

Civiale's urethrotome may be introduced and the stricture or strictures cut, so that a No. 15, 16, or 17 may at once be passed into the bladder. I fully admit the truth of the second proposition and leave the third for consideration at the end of my letter. I cannot agree that Professor Syme was correct in his fourth principle, for I have met with several of his patients who have come on account of severe urethral trouble. One of these gentlemen, now aged seventy and known to me for twenty years, has had to deal with a tight and troublesome stricture ever since his external section. He is now obliged to pass a No. 6 metal instrument every other day. The fifth proposition is, however, in my experience the most seriously incorrect. I readily allow that external division is not followed by extravasation of urine, but I cannot admit that "it is free from any risk whatever of hæmorrhage or fistulous opening." I have seen and heard of the most severe and intractable hæmorrhages, and have seen and been asked to cure several cases of permanent fistulous opening resulting from this operation. There is no more intolerable condition than that induced by such a fistula. A man of refinement so afflicted may find life not worth living; this was proved a few years ago by a gentleman well known to me shooting himself through the head after an unsuccessful attempt had been made to close the fistula. And lastly, I am obliged to dissent entirely from the third principle. Professor Syme urged that internal urethrotomy "should be banished from the practice of surgery."¹ Twenty years devoted to the practice of urinary surgery have convinced me that in internal urethrotomy we have the most valuable of all the methods of treating organic urethral stricture. In my paper on "The Treatment of so-called Impassable Urethral Stricture," read before the Harveian Society,² I showed that the very worst cases of stricture could be dilated and internally divided at one operation by any surgeon imbued with the truth of Syme's essential or first principle, and my two riders. These patients need only be detained in bed a week or at most a fortnight, and are exposed to no risks either of fistula or from hæmorrhage, the results being excellent and lasting.

I am, Sirs, yours faithfully,

Wimpole-street, W., Dec. 17th, 1894. G. BUCKSTON BROWNE.

"THE LOSS OF LIFE FROM PREVENTABLE DISEASE."

To the Editors of THE LANCET.

SIRS,—I have read with much pleasure in THE LANCET of Dec. 15th both Mr. Shirley F. Murphy's most interesting and able address before the Epidemiological Society and also your leading article on the same. We are forced to the conclusion that the school operations play an important part in the spread of epidemic diseases. The question naturally arises, Would not this be in a considerable measure counteracted by a system of daily medical school inspection—in the large towns, at least? In this way a scholar with illness would be examined, and if found suffering with infectious disease would be sent home and isolated. In the case of whooping-cough, which has a high mortality, it is by no means rare to find children with the disease regularly attending school, or others from the infected house will come. The want of notification in this disease is a matter for regret. With regard to the effect of light upon the prevalence of epidemic diseases, which Mr. Shirley Murphy dwelt upon in his address, and which, for fear of destroying the colour of their carpets and curtains, the better classes are so anxious to exclude, we must hope that more extended knowledge will lead to a different line of action.

I am, Sirs, yours truly,

EDWARD SAMUEL LEE, M.D.

St. Leonards-on-Sea, Dec. 15th, 1894.

"THE BARIUM WATERS OF LLANGAMMARCH AND THE THERAPEUTICS OF BARIUM SALTS."

To the Editors of THE LANCET.

SIRS,—Dr. W. N. Thursfield has called attention in THE LANCET of Dec. 15th to a mineral spring near Sbrewsbury which contains barium chloride "in considerably larger proportions" than the Llangammarch spring. This can hardly

be regarded as a recommendation when viewed by the light of his further remark that it "is stated in books to be a powerful poison in large doses." I am not aware that it has been proposed to be given in large doses any more than arsenic or phosphorus, both of which are valuable medicines in small ones and both of which also share the distinction which Dr. Thursfield claims for barium carbonate of having been "much esteemed as a rat poison." It appears to me that a great recommendation of the Llangammarch spring is that it contains just that quantity of the barium salt which renders its administration in tumbler doses perfectly safe, and also that it exists in that spring in combination with other salines which tend to increase its efficacy and render it more agreeable. In fact, the formula is such as it would be difficult to improve upon. If there be one medicinal substance more applicable than another for administration in the form of a natural mineral water barium is certainly that one, as in this form all risk of accident from an overdose is excluded, and medical men will feel reassured when thus prescribing a hitherto unfamiliar and potent drug. With apologies for thus further trespassing upon your valuable space,

I am, Sirs, yours faithfully,

Dec. 17th, 1894.

FREDERICK GEORGE, M.D.

DOMESTIC DRUGGING: A CASE OF ANTIPYRIN POISONING.

To the Editors of THE LANCET.

SIRS,—May I echo the warning note of alarm raised by Dr. Tom Robinson in THE LANCET of Nov. 17th on the subject of domestic drugging and the increasing popularity of such drugs as antipyrin? The other day I received an urgent message to attend a visitor to the town. On my arrival I found the patient in a state of extreme collapse, pulse feeble and fluttering, cold clammy skin, vomiting, &c. With difficulty and after prolonged effort she rallied, but her condition for many hours was most grave. On making inquiry I learned that, on the advice of a lay friend, she had taken ten grains of antipyrin; not obtaining immediate relief, she took a second dose, followed by a third, within a short space of time. I may say I could find no organic heart disease, but the patient was very anæmic, and for some time had suffered from fainting attacks. There had been no difficulty in obtaining the drug, nor had she any idea apparently of its potency. "Why, my dear doctor," she replied with a smile, "all my friends take it." No doubt her own immediate circle of acquaintances will, after this, see the error of their ways; but what of the unfortunates who have not a kind friend to experiment and draw clinical pictures for their benefit?

I am, Sirs, yours truly,

Southport, Dec. 17th, 1894.

STANLEY MELVILLE.

"THE TREATMENT OF CHRONIC DISEASES OF THE HEART BY BATHS AND EXERCISES, ACCORDING TO THE METHOD OF THE DRS. SCHOTT."

To the Editors of THE LANCET.

SIRS—There is an article in THE LANCET of May 5th, 1894, by Dr. Bezly Thorne on this method of treatment. The Drs. Schott may call it their treatment with some degree of justice perhaps, but not wholly so; for if the baths be left out their treatment is identical with what has long been practised in Sweden, and also, though not so long, on the Continent. In fact, it is nothing more or less than what is popularly called the "Swedish movement treatment," and I venture to think there can only be one opinion as to the value of this treatment in selected cases of chronic heart disease. Without entering on the much-discussed and disputed question whether mineral waters taken as baths have any beneficial effect apart from their thermal qualities, let us consider what the effect of the Nauheim baths are, according to the Drs. Schott. 1. Thermally they act—firstly, by dilating the cutaneous capillaries and thus facilitating the work of the heart by lessening the capillary resistance; secondly, and as a result of their primary thermal action, they give the heart muscle time and opportunity of more thorough contraction and of more rest. 2. By reason of the water containing minerals in solution the baths act by enabling the body to absorb these through the

¹ THE LANCET, Feb. 17th, 1894.

² Brit. Med. Jour., Nov. 26th, 1892.