

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.—Hospital for Women, 2 P.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.

WEDNESDAY......St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.

THURSDAY......St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.

FRIDAY......King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.

SATURDAY......St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.

GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. W., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.

KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th. 1; Ophthalmic Department, W. 1; Ear, Th. 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.

LONDON.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, W., 9; Dental, Tu., 9.

MIDDLESEX.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 9.30; Ear, and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.

ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.

ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.

ST. MARY'S.—Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., Tu. F., 2; Eye, Tu. F., 9.15; Ear, M. Th., 2; Skin, Tu. Th., 1.30; Throat, M. Th., 1.45; Dental, W. S., 9.30.

ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2 o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.

UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.

WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Mr. Hugh Smith: A Case of Bigelow's Operation. Dr. Manson will read a paper on Distoma Ringeri and Endemic Hemoptysis.

TUESDAY.—Pathological Society, 8.30 P.M. Dr. Finlay: Epithelioma of Stomach, with Secondary Nodules in the Skin. Mr. Horsley: Adeno-Sarcoma of Testicle and Abdominal Viscera. Mr. A. Barker: Lymphatic Cyst of Bladder producing Obstruction of the Ureters and Renal Disease. Mr. Clutton: Tumour of Skull and Bladder. Dr. Angel Money: Rheumatic Nodules, with Microscopic Specimens. Dr. Cavafy: Heart-Disease and Rheumatic Subcutaneous Nodule. Dr. Dremitt: Rheumatic Nodules (two living cases). Mr. Davies-Colley: Sarcomatous Ulceration of the Back. Dr. F. Taylor: Sarcomatous Ulceration of the Back.

WEDNESDAY.—Meteorological Society, 7 P.M. Dr. Henry Cook: Notes on a March to the Hills of Beloochistan in North-West India, with Remarks on the Sirocco, and on Dust-Storms. At 8 P.M., the meeting will be adjourned, in order to afford the Fellows and their friends an opportunity of inspecting the Exhibition of Meteorological Instruments for Travellers, and of such new instruments as have been invented and first constructed since the last exhibition. The President, Mr. J. K. Laughton, will give a short discourse on the instruments.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161A, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161A, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

SINGLE v. MULTIPLE VACCINATION.

SIR,—Bold is your honourable correspondent, who, in the JOURNAL of March 10th, at page 487, states that one vesicle will alone afford protection against small-pox for a very limited period, and that the vaccine scars on each person vaccinated should collectively cover at least half a square inch of area. In spite of antiquated theories, now still fashionable, experience induces me to believe that, within reasonable bounds, and other circumstances being favourable, the subsequent efficacy of vaccination depends rather upon the quantity, quality, purity, and activity of the subcutaneous dose of vaccine-lymph inserted, than upon a diffuse collective chart of multiple contiguous ugly sores or scars, which process of exuberant excessive medical tattooing is far more worthy of an untutored savage than a scientific surgeon.

The recent progress in our knowledge of the quasi artificial life of bacteria in our modern laboratories, as also their life-history in the bodies of men and other animals, should now induce us to bury such ancestral prejudices. However, to repeat a past blunder from the older text-books is always an easier and more rapid method than either philosophical reflection and deduction based upon the advancing information of the hour, or the accurate observation of original research.—I am, sir, yours, etc.,

J. LAWRENCE-HAMILTON, M.R.C.S.

34, Gloucester Terrace, Hyde Park, March 14th, 1883.

* * If our correspondent will consult the tabulated experience of Mr. Marson (extending over twenty years' work at the London Small-pox Hospital), and the more recent experience of the small-pox hospitals of the Metropolitan Asylums Board, as set forth in their annual returns, he will find therein abundant evidence of the value of what he is pleased to term "exuberant excessive medical tattooing"—evidence based on "accurate observation," and admitting not only of "philosophical reflection," but of very positive "deduction."

