were prescribed for constant wear, with the result the patient's headaches and fits of depression ceased.

The fact is, these cases require a great deal more care to be taken in estimating the amount of refractive error and its correction than some surgeons are able or willing to give; it is not sufficient to do a retinoscopy, place the correcting lenses thus found in the trial frame, record the effect, and then write the prescription. The objective examination is only a means to an end; the end is the result obtained subjectively, and to get this perfect entails investigation not only with the ordinary Snellen's type but with Prey's letters, and the astigmatic fan, checking the upshot with crossed cylinders, and finally, each eye having been tested separately, a trial should be made with both eyes together.

I am, Sir, yours faithfully,

Harley-street, W., Jan. 30th, 1915. REGINALD EVERSHERD.

FROST-BITE.

To the Editor of THE LANCET.

SIR,—In the various articles on frost-bite no really specific treatment has been suggested, and I venture to call attention to a remedy which I and my colleagues, Dr. P. G. Lewis, Dr. J. H. F. Wilgress, and Dr. T. Streatfeild, have found effective at the Army Nursing Homes at Folkestone. Peroxide 5 per cent. solution with tincture of iodine 1 drachm to the pint, applied as a compress for 12 hours, followed by dry boracic wool bandages. These applications relieve the pain, and the capillary circulation is improved, the sores are healed, and the sensation in the toes soon returns. Tried side by side with other remedies, this procedure has given far and away the best results.

Many of the cases appear to be caused by constriction of the vessels, due to wet and contracted garments. This bears out the theories of Sir Alfred Keogh and Mr. A. W. Mayo-Robson. The œdema and condition generally is more like that produced by long bandaging, and those who suffer most have generally been standing a long time in wet trenches, a factor predisposing to constriction and œdema, thus rendering the tissues vulnerable to cold. This treatment is excellent for chilblains also.

I am, Sir, yours faithfully,

Folkestone, Jan. 28th, 1915. LENNOX WAINWRIGHT.

THE LATE MR. BRYANT IN THE OUT-PATIENT ROOM.

To the Editor of THE LANCET.

SIR,—The obituary notice of Mr. Bryant in THE LANCET of Jan. 9th did not mention the excellent method adopted by this remarkable surgeon in his out-patient clinique. As one whose privilege it was to attend Thomas Bryant's out-patient room over a lengthened period and to receive considerable benefit therefrom I would like to place on record the plan he adopted in order to educate the student's powers of observation and tactile sense by having a succession of cases representing various phases and modifications of each particular class of disease, in the hope it may commend itself to other teachers.

The patients were classified in the waiting-room, and those of each class were given thick hexagonal cards of a special colour. Thus breast cases had red cards, venereal ones blue, deformities white, &c. Each set was seen in succession and the points in diagnosis, prognosis, and treatment insisted

upon. Breast cases may be taken as an example. Mr. Bryant would dilate on the importance of adhesion of the skin as an early sign of cancer, and we were shown how this was to be recognised and we were encouraged to bring out the significant puckering ourselves. A second case would show early implication of the glands, while a third would be an example of benign tumour. This thoroughness in clinical teaching quickened and sustained the student's interest in a remarkable degree, as was shown by the large and regular attendance of those who were desirous of acquiring real and lasting knowledge of surgery.

I am, Sir, yours faithfully,

Harley-street, W., Feb. 1st, 1915. CHARLES W. CHAPMAN.

THE PHARMACOPŒIAL DOSE.

To the Editor of THE LANCET.

SIR,—I am afraid your correspondent, Mr. George Foy, in your issue of Jan. 30th, has rather missed the point of my letter on the above subject. My main object was to secure clear and definite guidance from the medical profession in cases where it was found necessary to order more than the pharmacopœial dose of any active official drug. The method by which such guidance might be given was a subordinate consideration, which I felt was entirely a matter for the discretion of practitioners themselves. The practice indicated by Mr. Foy would be quite consistent with the suggestion I ventured to make.

I am, Sir, yours faithfully,

W. J. UGLOW WOOLCOCK,

Secretary, Pharmaceutical Society of Great Britain.
Bloomsbury-square, W.C., Jan. 30th, 1915.

LEECHES AND THE WAR.

To the Editor of THE LANCET.

SIR,—With regard to Professor A. E. Shipley's letter in THE LANCET of to-day's date, may I say that owing to a conversation I had in the autumn of last year with Professor Shipley, he very kindly interested himself to obtain for us a small supply (about 200) of Limnatis granulosa. Some of them are of an enormous size, but I am informed they are perfectly good to use, and that they will absorb from 4 to 6 drachms of blood.

We shall be pleased to supply any urgent order to brother pharmacists. The price is 18s. per dozen, and the proceeds are to be given to the Belgian Doctors' and Pharmacists' Relief Fund, so that it will be doing a good turn to our friends in distress.

I am, Sir, yours faithfully,

JOHN D. MARSHALL,

Managing Director, John Bell and Croyden,
Limited.

50, Wigmore-street, W., Jan. 30th, 1915.

BLUE PUS AS AN OMEN OF RECOVERY.

To the Editor of THE LANCET.

SIR,—The occurrence in a suppurating wound of blue pus, the product of the bacillus pyocyaneus, is a comparatively rare phenomenon, which can hardly be overlooked on account of the distinctive colouration of the dressings. During the past six months I have seen a dozen of these cases, occurring chiefly, but not invariably, among the wounded sent home from the front. The cases are usually compound septic fractures caused by shrapnel, and these when first seen discharge the "liquid mud" so commonly found in wounds infected in France and Belgium. After several