

TEREBENE AS A GENERATOR OF OZONE.

MR. C. T. KINGZETT writes: In the JOURNAL of May 29th, there is a memorandum by Dr. McAlldowie relative to terebene as a generator of ozone, in which he seeks to account for the therapeutic action of terebene upon the assumption that it generates ozone as a product of the oxidation which it is supposed to undergo by contact with the air. Will you permit me to call attention to the fact that the atmospheric oxidation of turpentine and terebene is not attended by the formation of ozone? My investigations have established the fact that, when turpentine is exposed to the air, it absorbs oxygen, and there is produced an organic peroxide, which I have termed camphoric peroxide; and it is this substance which, upon coming into contact with water, produces peroxide of hydrogen—a substance which, in its own reactions, resembles ozone, as does also the camphoric peroxide, which gives rise to its production in the manner I have stated.

Many years ago I proved that turpentine undergoes this particular oxidation much less readily than ordinary turpentine; so that, so far as its therapeutic properties are dependent upon the products of the process which I have described, it is and must be an inferior agent to ordinary turpentine. I may further mention that "Sanitas" oil is air-oxidised oil of turpentine, which is saturated with the camphoric peroxide above referred to; and that "Sanitas" fluid is the aqueous solution which results from the action of water upon the oxidised oil.

It may interest Dr. McAlldowie to learn that the paraffin hydrocarbons do not undergo the oxidation to which I have made reference, but that all hydrocarbons which contain a terpene are subject to it; such, for instance, as the oils of turpentine, eucalyptus, carraway, juniper, lemon, orange, etc. A full description of the chemistry of this subject is given in my *Nature's Hygiene*, 2nd edition, published by Messrs. Baillière, Tindall, and Cox.

PHTHISIS AND THE CHINESE RACE.

A. I. GARLAND, L.R.C.P.E., M.R.C.S.E., Oamaru, New Zealand, writes: In the JOURNAL of March 20th, I notice, in the account of the meeting of the Southern Branch, Dr. Isambard Owen, in opening a discussion on the etiology of phthisis, is reported to have referred to the "immunity of the Peruvian Indians and the Chinese." I may inform him that a Chinaman, aged 47, was recently admitted to the hospital here under my care, in the last stage of phthisis, from which he died in a little more than a week; nor is this the only case that I have seen amongst the Chinese in New Zealand.

DISLOCATIONS OF THE SHOULDER.

DR. C. R. ILLINGWORTH writes: With your permission, I will reply to Mr. Miall's declaration. In my letter claiming priority, I show that abduction was suggested by me in 1881, as part of a method I had successfully used. It is absurd to deny the priority for the simple reason that the abduction was only a part of the method. I still consider the whole process necessary; namely, scapular depression, abduction, extension, and upward pressure or tilting of the head of the humerus. Abduction is mentioned in both communications, so that, in the event of abduction alone being considered by the profession to be the one thing needful in shoulder-dislocations—a contingency which is not within my expectation—I have a prior claim to its suggestion, at any rate, within recent times. And yet Mr. Miall thinks my claim to priority "scarcely borne out by facts." Mr. Miall speaks of the depression of the scapula as being "mysterious." Dr. Ryder has effectually dispelled any mystery there may have been, by a roller towel and his foot. But, although the depression process is "mysterious," Mr. Miall still thinks it "a proposal of no value." Such a combination of doubt and dogma is, to say the least, peculiar. Besides, in the present unsettled state of the question, and notwithstanding the recent iconoclastic utterances of Mr. Clement Lucas, dogmatic assertions are ill-timed.

My remarks about "steadying the scapula" were written more with the intention of directing attention to my method than anything else. That I attached little or no importance to mere steadying, may be gathered from the closing sentence of my letter: "possibly the scapula may be as successfully steadied with the foot, although the depressing power over it will thus be lost." (The italics do not occur in the original.) That abduction was considered an essential part may be gathered from my original communication in 1881, where I speak of the lower edge of the glenoid cavity "gliding over the rounded head of the humerus." It must of necessity glide more readily over it when the articular surface is placed more or less in a direction parallel to the surface of the cavity, as in abduction, than when placed at right angles, as in adduction. These details I left to the common sense of your readers to fill in, but Mr. Miall's letter has compelled me to enter into them.

