minor derangements of health frequently ensue. All must have noticed the pallid, bloodless faces presented by painters in general.

In all these cases the cause of the ailments alluded to is the same—namely, the inhalation of the lead, which acts on the system as a poison. That a large sacrifice of life takes place from this cause, and that a still greater amount of disease and suffering is produced by it, is unquestionable. If, therefore, any means could be devised whereby these evils might be avoided, great benefit would be the result.

But what will be said when it is known that the means of prevention do exist, although as yet they have been adopted only to a very partial extent? Several reasons have concurred to produce this result. It is not alone in Government departments that routine and red-tapeism are met with. Master painters, like many others, are opposed to change, although that change may be an advance on the previous state of things, they see not the advantage of it.

Health, although, indeed, I believe that, in the present instance, they err rather from ignorance of the facts than from indifference.

The remedy to which I refer consists in the employment of zinc in place of lead paint. Now, zinc possesses certain important advantages over lead when used as a paint, or as the basis of paints:

1. It preserves its colour for a much longer period; and hence is more durable.

2. Its cost is somewhat less.

3. It does not give rise to colic, palsy, wasting of the arm, or any of the formidable diseases and symptoms which so often result from the employment of the lead paint.

The objections urged against its use are, that it possesses less body, and that it turns yellow and black, and is attacked in a different manner. These are, however, but minor objections: the first, which is not well founded, may be met by the application of an additional coat of the zinc paint; and the second, by a little practice on the part of the workman. Another objection of the master—once held to be well founded—may be met by the application of an additional coat to the zinc paint. This, though it may not, in every instance, be a permanent good effect on me, you are free to give my name and address. I am, Sir, your obedient servant,

Wimpole-street, Feb. 1860. ARTHUR HILL HASSALL, M.D.

MR. THOMAS WAKLEY'S STRICTION TUBES.

I have been requested to publish the accompanying note, in reference to an error in the description of Mr. Thomas Wakley's 'Stricture guides and tubes,' which appeared in the last edition of Mr. Wakley's 'On Stricture of the Urethra.'

Sir,—I regret to see that in my work 'On Stricture' I have inadvertently stated that you commence your proceedings with No. 3, instead of No. 1. I have placed the following erratum in the hands of my printer, and it will appear in all the copies of the work unsold:—Erratum: p. 74, line 11 from the top, for 'No. 3,' read 'No. 1.' Mr. Wakley's instruments are figured and fully described at p. 90—91.

I am, Sir, your faithful servant,

THOMAS WAKLEY, Esq.

To the Editor of The Lancet.

Sir,—I have perused with no ordinary interest the papers and discussions which have from time to time occupied the pages of your journal on the treatment of urethral stricture, having myself once been the subject of a most formidable one. A writer on this subject is impressed with the conviction that days of long duration and incredible, in a chronic case of stricture, if relieved, unaided by one of two severe artificial modes—namely, urethrotomy, or cauterization to assist the dilatation. I drew attention to the value of the improved method of treating stricture of the urethra, as practised by Mr. Thomas Wakley, in a letter which appeared in your columns on the 17th of April, 1855. I again recapitulate the circumstances, as for many years I had suffered from stricture of the urethra:

'I have been married twenty-four years, but previously to this period, and in days when passion and feeling in youth are too apt to usurp the throne of discretion, I unfortunately contracted violent gonorrhoea, which I have now no doubt (from improper treatment, particularly the use of stimulating and badly irritating injections) left the urethra enfeebled, and its structure consequent upon specific inflammation of the mucous membrane—namely, thickening and contraction. Some fifteen years elapsed before I had the courage to seek relief, during which period the emission of semen was interrupted and I endured much pain, and the urine escaped in a very small stream, with frequent desire to pass it. One of our first surgeons in the metropolis then desisted to pass No. 4 bougie and also catheter, but ineffectually, and each future attempt, persisted in for about three months with instruments of various sizes, proved equally futile. At last retention of urine supervened, and with extreme torture the smallest catheter was introduced by another friend. From that time the attempt at discharge of the urine became gradually more distressing, and about two years since a second stoppage of urine ensued; this was again relieved after much perserverence by the smallest catheter. Three weeks since, the difficulty, accompanied by frequent desire of voiding urine, was so great and distressing, that having lost confidence in the tedious, slow, and inefficient, with me, bougie system, I called upon Mr. Wakley, and after satisfying myself by minute inspection, and having explained to me the precise mode of the operation, which was performed by this gentleman, that a vast improvement had been made in the manner of treating this disease—or, more strictly, effect of disease—called stricture, I placed myself under his care, and I now thank God, that although only a period of seventeen days has elapsed, I can pass my urine with a freedom hitherto unattainable, and in a full, free stream, and I enjoy the exquisite blessing of being myself enabled to pass Nos. 9 or 10 silver catheters. The opinion of Mr. Wakley is, that a firm catheter, state of a portion of the urethra, of which the length, has existed for a considerable time; but if he deem fit, he is at liberty to enter into detail of my case. Should any of the profession be sceptical as to the rapid and, as I hope, permanent good effect on me, you are free to give my name and address.'