H. L. S. (London).—We see no very early prospect of being able to carry out our wish in the matter.

MEDICAL ETIQUETTE.

SIR,—I should feel much obliged for your opinion as to the following points. Dr. Jones, we shall say, is called by the family to see a case (not an emergency case), when he knows or suspects that Dr. Brown has hitherto been the medical attendant of the family. I take for granted that it is Dr. Jones's duty to find out whether they are still patients of Dr. Brown's, and only to attend on receiving a satisfactory reply.

1. Is it his duty to find out from the family whether Dr. Brown has been duly informed of the fact that he is no longer their doctor?

2. Is it the duty of Dr. Jones to inform Dr. Brown of the fact in question?—I am, yours, etc.,

R. M. S.

* * In the absence of certain essential details in the above briefly stated case, our reply must necessarily be one of a general rather than of special individual application. We would, therefore, simply observe that, if the patient to whom Dr. Jones has been called in have recently been, or may be, under the care of Dr. Brown, he should on no account (not being a case of urgency) interfere, but request a consultation with Dr. B. Should the latter decline this, or if the patient insists on dispensing with his services, and a communication to that effect be made to him, Dr. J. will be justified in taking charge of the case. If, again, on the other hand, Dr. B. have not been in attendance during the present illness, and a longer or shorter interval have elapsed since the immediately preceding ailment for which he (Dr. B.) was consulted, Dr. J. will be justified in attending without previous communication being made to Dr. B.; for, be the cause what it may, or however unwilling we may be to supplant a brother practitioner, there cannot, we take it, be a doubt that patients have a perfect right (a right which, in the case of our own legal and other advisers, we should be very apt to assert) to change their medical advisers without assigning the reason; though such, it may be safely assumed, is generally well understood by the superseded practitioner. Such is the accepted rule. At the same time, if the respective practitioners be upon terms of cordial intimacy, a friendly confidential representation of the facts to the discarded practitioner will be both courteous and judicious. The duty of intimating to Dr. B. that his professional services are dispensed with devolves upon the patient or family, and not upon Dr. J.; who should, however, ere he assumes charge of the case, satisfy himself that such communication has been made.

WORKHOUSE STIMULANTS.

DR. NORMAN KERR writes to the *Standard*:—"In the Report just issued of the first year of the Marylebone Workhouse since the opening of the new Infirmary at Notting Hill, the able and experienced master, Mr. Douglas, speaks most favourably of the general good conduct of the inmates. A prominent factor in the promotion of this desirable state of order is disclosed in a paragraph in Mr. Douglas's Report, to the effect that, during the year, not a single ounce of ale, porter, wine, brandy, gin or whiskey had been ordered by the medical officer, and, except on Christmas Day, there had been no fermented or spirituous liquors consumed in the Workhouse by the inmates. The average daily number of inmates was 1557. It may be of interest to add that the cost of alcoholic stimulants consumed by patients in the Infirmary during 1882 was £246, while in the last year, when the sick were in the Workhouse, the cost of alcohol for the latter was £1,908, a decrease of £1,362 in the twelve months."

CHINA.

SIR,—Will one of your numerous correspondents kindly inform me what chances there are for practice in China? Nature of climate, and, if any appointments, what are they? Indeed, any information would be very acceptable.—Yours truly,
SHANGHAI.

DR. IRELAND's letter has been received, and shall have attention.

MEDICAL LIBRARIES.

SIR,—Would any of your correspondents give their experience of the various medical libraries in London? I wish to ascertain which contains the most recent medical works.—Yours faithfully,
PROGRESS.

DR. BRITTON.—The report of 1882 has been duly received, and will be noticed in due course. Unfortunately, the pressure on our space is such, that upwards of eighty notices of the kind are still awaiting publication. We have, however, made arrangements by which we hope to accelerate the publication of matters of this kind.

PRURIGO PODICIS.

