

legs and habits had not been closely inspected by those who should have had an interest in their cleanliness.

When there was extensive ulceration on both legs I immersed the patient in a warm mild saline bath, and she was kept there day and night till the ulcers were nearly healed. When there was burrowing the overlapping skin was slit in as many places as were necessary to allow the skin to lie flat on the underlying surface. The thick margins usually disappeared in twenty-four hours, and the healing was fairly rapid. When the ulcer was confined to one leg and not very extensive, I used a leg bath for six to ten hours daily. In all healing tissues a certain amount of calcium is necessary, and of all the ionizable calcium salts I think the iodide is the best. Each patient had from 8 to 12 grains daily.—I am, etc.,

Liverpool, Oct. 31st.

JAMES BARR.

ERYTHEMA NODOSUM.

SIR,—Further evidence of erythema nodosum being an acute specific fever was produced by Dr. J. Odery Symes in the BRITISH MEDICAL JOURNAL of November 5th. In my own description of the disease, published in the *Practitioner* in 1913, which Dr. Odery Symes refers to as "a most convincing paper controverting the rheumatic theory," I regarded the condition as an "infective disease of separate entity." It may be of general interest to quote an extract from a letter, dated August 2nd, 1913, which I received from the late Sir William Osler on the subject:

"Erythema nodosum . . . is a disease in which I am very much interested. It is extraordinarily common here, and the difference in incidence in England and America is very striking. We rarely saw a case at the Johns Hopkins Hospital. The association with tonsillitis is itself suggestive of an acute infective disease."

The obvious importance of the subject is in the necessity of separating the prognosis of erythema nodosum from that of acute rheumatism.—I am, etc.,

London, W., Nov. 7th.

A. HOPE GOSSE.

THE TREATMENT OF CUTANEOUS ANTHRAX.

SIR,—In the JOURNAL of July 16th, p. 97, Dr. Ernest F. Neve refers to cases of cutaneous anthrax treated with the actual cautery, which he thinks might be a useful substitute for excision, as practised by Mr. Ogilvie and Mr. Hall. With reference to this, I may be allowed to mention that I have met with excellent results in over 50 cases by scarifying the pustule and about an inch of the surrounding skin and applying finely-powdered potassium permanganate. This was followed up by bathing the part three times a day with Condy's fluid in warm water, a little carbolic oil being applied after each bathing. In some acute cases affecting the face or upper part of the body I have used emetics and a mixture of ipecacuanha and ammonia.

The rationale of the treatment is that the virus of anthrax is an animal poison like that of snake-bite, and the permanganate is an antidote acting directly and immediately, and through the blood and absorbents. Serum injections could be carried out as in excision or the actual cautery.—I am, etc.,

JOHN W. WEIR.

Engcobo, Tembuland C.P., South Africa,
Oct. 7th.

SPINAL ANALGESIA.

SIR,—I have read with great interest Mr. Morrison's report on 11,000 cases of spinal analgesia in the BRITISH MEDICAL JOURNAL of November 5th, p. 745. May I be allowed to ask three questions on points which he does not make quite clear, answers to which, I am sure, would be of considerable value coming from one with such a large experience of the method?

1. What strength solution of stovaine does he use? It is impossible to follow out his technique or compare his dosage with that of others without knowing this.

2. Does he use a light (isotonic saline) solution, or a heavy (glucose) one? If the former, in what position does he place his patient during operation?

3. With regard to strychnine, is he prepared to say that it is of definite value, and that cases in which he has used it have been fitter than those in which he has not?—I am, etc.,

London, W., Nov. 7th.

STANLEY ROWBOTHAM.

METATARSUS VARUS.

SIR,—In your issue of October 29th is an interesting communication from Mr. Blundell Bankart, in which occurs a statement I am unable to accept without further confirmation. The statement is that metatarsus varus "is due to congenital absence of the internal cuneiform bone." Mr. Bankart bases this statement on the observed facts that in the six feet of three patients under the age of 3 years affected with metatarsus varus, upon which he has operated, "the internal cuneiform bone was absent and represented by a flat disc of fibro-cartilage between the base of the first metatarsal bone and the scaphoid." (The italics are mine.) I beg to suggest that the italicized description is that of a normal internal cuneiform bone of a child under the age of 3 years.

Mr. Bankart further states that he has "not had the opportunity of examining a patient who has grown up with this deformity." May I refer him, therefore, to Dr. James K. Young's *Manual and Atlas of Orthopaedic Surgery*, 1911, pp. 833-34, where he will see a photograph and radiograms of an undoubted case of double metatarsus varus (under the care of Sir Robert Jones) occurring in an adult, in which the internal cuneiform bones are present on each side as large as usual?—I am, etc.,

London, W., Oct. 29th.

PAUL BERNARD ROTH.

Obituary.

EDGAR BEAUMONT, M.D.

EDGAR BEAUMONT was born in 1860 and was the son of Josiah Beaumont of Huddersfield. He entered the Medical School of St. George's Hospital in 1881, and having previously begun his medical work in Yorkshire, he took the diploma of M.R.C.S. in 1883 and those of L.R.C.P. and L.S.A. in the following year. In 1907 he took the M.D. at Durham. After a hard struggle in his early years, he built up a good general practice in the neighbourhood of the Crystal Palace. His ability and happy disposition brought him success, for he had in a high degree the gift of becoming the friend as well as the medical guide of his patients. He touched life at many points; as surgeon to the Norwood Cottage Hospital he kept well abreast of modern developments and never spared himself.

He was a keen horseman and sportsman, and enjoyed his holidays like a boy. Some twenty years ago he collaborated under the pseudonym of Clifford Halifax with the late Mrs. L. T. Meade in a series of detective stories which appeared in the *Strand Magazine*; they had a medical flavour, the investigator having a busy practice in Harley Street. The plots were mainly supplied by Beaumont, who, though urged to continue the series, never found time to do so. A most delightful and unselfish companion, he leaves a gap that his friends will long regret. Although his appearance and sunny manner hardly ever suggested it, his health had long been unsatisfactory, and he had had several short attacks of acute illness since 1914. He was, however, spared the trials of a prolonged invalidism and incapacity for the life and work he loved, for he died in Charing Cross Hospital twelve hours after the onset of cerebral haemorrhage. He leaves a widow and a married daughter.

We regret to announce the death of Dr. RICHARD PERCY WOODROOFE, of Eccleshill, Bradford, which took place as a result of pneumonia, on October 24th, at the age of 58. Dr. Woodroefe was a native of Dublin, and received his medical education at the Ledwith School, Dublin, and the Yorkshire College, Leeds. He took the diploma of L.A.H.Dub. in 1884 and the L.R.C.S.I. and L.M. ten years later. After holding the posts of surgeon and medical assistant at the Mercer's Hospital, Dublin, he was in general practice at Idle, Greengates, and Eccleshill for thirty-three years. During this long period he had built up an extensive practice in the district and had endeared himself to the hearts of his patients and fellow-practitioners by his cheerful, unassuming and lovable disposition. He was a careful practitioner, always assiduous in the interests of his patients, and a most loyal colleague to his neighbours. His help was at all times at the service of his friends in any time of need, and was cheerfully rendered with punctilious care. His familiar figure will