BLUNT URETHROTOME FOR STRICTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—In your last number, there is a description of what is supposed to be a new mode of effecting the internal incision of stricture, by Mr. Marshall. Its principle is the employment of a knife made sufficiently blunt as not to cut any part of the urethra through which it passes, excepting where it is opposed by the stricture, or where some force is required to pass it.

I took advantage of the last sexennial competition for the Argenteuil prize in order to lay before its adjudicators—the French Academy of Medicine—the history of several improvements in the treatment of stricture and stone, which had been improperly published as their own by surgeons on both sides of the Channel. The Academy itself had saved me this trouble in respect to one of the principal of these—the direct or eccentric dilatation of stricture, instead of dilatation on the principle of the wedge; and they had deprived M. Ferrève's stricture dilator (called in this country Mr. Holt's dilator) of the honour it had attained of being placed at the head of several improvements which had been submitted to them, on discovering that its principle had long before been explained, and its advantages insisted on, in my "Treatise on Stricture." In my brief competitive essay (which has since been published) other improvements were mentioned which had occurred to me since the publication of that treatise; and amongst these, at pages 22 and 24, I suggested the employment of a blunt knife in cases where incision is the appropriate practice. A sound is there described, having in one portion of it blunt cutting edges, of about an inch in length, and situated two or three inches from the point. The principle of its action is explained in the latter page; and at page 6 of the Introduction, another mode is suggested of carrying out the same principle—namely, by a sharp cutting edge, acting by pressure alone, and not in the manner of a saw.

I conceive that the principle of bluntness in cutting instruments is advantageously applicable to other operations in surgery, including the division of the stricture in strangulated hernia, and the incision of the prostate in lithotomy.

Of course Mr. Marshall had not read this prize essay, nor probably had he observed my allusion to this principle of bluntness of cutting instruments in one or more papers which I have lately published on the present defective modes of removing stone from the bladder. As the practice of internal incision has come more into use since the hazard and inefficacy of external incision has become manifest, it is of importance that the safest plans of accomplishing it should be known. I fear that the recent improvements in the treatment of stone, or the substitution of dilatation for cutting, will be greatly impeded by the imperfect nature of the dilating instruments employed.

I am, Sir, your most obedient servant,

York-street, Portman-square, April, 1860. JAMES ARNOTT, M.D.

IODIDE OF POTASSIUM IN LARGE DOSES.

(NOTE FROM MR. DE MÉRIC.)

To the Editor of THE LANCET.

SIR,—The experiment mentioned by Dr. Sisson, of Cheltenham, in your journal of last week is extremely valuable, as showing that tolerance may gradually be obtained with iodide of potassium, as with tartar emetic, by gradually increasing the doses. As the effect of 100 grains per diem was *nil*, I conclude that the experiment was undertaken when Dr. Sisson was in perfect health; the data obtained are therefore only of physiological importance. As to the effect of gradually increased doses upon patients affected with various diseases, very few facts have been recorded, except as regards the tertiary symptoms of syphilis. Here Ricord tells us that "two scruples a day may be given at first.....Fifteen grains should be added every five days to the quantity given daily, until a drachm and a half per diem is given, which I have rarely gone beyond." (Hunter and Ricord on the Venereal Disease, American edition, p. 470.) These doses seem to be perfectly well borne in France; and M. Ricord had very lately occasion to state this before the Academy of Medicine of Paris, during the discussion upon iodism in Geneva.

Now, my object in requesting a corner in your journal is to observe that climate and nationality must have some influence on the effects of remedial agents, for I have never been able, in public or private practice, to go beyond half a drachm a day, in three equal doses. When the thirty grains were reached, the patients (either male or female, but always labouring under

syphilis) were invariably seized with all the symptoms of feverish disturbance, and to such an extent as to render the abandonment of the iodide quite imperative. I now rarely prescribe more than seven grains to be taken three times a day, which doses never cause any inconvenience.

I confine myself for the present to this simple statement of facts, and remain, Sir,

Your obedient servant,

Brook-street, April, 1860.

VICTOR DE MÉRIC.

REFLEX PARAPLEGIA.

To the Editor of THE LANCET.

SIR,—Will you allow me to ask those of your readers who may have observed cases of paraplegia,—originating from a disease of the genitals, the urinary or the digestive organs, or from any other peripheric cause,—to have the kindness to favour me with the particulars of those cases.

Yours very truly,

81, Wimpole-street, Cavendish-square. C. E. BROWN-SÉQUARD, M.D.

A NEW KIND OF SCOTCH SURGEON.

To the Editor of THE LANCET.

SIR,—I thought everybody was agreed that there are quite a sufficient number of surgeon-manufactories in Scotland, where there are already two—the Edinburgh College of Surgeons and the Glasgow Faculty. But a new prospect opens up. I see the Edinburgh University is trying to get powers to give a surgical licence; and when their big brother has succeeded, I suppose the lesser fry will follow suit, so that instead of two, we shall have five or six Scotch bodies all giving surgical licences. We shall have Aberdeen surgeons, St. Andrews surgeons, two kinds of Edinburgh surgeons, and two sorts of Glasgow surgeons. What a mess of confusion, besides the absurdity of it!

I always thought before, that what a University gave was at least meant to pass off for something higher than a common medical licence—had at least some small rag of academic savour about it. But on comparing the proposed regulations of the Edinburgh University with those of its neighbour, the College of Surgeons, I see the University unblushingly offers its surgical degree on some months less study than the College, besides having nothing at all academic about its preliminary examinations. Then comes another mystery, or sham: the degrees of Bachelor of Medicine and Master of Surgery are to be given for the same examination; they are to be halves, and yet are meant to do as separate licences; and this easy-going double degree having been solemnly conferred at the mature age of twenty-one, the Doctor's degree may come by post at the age of twenty-four. Well, do you call this reform? What do our English Universities say to degrees in Medicine going off at this rate? and what are our Colleges of Surgeons about that they are not up in arms to stop the small beginnings of this coming flood of *quasi* surgeons? Masters in Surgery (C.M.), I believe they mean to call them; but it must be a mistake for Tyro in Surgery (T.C.) Save us, then, from this threatened invasion of T.C.s from the Scotch Universities!

I am, Sir, your obedient servant,

April, 1860.

A SURGEON.

ON UNSUSPECTED SOURCES OF LEAD POISONING.

To the Editor of THE LANCET.

SIR,—A few days since the enclosed letter, addressed to a firm in London, was placed in my hands. Its publication will serve to put many on their guard against a source of danger from lead poisoning but little suspected. It is not alone curry powder which is sometimes packed in lead foil, but tea, cayenne, snuff, and many other articles. The remedy is very simple; it consists in the use of tin in place of the lead foil. I am acquainted with several cases of lead poisoning from this cause.

I am, Sir, your obedient servant,

Wimpole-street, April, 1860.

ARTHUR HILL HASSALL, M.D.

"GENTLEMEN,—Passing through my kitchen to-day, during the preparation of a curried fowl from some of your powder, my attention was drawn to the manner in which you pack it—viz., in lead foil. On examination (by tearing off a piece of the wrapper), I found the powder coated thickly with a grey powder, which, I have little doubt, although I have not yet tested it, is oxide of lead, and, I need not say, highly poisonous.