good is to be effected, the medication must be by means of volatile agents. To expect any benefit from such agents as succus conii and the like is futile. A good, but perhaps too extended, list of inhalants is to be found in the Pharmacopœia of the Throat Hospital. To be thoroughly efficient, an inhaler should be oro-nasal, as simple as possible, and capable of being used without fatigue.

I am, Sir, yours faithfully,

Torquay, Oct. 12th, 1885.

SPENCER THOMSON.

HYDROCHLORATE OF COCAINE IN THE TREATMENT OF COMMON HYDROCELE.

To the Editor of THE LANCET.

SIR,—We all admit the great and frequently agonising pain usually produced by the injection of tincture or solution of iodine, diluted or undiluted, in the radical cure of hydrocele of the tunica vaginalis; and many methods are employed to alleviate this pain, from simple compression of the cord to the production of general anæsthesia. To the flood of literature concerning the applications of cocaine and its salts I beg to add a note as to the use of the hydrochlorate (it being the Pharmacopœial salt) in alleviating what is more than a discomfort in the treatment of the common affection under discussion. After withdrawal of the fluid from the hydrocele sac, it is easy to inject thereinto a drachm, more or less, of a 5 per cent. solution of the salt named, allow it to flow over the interior, and after five to ten minutes inject the selected iodine preparation, which will not give rise to any pain until an hour or more has elapsed, which pain, usually not severe, if necessary, can be controlled by the exhibition of a morphia suppository, or by some similar means. The use of the cocaine salt in this manner further allows kneading of the sac after the iodine injection, which kneading Davy and others have strongly insisted on; and while, on the one hand, paralysis of the sensory nerves of the serous membrane can, as Cohnheim showed, have practically no retarding influence on the development of the inflammation,—on the other, no evil effects can follow the absorption of a quantity of cocaine so far below a toxic dose. To the extent of my limited experience, cases thus treated progress, with the exception of the pain, precisely as those in which no cocaine is employed.

I am, Sir, yours truly,

G. ARMSTRONG ATKINSON, M.B.

University of Edinburgh, Oct. 24th, 1885.

THE WEST LONDON MEDICAL INSTITUTE.

To the Editor of THE LANCET.

SIR,—Those who can bring their minds, uninfluenced by prejudice or self-interest, to bear upon the questions of medical relief, which are regarded by you with feelings so sad as almost to amount to despair, will see that the system upon which the West London Medical Institute is conducted offers the only remedy for the evils which now exist, resulting chiefly from indiscriminate hospital relief, by which the members of our profession, especially those in general practice, are seriously injured, and the working classes are demoralised and pauperised. On some future occasion, with your permission, I will state the reasons why I have formed the opinions above expressed.

I am, Sir, yours truly,

Savile-row, Oct. 27th, 1885.

ROBERT J. LEE.

To the Editor of THE LANCET.

SIR,—I beg to enclose one of the notices of the West London Medical Institute, the distribution of which you say is "open to much objection." You will see that the names of the medical officers do not appear as composing the medical staff, but simply as members of the Committee of Management. I also wish to point out that a member cannot, as you state, see any medical officer at his private residence, the whole of the work being carried on from the institute. We have been most anxious not to overstep the bounds of professional propriety in any way in our initiatory proceedings, and we fail to see that more has been done than was absolutely necessary in order to bring before the poor in the neighbourhood the advantages which the

institute affords. The following gentlemen besides the medical staff are acting on the Committee of Management: W. Bousfield, Esq., Rev. J. H. Cardwell, Vicar of St. Andrews, Fulham, Rev. A. H. B. Brittain, Rev. A. Norris, West Kensington Congregational Church, R. Gregg, Esq., J. Ludamans, Esq., and L. Maitland, Esq. Under their direction the Institute is being worked on precisely the same lines as the South London Medical Institute, which has been doing such satisfactory work in the South of London during the last five years. I am, Sir, yours faithfully,

West Kensington, Oct. 24th, 1885. PHILIP BIRCH, Hon. Sec.

* * It is true that the names of the medical men appear as a part of the administrative staff of the dispensary, and not as medical officers. The words "at his own house" in our annotation should have read "at their own homes," the sentence in the circular running as follows: "Members may select their own attendant from the medical staff, and may consult with him at the institute when necessary, or, if too ill to attend, may claim his services at their own homes." Our correspondents do not tell us how unfit cases are excluded, or what care is exercised to avoid the distribution of bills among the patients of other medical men.—ED. L.

TEMPERATURE IN FEVER.

To the Editor of THE LANCET.

SIR,—In regard to the very thoughtful and suggestive address of Dr. Ord as President of the Medical Society of London, reported and commented upon in your issue of this week, will you allow me to make the following remarks.

One day last week during an ascent of one of the lake mountains, nearly 3000 feet in height, I made the following observation. When half-way up, and during the ascent of a very steep and rugged bit, I took my temperature in the mouth very carefully. It was 95.5°, though I was feeling very hot at the time and respiration was largely increased. When nearing the top, and walking leisurely up a slighter incline, I again took it and found it 97.5°. After resting at the top some time, and feeling chilly in a cold wind, it was 98.6°. These experiments are not new. I tried them some years ago with similar results, and I believe they were first made public in a letter from the pen of Dr. Tempest Anderson, published in *Nature* ten or fifteen years ago.

Their bearing on the problem in question is evident. During the raising of the body to the height spoken of these experiments seem to me to point to the fact that there is largely increased constructive metabolism, probably in the muscular tissues, and a locking up of heat in consequence, resulting naturally in diminished temperature of the body as a whole. A similar explanation may not improbably explain the normal diurnal variation of temperature observed in health.

I am, Sir, yours obediently,

CHARLES A. RAYNE, M.B., B.S. Lond.

Lancaster, Oct. 26th, 1885.

EDINBURGH.

(From our own Correspondent.)

ROYAL COLLEGE OF SURGEONS.

At the annual meeting of this College, held last week, Dr. Douglas Argyll Robertson was unanimously elected President for the coming year.

ROYAL INFIRMARY.

A very important and valuable addition to the buildings of the Royal Infirmary is now in course of construction. The new building is to be used as an observation hospital, for the reception of cases in which there is doubt as to the true nature of the morbid condition, and where there might be risk of infection were the patients at once admitted into the general wards. The Observation Hospital will occupy a detached block of buildings within the Infirmary enclosure, but at a safe distance from both the medical and surgical pavilions; and as access can be had to it by a separate entrance gate, there will be no risk of infection to the inmates of the Infirmary when a case which has been in quarantine proves to be infectious, and requires removal to the City Fever Hospital. The building, which