

PRURITUS VULVÆ.—Duhring, in his recent work on skin diseases, mentions favourably camphor, chloral, and borax in various combinations.

R. Chloralis gr. x ad xxx.
Aque..... ʒi.

M. Use as a lotion.

R. Sodæ biboratis..... ʒss.
Morphiæ sulphatis gr. viij.
Glycerinæ..... ʒss.
Aque ʒviijss.

M.

Those preparations, somewhat diluted, may also be used as injections. For this purpose also nitrate of alumina, one drachm to one ounce, is highly recommended. As an ointment the following has been found efficacious :

R. Camphoræ pulv.,
Chloralis hydratis, āā .. ʒi.
Ungt. aquæ rosarum.... ʒi.

M. Apply locally.

A NEW FORM OF MYCOSIS ŒSOPHAGI.—In the *Archiv für Experimentelle Path. und Physiol.* (quoted in *Med.-Chir. Centralblatt*, No. 32, 1877), Dr. E. Letzerich describes the case of a child sixteen months old who suffered from difficulty of deglutition, irritation, dyspepsia, and distension of the stomach, and who vomited muco-purulent masses, which were found to contain flattened epithelium, covered with peculiar microscopic fungi. An examination of the paper hung on the walls of the room revealed the cause of the child's illness. It was moist, had a fine powdery deposit on it, and presented numerous defects. In creeping along the wall, the child had pulled off small pieces and swallowed them. Dr. Letzerich found, on microscopic examination, that the fungi of the paper were identical with those in the vomited matter. The presence of these organisms explained the Œsophageal and gastric symptoms. The treatment consisted in the administration of salicylate of soda in barley-water, under which, in eleven days, the patient recovered.—*London Med. Record*, Dec. 15, 1877.

INEQUALITIES IN THE LENGTHS OF THE LOWER LIMBS BEFORE AND AFTER FRACTURE OF THE FEMUR.—Dr. Jarvis S. Wight, of Brooklyn, having made the statement (*Proceedings King's County Medical Society*) that nearly every person has naturally a shorter limb on one side than on the other, and that often, after fracture, we find apparent shortening where there is in reality none whatever, the fracture having taken place in the already short limb, he is taken to task by Prof. Frank H. Hamilton, who denies the correctness of the assertion. Dr. Wight, in the January number of the above journal, returns to the charge, and backs up his statement with an array of measurements made of the lower limbs of healthy individuals which is very convincing. Of forty-two measurements made, there were but thirteen in which the normal limbs were of equal length. In twenty cases the left lower limb was the longer and in nine the right. This difference ranged from an eighth of an inch to three-quarters of an inch. These measurements revealed also the fact that there is a difference between the external and the internal measurements—the under edge of the anterior superior spinous process of the ilium, at the insertion of the tensor vaginæ femoris, being the point of departure above, and the line being run to the external and internal malleoli respectively.

It is but just to Prof. Hamilton to add that he has since written Dr. Wight a characteristic letter in which he apologizes for his hasty denial of his (Dr. W.'s) statement, and that he now, after a series of careful measurements, admits the correctness of Dr. Wight's position, and compliments him on his really valuable discovery, the importance of which, in its medico-legal bearings, is at once manifest.

ANNUAL MEETING OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Extract of President's address:—"One thing has struck me much in drawing up these notices of the deceased Fellows of our Society, that almost without exception they may be said, in words used long ago, to have 'served their own generation,' not themselves. The sphere in which one worked was a wider, in which another