SMALL-POX.

SIR,-In reference to the recent small-pox returns, I cannot but think that much might be done against small-pox by more stringent isolation and disinfection. May I call your attention to two recent cases in this parish?

I call your attention to two recent cases in this parish?

H. W., age 26, died on November 2nd, and was buried on the 5th, after a week's illness from small-pox. He had lived in a four-roomed house; there were five adults in it, and a boy of ten years. Some disinfecting fluid was sprinkled about the house, and sulphur was burnt in the room in which the woman died. This was the only disinfection to which the bedding was subjected, and the flock mattress was not unpicked. The disinfector said his ovens were out of order. The boy was attacked on the rath, and I urged isolation; but the parents provided themselves with a certificate from the medical man in charge of the case, stating that this was not a case of necessary removal. Our medical officer of health was powerless to act without a certificate from the medical man to the effect that the boy could be removed without danger. I obtained this certificate on the 16th, and on the next day the ambulance was sent; but the parents took their stand on the first certificate, and revoked the verbal permission for removal which I had obtained from them. I visited the house on the 26th, and found the boy convalescent, and his mother pursuing her business of dressmaking. There had not then been any second disinfection.

In another case, a boy of two years old was attacked. The grandmother went to

been any second disinfection.

In another case, a boy of two years old was attacked. The grandmother went to the medical officer of health to get him removed, but he was unable to interfere, as Highgate refuses to admit a child under six years, so he referred her to the relieving officer. The relieving officer resused to remove the case because they were not paupers. After two days, through the help of a guardian, the case was removed by the parish. There were six other children in the house,—in this case one of three rooms.—I am, Sir, yours obediently,

December 17th, 1880.

Curate of S. Philip's, Stepney.

EASY TESTS FOR ARSBNIC IN FABRICS.

EASY TESTS FOR ARSENIC IN FABRICS.

SIR,—I notice that, under this heading, an editorial comment is made in last week's JOURNAL on a communication by Dr. Menry Barnes to the Practitioner. The test he recommends is a very good one, and I have been in the habit of applying it to suspected articles for some time past, having first learnt its application from that valuable little work of the late Dr. Tanner's, entitled Memoranda on Poisons (edition of 1878, page 61). I give the directions as contained in Dr. Tanner's book. "A simple method for roughly detecting arsenic of copper in these fabrics is as follows. A small portion of the suspected material is to be put into a test-tube with strong ammonia. If a blue tint be produced, a salt of copper is shown to be present. Withdraw the object, and drop a small piece of ordinary caustic (nitrate of silver) into the ammonia; if arsenic be there, the nitrate of silver will be covered with a yellow coating of arsenite of silver, which will disappear on stirring." The test-tube recommended in the above extract is rather better than the plate or saucer which is often used instead. I have used this test to detect the presence of arsenic in a wall-paper in my own house. In the early part of this year, I suffered for some time from dyspeptic symptoms (colicky panis, nausea, and loss of appetite), and frontal headache. It occurred to me one day that my troubles might be caused by arsenic, and on testing the paper in my dining-room, by the above described plan (corroborating the test later on by others), I found it loaded with the poison. The walls were stripped and repapered, and my health returned.—I am, etc.

Swansea, December 22nd, 1880.

"CRAB-YAWS" IN JAMAICA—WHAT IS IT?

"CRAB-YAWS" IN JAMAICA-WHAT IS IT?

"CRAB-YAMS" IN JAMAICA—WHAT IS IT?

SIR,—The following, somewhat novel case, is, I think, of sufficient interest to deserve a place in the BRITISH MEDICAL JOURNAL. At a negro settlement, about nine miles from Kingston, Jamaica, a brown man, named Samuel Racket, suffering from "Crab-Yaws" placed himself under the especial treatment of a black man, named Joseph Samuels, who professed to cure such cases. The evidence of this "Crab-Yaws" doctor, given at the inquest, speaks for itself.