The proof of the efficiency of the modus curandi adopted in April, 1858, is fully confirmed up to the present time. I have been during the past year in practice with instruments, and accustomed myself to indulge, with tolerable freedom, in various kinds of stimulating drinks, and the flow of urine is now as free as I ever saw it in my life. It appears to me to admit of considerable doubt whether the act of burning a cutting through a diseased tissue, such as that which is ordinarily produced by the specific inflammatory action of the mucous membrane of the urethra (stricture, as we term it), can be considered so really harmless, in relation to the subsequent effects which we can hardly imagine. This process of the part is followed, I assume, first, by inflammation; secondly, by its attendants, swelling, increase of bulk, thickening, induration, &c. A priori, to apply this process to the treatment of stricture in a canal so narrow as the urethra, would seem, perhaps, puerile; but can we accurately estimate the remote, superadduced mischief which destruction by the caustic or division by the knife is so liable to induce? In plain language, have we on record a
sufficient number of cases of stricture of the urethra treated by incision, or burning, and dilatation conjoined, to justify the conclusion that the former aids the latter? If a simple widening incision, or burning, and dilatation conjoined, to justify the contracted dimensions, if simply tubuladilatatio has been objected which, I think, apply to the other modes, why incur judiciously persisted in ab initio.

part affected in stricture is prone to return to its originally

of the 25th of February, to which I shall feel obliged if you will

have been bled to death, and I am quite sure that no doubt

veins or not." I have never denied the existence of bronchial

course of the bronchial veins by injection, on account of their

proved, and is contrary to the general opinion of anatomists,

ment, in fact, exists to the course of the injected material.

admit the force of Dr. Heale’s observation. No such impedi-

subject than we should otherwise have thought it proper to do.

Here we must bring the matter to a close.—ED. L.

T. B. CURLING, F.R.C.S.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 24th inst.:

Blades, Charles, Tattershall; L.S.A. Dec. 31st, 1830.

Hughes, John Howe, Wednesbury, Staffordshire.

Henry Amelius Powell Robertson, M.D., Bristol.

Douglas, John, Thursae, near Birkenhead; L.S.A. June 22nd, 1853.

Binnie, Charles, Turrach; L.S.A. Dec. 31st, 1839.

Joseph Canham, M.B., St. Lawrence, Ramsgate.

Dr. Heale also says: "It is difficult to demonstrate the

course of the bronchial veins by injection, on account of their

Dr. Heale says: “Let Dr. Waters only go into any slaughter-

This arrangement of the component osseous tissues is identical

SYPHILIS IN THE ARMY.

NOTE FROM DR. T. GRAHAM BALFOUR.

To the Editor of THE LANCET.

the Royal Medical and Chirurgical Society, and reported in the

We have not only our own experience, but also a large body of

There is not the same amount of information as to the variety of

The subject of Mr. Hulme’s third lecture on the Structure

ACUPRESSURE IN OPERATIONS.

NOTE FROM MR. CURLING.

SIR,—I am sorry to trouble you with any further commu-

And here, Sir, I must close my remarks; and in doing so I desire to express to Dr. Heale my thanks for the courtesy ex-

I am, Sir, your obedient servant,

Liverpool, Feb. 1800.