In conclusion, I have only to say that the remarks of Mr. Clement Lucas are, in my opinion, to be deprecated, as tending to perpetuate the usually accepted and dangerous axillary methods. If the voice of the profession is for abduction in place of parallel traction, let men of position and influence utter no uncertain sound in support of it, be its origin ancient, modern, or primeval.

MATERNAL IMPRESSIONS AFFECTING FÆTUS.

MR. W. BRYDON (Hawick) writes:—I was lately called to a patient, as she was losing a large quantity of blood. I found, on examination, a large mass of placenta protruding through the os uteri. The pains were regular and strong, and each caused a further loss of blood. In a few minutes the entire placenta came away, and the hæmorrhage almost ceased. I then brought down the legs of the fœtus. It was only 7½ months old, and dead. The head was fixed upon the shoulders without any appearance of a neck; and on asking the patient, who knew nothing of the state of the fœtus, if she had seen any deformed person whose deformity had fixed itself in her mind during her pregnancy, she told me that, when she was about two months pregnant, some one had shown her a "doctor's book," as she called it, and one of the illustrations was that of a child, which looked as if it had no neck. She had thought a great deal about that illustration, and, ever since seeing it, had felt certain that something was wrong with her.

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

Messrs. Burgoyne, Burbidges, and Co., London; Mr. L. Humphry, Cambridge; Dr. Brailey, London; Messrs. Lea, Brothers, and Co., Philadelphia; Dr. T. F. Pearce, Haslemere; A Bengal Surgeon; Dr. H. Dalton, Harrogate; Dr. J. C. Battersby, Dublin; Dr. Styrap, Saltburn-on-the-Sea; Health Officer; Dr. Cur-