The fost mortem examination, which I performed a few hours after death, conclusively proved that the man died from embolism; a large clut being found, blocking up the pulmonary artery. The man (light-brown in colour) presented a most extraordinary mottled appearance; just like veined marble, every superficial vein was visibly mapped out and gorged with blood. The viscera were all more or less congested, and the heart was exceedingly fatty. I had no hesitation in stating, that I considered the very trying ordeal to which the man was subjected contributed to his death, having in view his condition. Racket was an intemperate anaemic man, with a very fatty, weak heart. He was made to sit on a chair for five days and nights, with tapes tied tightly below both knees, with his feet immersed in hot fluid. A coal-fire was constantly kept up, to prevent the fluid from becoming cold. He ate his meals, attended to the calls of nature, and slept in the chair; never, for one moment, taking his feet out of the pot. At the end of the five days, his feet were rubbed with salt and lime-juice. He was suddenly placed in the upright position, and, the tapes from the legs being cut, he was made to walk. His sudden death was not at all an extraordinary event, under all the circumstances. With regard to the "Crab-Yaws," a few words here will not be out of place. The perpetuation of an error is often the means of establishing what may be called a false fact. Dr. James Maxwell, in his prize-essay on Yaws, written on the subject since, content themselves with never returning to its natural size, and the ulcerated mass assumes an anæsthetic character. The toes, in time, become involved, and sometimes ulcerate and fall off. The cuticle becomes so thick, that I have seen negroes pare off deep slices, without reaching any sensitive structure. All this would lead me to associate the disease, with anæsthetic leprosy, than with "Framboesia". In making these observations on an affection, which does not appear to have attracted the attention of many writers on African diseases, I shall be glad, if I can induce others to throw some light on a disease, which, in Jamaica, seems to be handed over, in ninety-nine casesout of one hundred, to the "Yaws-Doctor" and his oleati pot.—Yours faithfully, Monathie, Jamaica, Sept. 1880.

JASPER CARGILL, M.D.

DRATES FROM ALCOHOLISM.

SIR,—It has often occurred to me that we are at a loss for suitable terms in which to certify the cause of death when it has been caused by alcohol. In giving certificates to friends of deceased persons whose sad end has been brought about by intemperance, we do not like to put "chronic alcoholism", and have to resort to "cirrhosis", "Bright's disease", etc., when our consciences suggest "brandy", 'whiskey', or "gin". I am sure, if we had some technical term to express death from such causes, the total deaths registered from drink would be greatly augmented, and the death-register be made more complete.—I am, etc.,

MRMS. B. M. A.

In consequence of press of matter, Dr. A. P. Stewart's letter is postponed till next

DR. STALLARD (San Francisco).—The extract sent is only an ordinary example of the sort of sensational fallacies with which his subject is often surrounded. A prick may cause tetanus, supposing that the child died of tetanus, or a silent injury of any kind. Some will pretend to doubt that it is possible such a case may occur, but against it may be set the saving of life of untold thousands and for the protection of great cities from a pestilential plague, which in former times was an abiding pest of civilized communities, is only kept in check by the prophylactic practice of vaccination.

TIGHT RINGS.

practice of vaccination.

Tight Rings.

Sir,—May I add one other suggestion to those on the above subject in the Journal of the 18th inst! The quickest and easiest way of getting off a tight ring is by means of a pair of bone-forceps. Many of the cases which come under notice are those in which girls have put on common rings, and, therefore, there is no harm in cutting them; but if it be a valuable ring it generally requires enlarging, and must be cut on coff the forcer.

cutting them; but if it be a valuable and painful, not to say awkward; the use of the process of filing a ring is tedious and painful, not to say awkward; the use of the bone forceps instantaneous.

Besides the pain to which the patient is put to, the time of the surgeon is more valuable. The ring can be reunited by a jeweller for a few pence. J. PARETTE.

A FAVOURABLE OPENING.

A FAVOURABLE OPENING.

A CORRESPONDENT writes: There is a most favourable opening for an energetic medical man, to reside in Charlwood, Surrey, equidistant from Horley and Crawley. The parish numbers 1,500 inhabitants, about 600 of whom live in or close to, the village. There are two churches, three clergymen, and good society. The nearest medical man is four miles off. A gentleman, well-qualified, with some means, would, after a time, secure a good practice, embracing within an area of sixteen miles, parts of Sidlow, Leigh, Newdigate, Rusper, Ifield, and Lowfield Heath. Many residents in Charlwood would willingly supply particulars on personal application. There is now vacant a small house, with stabling, low rented, and conveniently and pleasantly situate. and conveniently and pleasantly situate.

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