SIR,—Having a distressing case of prurigo podicis, and having tried the remedies mentioned in Hebra on *Diseases of the Skin*, not one of which have been of much avail, I should be glad if any of your members would suggest any effectual remedy for that painful affection.—I am, sir, your obedient servant,
ONE IN A DIFFICULTY.

MEDICINE AS PRACTISED BY ANIMALS.

SIR,—I have read with great pleasure, in the *JOURNAL* of the 10th instant, your interesting leading article on Medicine as Practised by Animals. Will you kindly allow me to mention an instance of medicine as practised by a cat, which has recently come under my observation?

A young cat which was born blind, and which shows extraordinary acts of instinct, amounting almost to reasoning intelligence, began to suffer from epileptiform fits and abscesses of the face in the summer of the past year. From the age of three or four months, the animal could go all over the house and garden nearly as well as if she had her sight. So long as pieces of furniture were in their usual places, she rarely, even in her playful gambols, knocked herself against any of them; but several times, when chairs and tables were displaced, she has hit her head with great force against them, and on one occasion her head came into violent collision with a mowing machine. The fits and abscesses were, therefore, sufficiently accounted for by the injuries which the cat received. An abscess, which recurred every ten or twelve days, formed on the right cheek, and usually opened under the right eye and into the nostrils. At the outset, the matter discharged was pus, but afterwards blood escaped with the pus, and sometimes blood, without any appreciable quantity of pus, escaped by the same openings. The fits, which gradually increased in violence and frequency, were not much under the control of bromide of potassium.

The great unliability of temper the poor animal displayed during her sufferings, which occasionally must have been very severe, was remarkable. She could hardly be induced to take any food with the exception of a little cream; consequently she soon wasted away to mere skin and bone. The bowels were generally constipated for days at a time, and her breath had a most unbearable fetid odour.

I may mention, too, that the poor animal became intensely dropsical, the abdomen becoming distended almost like an inflated bladder. Her heart could be seen to beat violently on her making the slightest exertion, and on several occasions she coughed up quantities of blood. She breathed through the open mouth, owing to the nostrils being blocked up with tenacious matter, which she from time to time endeavoured to discharge by violent sneezings.

The animal's treatment of herself was very simple, but as far as it went was, I think, fairly good. She lay in a basket made warm and comfortable, which he rarely left, excepting to crawl to the fireplace in order to procure well-burned cinders, which she ate with avidity. This being observed, willow charcoal was procured, and daily put in a place accessible to her. At first she rather disliked the willow charcoal, but soon she became fond of it. To milk she seemed to have a great repugnance; nevertheless, milk was the means she used to act on her bowels. For days the bowels would not act; then all at once she would begin to lap milk in quantities, which fluid never failed to operate on the bowels in less than an hour. The disliked milk then was the means the cat used to keep the bowels open, and the charcoal was the remedy which she employed in order, in all probability, to correct the fetid state of the breath, and the emanations from the decomposing secretions of the mouth and nose, and perhaps also to allay some uneasy sensations in her stomach. When the disease had been going on for two or three months, the idea of giving her sulphide of calcium, for the recurrent suppuration, struck me. She was therefore given about a quarter of a grain of the medicine three or four times a day. On the suppuration the calcium acted slowly and surely; but on the dropsy, which had existed for some months, it acted like a charm, for in a few weeks the water disappeared without leaving a trace. In fact, all the formidable symptoms rapidly passed away, the suppuration being the last to disappear, owing doubtless to some disease of the bones of the face.

The cat is now a beautiful animal, fat and with a fine white fur, and as playful as a kitten. It had been often said by those who saw the animal when in the height of her illness, that it was cruelty not to destroy her. Her recovery is, however, most instructive, not only on account of the means which she herself used, but more especially on account of the favourable effects the sulphide of calcium had on the dropsy.—I am, sir, yours truly,
Litchin, February 15th, 1883. WILLIAM O'NEILL, M.D., M.R.C.P.Lond., etc.

