

seriously taught by learned Rabbis to mere children in the twelfth century.

5. As the foregoing instances are fair specimens of the loose language, inferences, and charges of your reviewer, respect for your space and for myself absolves me from replying to his fresh imputations, and the candid reader of my numerous "suggestions for improvement" (partly summarised on pages 960-62) will see that my views are very different from, and more comprehensive and far reaching, than those which your reviewer's summary and glosses would lead him to expect.

6. With reference, however, to his essential point that I "appear to bring one of Cooke's charges—the charge of intemperance," or, in Cooke's language, the opposite vice to sobriety, "against the profession," I must be allowed a short space to state accurately what my views are. Dr. J. James Ridge, Honorary Secretary of the British Medical Temperance Association, has recently sent out a circular reminding medical men that three weighty medical declarations respecting alcohol have been issued during the last fifty years. Dr. Ogle's statistics of the mortality in the profession prove that there is an excess of mortality from cirrhosis, gout, alcoholism, etc., indicating that "among the members of the profession there is an habitual consumption of alcoholic beverages far in excess of what has been termed the proper physiological allowance." Such a consumption is incompatible with health and a low death-rate, but may be quite compatible with the absence of actual intemperance or the "opposite vice to sobriety." As I have nowhere charged the profession with drunken habits, I think your reviewer would have been better advised to have frankly withdrawn the whole passage which, after his emendation, I still regard as highly objectionable and injurious. But with respect to the influence of the profession on the outer world, I ask of what avail will be our periodic declarations against alcohol so long as the blot of which I have spoken remains un erased? And I would repeat what I say in my essay that the facts are "to be regretted not only for the sake of medical men themselves, but in the interests, moral and material, of society at large."—I am, etc.,

WALTER RIVINGTON.

April 6th. 1889.

\*\* Mr. Rivington objects to "volubility" as applied to an essayist, yet its definition, as given in Latham, exactly hits the reviewer's meaning—namely, "fluent of words." Perhaps a better term might have been found to describe one who was "fluent of words on paper."

Mr. Rivington says "that his sketch was not intended to be an original history either of metropolitan or provincial medicine;" this portion of Mr. Rivington's essay was, however, entitled "A Sketch of the Medical Profession."

Mr. Rivington complains that the reviewer, by using the term "Christian children," "puts a gloss of his own" on the passage concerning the Jewish schools in provincial towns in the twelfth century. The universities of the early Middle Ages admitted much younger students to their courses than in modern times, and the majority of pupils attending any schools or universities during this time were, as Dr. Jessop tells us, "lads or mere boys." The reviewer's main point was that it was absurd, on the authority of a *Pictorial History of England*, to write that Christian students received instruction at Jewish provincial schools during the twelfth century. Dr. Jessop tells us of Cambridge, one of the towns named by Mr. Rivington, "that there were Jews not a few, to whom the students got into debt." We know that, during the reign of the Plantagenets, "the Jews were treated in England as beings destitute of political or social rights, and as almost beyond the pale of humanity." It was in this very century that the Jews of London were massacred by the fanatic populace. It was in one of the towns mentioned (namely, York) that at this very time 500 Hebrews immolated themselves rather than be outraged and murdered by the "Christian" populace. The legend or story of Hugh of Lincoln shows us the estimate in which Jews were held in the Midlands. Yet, when an unfortunate reviewer dares to indicate that a *Pictorial History of England* is not sufficient evidence for such an unlikely statement as Mr. Rivington makes, that gentleman explodes into a fit of virtuous indignation; he has seen the statement in print, and it must be true.

[This correspondence should now close.—Ed.]

ACCORDING to official statistics, diphtheria is so prevalent throughout Prussia as alone to cause more than half of the deaths from zymotic diseases.

## ON THE COCAINE HABIT IN DISEASES OF THROAT AND NOSE.

SIR,—From the frequency with which samples of so-called voice lozenges containing cocaine are forwarded to me by druggists, I presume there is a demand for the same, unless, indeed, as is not unusual in the present day, the pharmacist is endeavouring to educate the physician into the conviction of a want which he had not hitherto experienced. I also observe that patients are frequently prescribed, or obtain without prescription, cocaine solutions of considerable potency, for constant use by brush or spray with the purpose of relieving quite slight symptoms of chronic conditions. I venture, therefore, to utter a word of warning against this growing inclination to cultivate a cocaine habit; and without entering into the question of constitutional evils likely to accrue from such a practice, I feel bound to emphasise the injurious local effects on the naso-pharyngeal and laryngeal mucous membrane which are certain to result from frequent application thereto, whether by means of brush, spray, insufflation, or lozenge, of a drug which produces topical anaesthesia by an emptying of the surface capillaries.

Some remarks which I made of a similar intent in the Section of Laryngology at the International Medical Congress, held at Washington in 1887, were received with general approval by the many eminent specialists who were then present, and I feel confident that this short note will be endorsed by the majority of my co-laryngologists in this country.

I may add that I limit the local use of cocaine to the relief of pain during and after operations, such as uvulotomy, tonsillotomy, or galvanic cauterisations in the throat and nose, and to those diseases in which painful swallowing is a prominent feature, as, for example, tonsillitis, faucial or laryngeal tuberculosis, and cancer.—I am, etc.,

Weymouth Street, W.

LENNOX BROWNE.

## IS SYPHILIS INCURABLE?

SIR,—It appears to me that those who, like myself, have practised for many years in the same locality, and have had patients continuously under observation for periods of thirty-five or forty years, must be able to give materials for an answer to this important question; and that, if able, they ought to do so. With this feeling, I send notes of a case which caused me very great anxiety at the time.

In January, 1850, a young gentleman called upon me with a true Hunterian chancre; he had neglected it for two or three weeks; it was rapidly enlarging, and much indurated. I treated him mercurially to slight but evident ptyalism, and kept him under that plan until the sore was healed and all induration gone; but I was careful not to push the medicine too far, as I did not think him a very safe subject for it, his family being very gouty. He soon had well-marked secondary symptoms, which yielded to iodide of potassium and Plummer's pill. After a few months of apparently good health he had, in September, 1851, ulceration of velum palati and of the left nostril; the former caused a small perforation and the latter a very ugly little notch in the ala nasi. I had sent him up to Professor Partridge, of King's College, several times during the secondary symptoms, and also upon the appearance of these latter ulcerations. He was put upon a mild mercurial treatment, but the nose and throat getting worse under it, he was seen, in Mr. Partridge's absence, by either Mr. Henry Lee or Mr. Henry Smith (I forget which), who prescribed iron and chlorate of potash with such success that the nose soon healed; the corners of the notch being conspicuous, I shaved them off, leaving very little disfigurement. He regained health and strength and, being apparently quite well, in February, 1852, he engaged to be married in the following June.

Now commenced my anxiety and responsibility; for in March he came to me with herpes on the penis and sore throat, and told me that he should be entirely guided by my advice as to marrying in June. I did not feel at all sure as to the syphilitic nature of these fresh symptoms, so I sent him again to Professor Partridge (whose note now lies before me); he wrote as follows:

"17, New Street, Spring Gardens, March 26th, 1852.

"My dear Davey,—The herpes is not syphilitic, in my judgment, but the pharynx is suspicious—that is, there is a thickened, elevated, congested condition of the mucous membrane such as syphilis produces. What to do? I would fumigate the throat with cinnabar, and give nitric acid and bark internally. The sore I would sop with liq. plumbi. dil. ʒij ad ʒij, or with a weak solution of nitrate of silver. Afterwards, Plummer's pill a