A. T. H. WATERS, M.R.C.P.L.

** On account of certain scientific questions involved in this

There is no other case of the same type presented which could be

T. B. CURLING, F.R.C.S.

ROYAL COLLEGE OF PHYSICIANS.—At the Comitia

Batty, Thomas, Liscard, near Birkenhead; L.S.A. June 22nd, 1853.

Middleton, James, Queen-street, Cheapside; L.S.A. April 22nd, 1830:

The Medical News. 

ACUPRESSURE IN OPERATIONS.

NOTE FROM MR. CURLING.

Sir,—In a recent notice of an operation for the removal of a

pressure. I am, Sir, your obedient servant,

with the willingness with which he afforded

Here we must bring the matter to a close.—Ed. I.

I am, Sir, your obedient servant,

to the course of the injected material.

And here, Sir, I must close my remarks; and in doing so I desire to express to Dr. Heale my thanks for the courtesy ex-

I am, Sir, your obedient servant,

and the willingness with which he afforded

I am, Sir, your obedient servant,

A. T. H. WATERS, M.R.C.P.L.

I am sorry to trouble you with any further commu-

A. T. H. WATERS, M.R.C.P.L.

To the Editor of THE LANCET.

SIR,—Will you kindly permit me to correct a mistake in the

SIR,—I am sorry to trouble you with any further commu-

T. B. CURLING, F.R.C.S.

To the Editor of THE LANCET.

the teeth of the mammalia. In these animals the teeth

[NOTE FROM DR. T. GRAHAM BALFOUR.]

In some of the edentata, as the armadillo, there

varieties than those of the class of fishes; they are generally composed of hard unvascular dentine, enamel, and cement. In the marsupial animals a structural peculiarity consists in the tubes of the dentine passing into the enamel. In the incisor teeth of the rodentia the enamel is composed of two layers, differing in the arrangement of the enamel fibres. In the sloth the teeth consist of a central mass of vascular dentine surrounded by a layer of amorphous dentine and an outermost layer of cement; these structures, being of different densities, wear unequally, and produce a rough uneven surface for grinding the vegetable food upon which these animals subsist. This arrangement of the comparatively osseous tissues is identical with what occurs in the teeth of the great extinct megatherium and some other allied species which formerly ranged over various parts of the American continent.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 24th inst.:

Batty, Thomas, Liscard, near Birkenhead; L.S.A. June 22nd, 1853.

Binnie, Charles, Turrach; L.S.A. Dec. 31st, 1839.

Edmund Denis de Vitré, M.D., Lancastcr.

Henry Ashburner Powell Robertson, M.D., Bristol.

James Tetley, M.D., Torquay.

William Herries Madden, M.D., Torquay.

Henry MD, Cheam, Cheshire.

Edward Howard, M.D., Red-hill, Surrey.

John Ramsay Brush, M.D., Clifton.

Joseph Canham, M.B., St. Lawrence, Ramsgate.

Henry Frederic Augustus Goodridge, M.B., Bath.

William Alexander Greenhill, M.D., Hastings.

Duncan Stewart, M.B., Waihi, Brentwood.

Henry Osley Stephens, M.D., Bristol.

Augustus Hess, M.D., Artillery-place, Finsbury.

Thomas Sneden Watson, M.D., Bath.

Adolphus Albert Frederick Raeb, M.D., South Street, Finsbury.

Henry MD, Chandlers, Cheshire.

Edward John Kelk, M.D., Scarborough.

Elliot Howard, M.D., Red-hill, Surrey.

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Elliot Howard, M.D., Red-hill, Surrey.

George Mathieon Ogilvie, M.D., Bombay.

The College of Dentists of England.

The BRONCHIAL BLOOD VESSELS.—[NOTE FROM DR. WATERs.]

To the Editor of THE LANCET.

sufficient number of cases of stricture of the urethra treated by inclination, or burning, and dilatation conjoined, to justify the conclusion that the former aids the latter? If a simple widening incision, or burning, and dilatation conjoined, to justify the contracted dimensions, if simply tubuladilatatio has been judiciously persisted in ab initio.

I am, Sir, yours obediently,

A. PROVINCIAL PHYSICIAN.

(Enclose my card, as before.)