CALF-LYMPH.

DR. GEORGE HARLEY asks: Where is the best place to obtain vaccine-lymph direct from the heifer?

* * * Our correspondent cannot do better than apply to the National Vaccine Establishment, Local Government Board, Whitehall, S.W. Lymph is taken from calves at the Animal Vaccine Establishment at 95, Lamb's Conduit Street, W.C., every Tuesday and Thursday morning, and sent by special messenger to Whitehall, so that it can be distributed on these days to the various applicants without delay.

EPITHELIOMA OF THE LOWER LIP IN WOMEN.

SIR,—I do not think this disease is so very rare among females as Dr. Wilson thinks (*JOURNAL*, February 10th, 1883, p. 251). In Ireland, smoking with a cutty-pipe is quite common among women. In Scotland, too, unless I mistake, many women smoke; consequently, the Irish and Scotch general practitioners must see many cases in females. I remember seeing one case in the extern room of the Cork North Infirmary in 1870. The woman was a smoker, and about fifty years old. I removed one in 1876, in Chicago, from the right side of the lower lip of a woman, aged forty-two. The patient was a very obese woman, subject to asthma, for the relief of which she sometimes smoked her husband's pipe. From beginning the use of the pipe to removal only two months elapsed. This woman sat on a chair, and was held quiet by her husband and son while I removed the growth, which was circlear, shallow, and three-fourths of an inch in diameter, by the usual method. Union by first intention resulted. P. O'CONNELL, M.D., C.M.
Sioux City, Iowa, U.S.A.

DR. HARTIGAN.—We fear we cannot publish the case unless the author's name be appended.

FLATULENCE.

SIR,—Cases like that alluded to by "Felix," in the *JOURNAL* of February 24th, are not unfrequent, and often very distressing, and difficult to relieve. I do not profess to have a cure, and will be pleased to see remedial measures suggested by others. But I beg to annex a couple of prescriptions which I have often given, with success. One is a teaspoonful of ammoniated tincture of valerian in a glass of water, repeated in two hours. The other is: *B. Creasote gr. viii; pulv. assafœtida gr. vi; extr. belladonnae gr. iv; morphis hydrochlor. gr. i.* Mix and divide into twelve pills; one to be taken when required, and repeated in three or four hours.—I am, etc.,
J. M.

A MEMBER.—Dr. Fancourt Barnes's *Manual for Midwives*, published by Messrs. Smith, Elder, and Co., is a suitable book for your purpose.

BICHROMATE OF POTASH IN SYPHILIS.

In answer to Surgeon-Major Buchanan, Dublin, we direct our correspondent's attention to Dr. J. E. Guntz's experiences, details of which will be found in the *JOURNAL* of February 24th, 1883, page 369.

DR. LYSANDER MAYBURY (Landport) writes, and we are pleased to announce, that the advertisement issued by his patient in the columns of the *Hampshire Telegraph*, to which we referred in our issue of February 24th, was inserted without his knowledge or authority. Dr. Maybury's refutation appeared in the local paper of the following week.

WHOOPIING-COUGH, BRONCHITIS, AND ALBUMINURIA.

SIR,—Some years since, I forget how many, one of my grandsons from Canada was staying here on account of the delicacy of his health. Unfortunately whooping-cough appeared in this district in a severe form. The boy took the disease, and the case turned out so severe, that I had almost despaired of his recovery. The ordinary treatment seemed to be entirely powerless. At this juncture I noticed in some of the journals, that two cases had been treated in Berlin by croton chloral hydrate. I telegraphed to London for some of the medicine, and I commenced its use the moment I received it. The effects were marvellous, and the child was out of danger in three days. I have used this medicine ever since, wherever I had the opportunity, with the same satisfactory results. For many years I have thought that whooping-cough and asthma were affections of the nervous system, and that the best place to look for a cure was to the class of medicines which act on the nervous centres. Even in simple bronchial colds, as well as in bronchitis, we will derive great advantage from adding bromide of ammonium, bromide of potassium, and iodide of potassium, to the ordinary treatment. I have tried the chloralhydrate in three cases of albuminuria, as recommended by some of the physicians in Berlin. The dose I gave was five grains three times a day; and in each case the albumen has entirely disappeared.—Yours truly,
Coleraine, Ireland. JAMES C. L. CARSON, M.D.

