cap and the subjacent dura mater having been removed, describe the manner in which you would proceed to take out the brain from the cranial cavity. 2. Describe the course and relations of the inferior vena cava; and enumerate the veins which it directly requires in their order from below upwards. scribe the course and relations of the inferior vena cava; and enumerate the veins which it directly receives, in their order from below upwards. 3. Describe the ligaments which connect the os calcis with other bones. 4. Describe the external anatomy and relations of the kidney. What appearance does it present on section to the naked eye? 5. Give the dissection necessary to expose the superior profunda artery and its anastomoses. 6. Name the nerves of the larynx, and describe their origin, course, and distribution.—B. Physiology: Describe the structure and mode of growth of a long bone. 2. Describe the movement of the blood in the capillaries as seen with the microscope; and explain the chief phenomena which can thus be observed. 3. Explain the manner in which ordinary inspiration and expiration are accomplished. 4. Give the functions of the anterior and posterior roots of the spinal nerves, and the evidence on which your statements rest. 5. Explain the terms syncope, apneca, dyspneca, asphyxia. How is death produced by asphyxia? 6. What is the composition of milk? Describe the digestion and absorption of its organic constituents.

the terms syncope, apneae, dyspneae, asphyxia. How is death produced by asphyxia? 6. What is the composition of milk? Describe the digestion and absorption of its organic constituents.

The following were the questions in Surgical Anatomy and Surgery, Midwifery and Diseases of Women, and Medicine, submitted to the candidates at the recent pass examination for the diploma of member. A. Surgical Anatomy and Principles and Practice of Surgery: 1. Mention the parts in contact with the glutaus maximus muscle. 2. Name in order the structures that must be divided in amputation of the forefinger at the metacarpo-phalangeal articulation. 3. Mention the principal circumstances in which an abscess is likely to be followed by a sinus or fistula. 4. Mention the causes of epididymitis. Give the course, diagnosis, and treatment of the disease. 5. Describe paronychia and its treatment. 6. Describe the clinical characters, especially in reference to diagnosis, of epithelial ulcer of the tongue. Four questions were required to be answered, including one of the first two.—B. Midwifery and Diseases of Women: 1. What is the effect of ergot upon the process of labour? In what circumstances would you administer this drug? and what conditions would you regard as contra-indications to its use? 2. In what circumstances is decapitation of the foctus required? How would you perform this operation? 3. What are the causes of chronic ovarities? By what symptoms and signs would you recognise this condition? How would you treat it? 4. State the common causes, and describe the preventive treatment, of mammary abscess. Three questions were required to be answered.—C. Principles and Practice of Medicine: 1. Describe the symptoms and course of typhoid fever, touching upon its distinctions from diseases which resemble it, its treatment, and post mortem appearances. 2. Indicate the symptoms, course, complications, and course of typhoid fever, a What are the authological conditions. touching upon its distinctions from diseases which resemble it, its treatment, and post mortem appearances. 2. Indicate the symptoms, course, complications, and treatment of rheumatic fever. 3. What are the pathological conditions and clinical results of extravasation of blood within the cranium? 4. State the composition doses, and uses of the following preparations: Pulv. ipecacuanhae co., pulv. jalapæ co., pulv. kino co., pulv. leaterit co. Name the preparations, with their doses, of the following drugs, and give the general effects and uses of each drug: digitalis, antimony, arsenic, colchicum, and aconite. Three questions were required to be answered, including No. 4.

ANTISEPTIC TREATMENT OF WOUNDS.

SIR,—Will you kindly inform me, in your answers to correspondents, whether a short treatise on the Antiseptic Treatment of Wonnds, etc., has ever been published.—Faithfully yours, A MEMBER. Faithfully yours,

** Mr. Watson Cheyne has recently published a very able treatise on this subject. (Smith, Elder and Co.)

EFFECTS OF RAILWAY TRAVELLING.

IR,—In reply to Dr. Atkinson, as to the effect of railway travelling upon the nervous system, the following narrative is interesting and true.

Finding myself recently in a compartment with a gentleman whom I occasion— SIR,-In reply to Dr.

Finding myself recently in a compartment with a gentleman whom I occasionally meet, and whose vocation leads him all over the kingdom, I availed myself of the opportunity to gather the fruits of his experience. He assured me that he, at one time, travelled 48,000 miles a year, and was now doing 17,000. Being told it was very bad for him, he did at length get into such a nervous condition, that he was obliged, one day, to alight at a roadside station, and discontinue his journey. Being alarmed, he returned to town, and consulted Dr. Ranskill, who said, "Mr.—, you sit with your back to the engine." "I do", replied my friend. "Well", rejoined the doctor, "all you have to do is to turn round. Man's progress through life is forwards: he must go head-first at everything; if he go tail-first, he will faill." My friend turned round, and has never had anything the matter with him since. Whether Dr. Ranskill said this to inspire his patient with faith, and divert his thoughts from dwelling upon his sensations, or really considered that the change of position was important, I cannot say. For myself, were I a great traveller, I should just pose "all manner of ways", only carefully avoiding, if sleeping in a Pullman's car, having my feet towards the engine. I think the daily hurry and worry not to miss trains does more harm than all the mileage.—I am, yours, etc., worry not to miss trains does more harm than all the mileage.—I am, yours, etc.,
Faversham.

EDWARD GARRAWAY.

The first instance (says the Columbia Medical Journal) where physicians are mentioned in the Bible is 2 Chronicles 16, 12: "And Asa, in the thirty-ninth year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord, but the physicians. And Asa slept with his

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

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BOOKS, ETC., RECEIVED.

Water and its Teachings in Chemistry, Physics, and Physiography: a Suggestive Handbook. By C. Lloyd Morgan, F.G.S. London: Edward Stanford, 55, Handbook, By C. L Charing Cross. 1882.

ransactions of the Clinical Society of London. Volume XV. London: Longmans, Green, and Co. 1882.

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