how many of the patients mentioned by Dr. FitzGerald as having widespread eczema did not owe this to chloramphenicol. The most important point in the treatment of these ulcers in ambulant patients is control of the oedema. Abolish the oedema and the ulcer will heal, usually irrespective of local treatment. Ignore the oedema and healing will not take place. Although firm bandaging with crêpe may help, elastic crêpe, elastic webbing, or one of the elastic adhesive bandages is better. If the ulcer is offensive and Gram-negative organisms are present, phenoxyethanol (2%) in Lassar's paste is an effective and harmless application.—I am, etc.,

Leeds, 1. S. T. ANNING.

Supply of Bodies for Dissection

SIR,—So far in vain I have waited for a more able pen than mine to write on this subject. Your annotation (*Journal,* December 8, 1956, p. 1357) reads: "There is thus an urgent need for more people to leave their bodies." I believe it is not unwillingness on the part of the individual, but failure on the part of those responsible to furnish adequate facilities. When an individual in a household dies, there is usually sadness and a desire "to get things over" as soon and as easily as possible—"We don't want no fuss." Clearly everything should have been arranged beforehand, and in my view it is the duty of those who want the bodies to do it. I suggest that forms, particulars, and suitable notices to hang in waiting-rooms for those willing to show them, be sent to all general practitioners. This could readily be done through the agencies that send out advertisements. Is it reasonable to expect poorly paid general practitioners to bother to send up for forms? There must not be too many forms to fill up, and there must be a quick willingness to collect the bodies. Much of the above applies also to corneas. Let those who want them act.—I am, etc.,

Pettswood, Kent. G. C. MILNER.

Increase in Scabies

SIR,—Having had a considerable experience in the diagnosis of scabies in this country during the last war, I was puzzled by the last paragraph of Dr. Margaret S. M. McGregor's letter (*Journal,* December 15, p. 1427): "I regret that I have not isolated an acarus, as I have lacked facilities for making a determined attempt to do so." Surely, if an acarus is responsible for the lesions she describes, all that is needed to detect it is a watchmaker's lens; and to extract it, a sterile needle.—I am, etc.,

Haywards Heath. H. LYNDHURST DUKE.

Mercury Absorption and Psoriasis

SIR,—My colleagues have asked me to write and express our gratitude to Dr. R. W. Smithells (*Journal,* December 15, 1956, p. 1428) for his information regarding the origin of the term calomel disease and for his lucid comments on our original article (*Journal,* November 24, 1956, p. 1202). If we have minimized the risks of mercury poisoning from cutaneous absorption, we feel we have done so with some justification. Despite the common usage of mercurials for the even more common condition of psoriasis, nephrosis nevertheless remains a very rare disease. We do feel, however, that the danger is somewhat greater at the present time with the increased usage of the new types of occlusive dressings—i.e., tubular stockinet and tube-gauze in the treatment of psoriasis.

That syphilitic nephrosis was most probably due to the treatment rather than the disease is a conclusion which we also reached, but felt it was inappropriate to enter such a supposition into a paper in which we had brought no evidence to substantiate such a statement, and, in fact, we felt it irrelevant to the points under investigation. As Dr. Smithells states, there is obviously no toxic level of urine mercury. High urine mercury levels simply indicate good absorption and the ability of the kidney to excrete the mercury. We believe, however, that after a time some kidneys may become "allergic" to mercury and so give rise to the nephrotic syndrome. In such event the ability to excrete mercury is greatly reduced, and this would explain why in some fatal cases of pink disease the urine mercury was found to be relatively low.—I am, etc.,

Sunderland. B. GORDON.

No Rest for the Feverish

SIR,—Your leading article "No Rest for the Feverish" (*Journal,* December 29, 1956, p. 1531) is certainly very welcome to all those doctors who have been wondering on this part of the management of their patients. No doubt fashion and custom have played a great part in determining the length and quality of bed-rest for the sick and the feverish in general, but in this case, as in many similar matters of habit, the question arises of why this habit has been established or this custom become fashionable.

One aspect which is very often forgotten is that habits and customs depend on the state of consciousness of the individual making up the society in which he lives, just as much as it is the other way round. In especial with regard to bed-rest it is very frequently forgotten, and it appears also to have been forgotten by you, Sir, that bed-rest has a psychological effect and a psychological symbolic significance. It is the expression of withdrawal from the world and regression in general. Some people react to stress by inactivity and others by withdrawal, and when a doctor has to advise as to the management of a patient he ought to know his patient well enough also from the psychological angle to be able to advise on the just course to take with regard to rest in bed. It is also important that a patient's state and reserves in situations of stress both somatically and psychologically are accurately assessed. It may be perfectly all right to keep out of bed a person whose alarm reaction and reaction of defence are powerful enough to overcome these stressful situations, but it has to be recognized at an early moment when it is necessary to anticipate a state of exhaustion, again both somatically and psychologically, and in its prevention bed-rest is invaluable and irreplaceable.—I am, etc.,

Derby. D. J. SALFIELD.

SIR,—Oh, Abilene! I hope your leading article (*Journal,* December 29, 1956, p. 1531) will not start another new fashion. Even if your writer sleeps well in his day clothes, and feels just as refreshed by a night on the hearth-rug as by one in bed, I pray the enthusiast, young or old, to remember the many who rest better in the more usual way. We do need rest when we are ill. Feeling the need for it is the common factor of "feeling unwell." The amount varies with the cause and the patient; the best way to obtain it changes with age and circumstances; but all need it. As all experienced G.P.s know, recovery occurs not on the day of discharge from hospital nor even of return to work, but on the day when the patient feels really well again. And ambulatory treatment does not always expedite it. So, please, not a new fashion.—I am, etc.,

Cromer. A. HENRY GREGSON.

Alternative Approach to Prostate

SIR,—My attention has been drawn to Mr. G. T. Watts's article (*Journal,* December 1, 1956, p. 1283) on prostatectomy, in which he refers to "the Wells operation" before proceeding to describe his own vesico-capsular approach. If Mr. Watts will agree that his operation is not fundamentally different from that of Mr. Ogier Ward, I will concede that mine bears a not altogether fortuitous resemblance to that of the late Mr. Wilson Hey.—I am, etc.,

Liverpool, 7. CHARLES WELLS.

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