G. H.—Hill and Cooper: *Syphilis and Local Contagious Disorders*, second edition, 1881. Bumstead and Taylor: *Veneral Diseases*, fourth edition, 1879. Lancelotti: *Traité de la Syphilis*, second edition, 1874. Jullien: *Maladies Vénéériennes*, 1879. Fournier: *Syphilis Chez la Femme*. Zeissl: *Lehrbuch der Syphilis*.

FEES FOR EVIDENCE IN COUNTY COURTS.

SIR,—Will you kindly give me the benefit of your advice in the following case? Last year I attended a man who died from injuries received in falling from a roof. His friends are claiming damages from his employers, and I am subpoenaed to give evidence in the county court. On the subpoena being served upon me with the sum of 10s., I objected, believing the proper fee to be one guinea, and refused to take the 10s. Subsequently it was left with me with the information that my "expenses would be taxed at the end of the trial."

In due course I attended the court, and the hearing of the case was adjourned for nearly a month. Will it be right for me to ask the judge for the additional 11s. before being sworn, or am I bound to give evidence, and say nothing about it? Should the decision be given in favour of the defendant there will be no prospect of getting anything at all for my expenses.—I enclose my card, and am, yours truly,
A JUNIOR MEMBER.

* * * Our correspondent is entitled to the balance of his expenses for attending the court and to give evidence, before being examined; and if he demand the payment of the same, as witnesses frequently do before giving their testimony in civil cases, the judge will, we believe, order them to be then paid. A witness in such a case is not bound to give evidence before his fee for such is paid.

"GERMAN MEASLES."

SIR,—Will you kindly inform me if "German measles" can spread as either scarlatina or measles. I am sorry to trouble you with a question of this kind, I was asked it by my vicar, the statement being made to him by the medical officer of health for the district. I answered, no, but I said I would put it to the JOURNAL. If you will kindly answer it through the JOURNAL, I shall be obliged.—I am, yours truly,
A MEMBER.

* * There can be no doubt that "German measles" spreads by contagion just like scarlatina and measles. In recognition of this fact, it is by some authors known as "Epidemic Roseola." Its contagion, however, seems to be less active than the contagion either of scarlatina or of measles.

GROSSLY IRREGULAR.—The Registrar-General is, we believe, willing to prosecute in all cases where there is a fair chance of conviction, but the evidence presented must of course be first-hand, and not hearsay, such as lawyers would consider as likely to lead to conviction. If our correspondent can produce such evidence, we believe that he will find no difficulty in obtaining the desired result.

PUZZLED.—The fee, under such circumstances, would vary altogether according to the usual fees charged by our correspondent in his practice, and any understanding which may exist between him and his patient. For the visits to London, a fee of one-third of a guinea per mile for distance one way would be reasonable.

MEDICINE AND PHARMACY.

SIR,—The conclusion to be drawn from the letters written in reply to that which was signed "An Examiner in Medicine" last November, is, that there are fewer objections to the combined work of prescribing and dispensing by medical practitioners, than to the separation of them. It is a very important matter, as pointed out, that we should consider this subject carefully. In our desire to elevate the profession, it is quite an open question whether we should not encourage the system of druggists prescribing for the public, as they are only too ready to do; and certainly without benefit to any but themselves. Highly educated men will not do the work of poor general practice; and, in the interests of the public far more than of ourselves, I hope that the profession will express a very decided opinion on the duties of the examining bodies, that they must clearly recognise the fact, that a good, simple, practical examination is required for those who are to engage at once in general practice, where a competent knowledge of pharmacy is as important as that of medicine and surgery; and that it is not desirable to raise the standard beyond this point.