genven, London; Dr. Rayner, Lancaster; Dr. M. D. Makuna, Ystrad Rhondda; Dr. V. Poulain, London; Mr. Evan Powell, Nottingham; Mr. W. Gibb, Coupar-Angus, N.B.; Dr. Maxwell, Woolwich; Dr. F. A. Smith, Portsea; Dr. C. W. Suckling, Birmingham; Mr. F. R. Dennis, London; Mr. G. D. Mackintosh, Hallowell, Uppingham; Dr. F. Hewitt, London; H. P.; Mr. J. Marshall, London; Dr. H. Campbell, London; Dr. Hack Tuke, London; Dr. Jennings, London; Dr. F. Le Gros Clark, London; Mr. R. Atkinson, Rippenden, Halifax; The Secretary of the London Temperance Hospital; Dr. Orton, Newcastle-under-Lyme; Mr. F. W. E. Kinneir, Horsham; Dr. S. Pozzi, Paris; Mr. A. I. Garland, Oamaru, New Zealand; Mr. R. W. Jack, Warrington; The President of the North Wales Branch of the British Medical Association, Wrexham; Mr. W. J. M. Ready, Newport; Mr. E. Bovill, Motchan; Dr. Spencer T. Smyth, London; Dr. J. Eaton, Cleator Moor; Mr. W. J. Spencer, Napier, New Zealand; Dr. Clibborn, Bridport, Dorset; Mr. J. Lewtas, Murdan, Punjab; Mr. C. E. Paget, Kendal; Inspector of Lunatic Asylums, Wellington, New Zealand; Mr. William Donovan, Erdington, Birmingham; Mr. O. Edwards, Leominster; Mr. J. Knowsley Thornton, London; Dr. M. W. Taylor, London; R. M. C.; Mr. G. Lucy Barritt, Spalding; Mr. J. Fletcher Horne, Barnsley; Dr. E. J. Tilt, London; Mr. James Crocker, Bingley; Not a Gynaecologist; Mr. M. F. Bush, Bristol; Mr. I. T. Ticehurst, Hawkhurst; Mr. Bishop, London; Mr. H. Edward Brodick, Shadwell; Dr. Mickle, London; Mr. J. Johnston, London; Mr. G. Kerswell, Cornwall; Mr. Burrows, Witheridge; Mr. A. H. Benson, Dublin; Mr. J. Trusworthy, Liverpool; The Secretary of the Glasgow and West of Scotland Branch, British Medical Association; Dr. E. W. Worthington, Munich; Mr. F. R. Humphreys, London; Mr. J. Sinclair Holden, Sudbury, Suffolk; Dr. Ireland, Prestonpans; Dr. T. Lauder Brunton, London; Mr. W. F. Brook, Fareham; Dr. Tatham, Salford; Dr. R. J. Purdon, Belfast; Mrs. E. M. Turner, Worcester; Mr. G. S. Ware, London; Mr. C. Atkin, Sheffield; Dr. David Newman, Glasgow; Dr. A. G. Lawrence, Chesham; Dr. C. S. W. Cobbold, Earlswood Asylum; Dr. J. Gordon Black, Harrogate; Dr. T. Dolan, Halifax; Mr. A. Dunlop, Dublin; Messrs. Chapman and Hall, London; Dr. Johnson, London; Dr. Thomas Wallace, Cardiff; Mr. B. O'Connor, London; Mr. G. H. Leach, London; Mr. Thomas Martin, Guernsey; Dr. Braithwaite, Leeds; Mr. Paul M. Chapman, Hereford; Mr. F. Cockrell, jun., London; Our Paris Correspondent; Our Dublin Correspondent; Dr. W. Rushton Parker, London; Mr. F. A. Southam, Manchester; Dr. Kelly, Taunton; Mr. C. T. Kingzett, London; Mr. A. Jackson, Sheffield; Mr. G. H. J. Dunsmore, Coldstream; Mr. A. H. M. Griffith, Manchester; Mr. A. G. Klugh, London; Mr. S. S. D. Wells, Plymouth; Dr. Titt, London; Mr. E. A. White, Wolverhampton; Dr. Rayner, Hanwell; Mr. W. Hamilton, Boyle; Our Liverpool Correspondent; Dr. Tyson, Folkestone; Dr. J. E. Ranking, Tunbridge Wells; Dr. F. Warner, London; R. W. B.; Dr. Berry Hart, Edinburgh; Dr. Norman Kerr, London; Dr. H. O'Neill, Belfast; Mr. Vesey Fitzgerald, Birmingham; Dr. Joseph Rogers, London; Mr. W. W. David, Tonypandy, Pontypridd; Mr. H. Laird Pearson, Rock Ferry, Cheshire; Mr. C. J. Rideal, London; Dr. E. Thorn, London; Mr. A. D. Roe, London; Dr. S. W. Agar, Birmingham; Mr. R. M. Craven, Southampton; The Secretary of the Sanitary Institute, London; Mr. R. F. Wailes, Ealing; Mr. Aitken, Kaiping Mines, China; Mr. T. J. Verrall, Brighton; Dr. W. Moore, Dublin; Mr. H. W. Colman, Leeds; Dr. Coates, Cork; Simon Fitch, Halifax, Nova Scotia, etc.

BOOKS, ETC., RECEIVED.

On Cancerous Affections of the Skin. By G. Thin, M.D. London: J. and A. Churchill. 1886.
On Some Forms of Paralysis from Peripheral Neuritis: Harveian Lectures for 1885. By Thomas Buzzard, M.D. London: J. and A. Churchill. 1886.
General Index to the Year-Book of Pharmacy for the years 1864 to 1885 inclusive. London: J. and A. Churchill. 1886.
The Chemistry of Wheat, Flour, and Bread, and Technology of Breadmaking. By Wm. Jago, F.C.S., F.I.C. Brighton: Wm. Jago. 1886.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL."

Seven lines and under	..	..	..	..	..	£0 3 6
Each additional line	..	..	..	..	..	0 0 4
A whole column	..	..	..	..	..	1 15 0
A page	..	..	..	..	..	5 0 0

An average line contains eight words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	..	..	..	..	10 per cent.
" 12 or 18 "	..	..	..	..	20 "
" 26 "	..	..	..	..	25 "
" 52 "	..	..	..	..	30 "

For these terms, the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.