You will probably make this important subject a matter of consideration, as was suggested last week by one of your correspondents, and place before us a fair summary of conflicting opinions.—I am, sir, yours, etc.,

AN EXAMINER IN MEDICINE.

JUSTITIA.—The letter of "Justitia" is so entirely wanting in details of time, place, and the institution pointed at, that it would be useless to publish such communication. He should give the necessary information, and it should be signed for publication.

THE letter of a member (Fovant) affords no data for making any calculation.

SOME UNRECORDED EFFECTS OF ARSENIC.

SIR,—Six cases of psoriasis recently came under my care, and the following effects of arsenic were noticed during treatment (Fowler's solution).

1. For the first two days, increase of appetite, but diminished digestive powers; the former shortly ceased, but the latter remained during the entire time the arsenic was taken.
2. After ten or more days, the voice became weak and husky, particularly in singing, with a constant tendency to crack, and a feeling of fatigue after short use.
3. Noises in ears, with occasional slight deafness.
4. Tingling sensation of skin, with tendency of legs and arms to go asleep.
5. Throbbing and feeling of fullness about head and neck on stooping, or after slight exertion.
6. Sexual desire greatly diminished, with almost impossible penile erection.
7. Occipito-frontalis muscle felt to the patient hot, tight, heavy, with a constant dull aching, and as if it had increased very much in thickness; and
8. Powers of comprehension, concentration, and remembrance dulled, with consequent desire for solitude.

I have found that five-drop doses of chlorodyne given with the arsenical solution minimises these and other well known effects, without interfering with the action of the metal on the skin. As regards psoriasis, flannel should never be worn next the skin, as the irritation it produces increases the disease.—I am, etc.,
F. A. MACPHERSON.

106, Queen's Road, Liverpool, E.

W. E. GREEN should write to the secretary of St. Thomas's Home and St. Thomas's Hospital, or to the secretaries of either the Home Hospital, Fitzroy Square, or the Bolingbroke Pay Hospital, Wandsworth, S.W., which is the cheapest.

ERRATUM.—In the JOURNAL of March 10th, page 486, column 2, for "Mr. F. Manby," read "Mr. A. R. Manby."

COMMUNICATIONS, LETTERS, etc., have been received from:

Dr. Goodhart, London; Dr. Carter, Liverpool; Mr. Wm. Davies, Llandrindod Wells; Dr. C. A. Owens, Long Stratton; Mr. George Jackson, Plymouth; Mr. F. A. Macpherson, Liverpool; Mr. Edward Williams, Aberayron; Dr. Fletcher Beach, Dartford; Mr. David A. King, London; Dr. J. W. Moore, Dublin; Mr. T. R. Allinson, London; Mr. Wm. Legge, Derby; Mr. F. S. Manisty, Wrexham; Dr. G. Goode, Camden; Mr. W. B. Kilburn, West Auckland; Dr. R. W. Batten, Gloucester; Dr. Savage, Birmingham; Mr. W. E. Stanton Stanley, Wellow; Dr. J. Dreschfeld, Manchester; Mr. A. P. Humphry, Cambridge; Dr. Murrell, London; Mr. J. M. Leman, Penpont, N.B.; Mr. J. R. Jennings Brantly, Lewisham; Dr. Sutherland, London; Mr. W. E. Green, Sandown; Mr. C. Lennox Peel, London; Dr. Mahomed, London;

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BOOKS, ETC., RECEIVED.

Tapeworms, the Sources, Varieties, and Treatment; with One Hundred and Eighty Cases. By T. Spencer Cobbold, M.D., F.R.S. Fourth Edition. London: Longmans, Green and Co. 1883.

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