DR. A. H. JACOB AND THE IRISH POOR-LAW MEDICAL OFFICERS.

M.,—For many years past, I have been observing the never-ending zeal and un_ Sagging attention bestewed by Dr. A. H. Jacob of Dublin, in endoavouring to redress the grievances of the Poor-law medical officers of Ireland. If Dr. Jacob or any member of his family held any position in the Poor-law Medical Service, it might be urged by those who would decline to give anyone credit for purely unselfah and disinterested acts, that Dr. Jacob's energies on behalf of the Irish Poor-law doctors were more or less influenced by personal considerations; but such, sir, is not the fact; neither Dr. Jacob nor any member of his family holds nor ever held office under the Poor-law. His presence every meeting of council and committee of council of the Irish Medical Association, when conferring on steps to be taken to promote our interests, has been always looked on as the helm by which to steer the actions of his confraint to the haven of good result.

When deputations waited on the representatives of the Government in this country, and when they went to London to press measures on our behalf through the House of Commons, Dr. Jacob was found in the foremost ranks, thereby necessarily absenting himself from his professional duties at home, which to him, as one of the leading oculists in Ireland, must be no small pecuniary sacrifice. If the outcome of the Royal Commission on the Poor-law Superannuation Bill be to give to the Poor-law medical men of Ireland stvice, it might be urged by those who would decline to give anyone credit

small pecuniary acrifice. If the outcome of the Royal Commission on the Poor-law Superannuation Bill be to give to the Poor-law medical men of Ireland satisfactory retiring allowances, they may thank Dr. Jacob.

I will not say another word of Dr. Jacob, beyond assuring you most truthfully and sincerely that he has no idea whatsoever of my addressing you on this subject. I am sure if he did he would feel quite displeased; but, as I know that in my cranium the bump of gratitude is highly developed, I cannot help suggesting, through your columns, the desirability of the Poor-law medical officers of dispensaries and workhouses in Ireland gladly uniting in giving practical proof of their thanks to Dr. Jacob for his purely unselfish and dispensary doctor knows how to be grateful. Every one of them will say: "Yes, Dr. Jacob is, and has been, our tried and trusted friend; he deserves our thanks; we could not have had a more gifted man to press our cause." I like something more than word; and accordingly I hope to see proper steps taken to carry out my suggestion—one pound from each doctor proper steps taken to carry out my suggestion—one pound from each doctor of a dispensary or workhouse. Hoping you will give this a place in your next issue, I am, yours truly,

MEDICUS IN RURE.

LEAD-CONTAMINATED WATER.

Sir; Seeing the note of Mr. C. J. B. Johnson, of Kirby Overblow, on lead contaminated water, I should like to inform him, and other members, that I have very often examined lead-contaminated water, both before and after it has been filtered, and I have always found that filtering removed all the lead. More than this, after the water had passed through a charcoal filter, I have added lead-scrapings to it, and then it would not dissolve lead. I believe the only safe filters are those which have a good bed made of animal charcoal, -I am, your obedient servant,

ARTHUR ROBERTS, Medical Officer of Health.

Keighley, January 13th, 1883.

PALMAR PSORIASIS

A patient of mine has suffered from an attack of the above for seven years,

Audion that time has nonstantly been under treatment. The disease, and during that time he has constantly been under treatment. The disease, as far as I can make out, is not syphilitic. I have put him under the influence of arsenic several times, and used locally carbolic acid, liquor carbonis detergens, oil of cade, tar and creasote ointment, acid nitrate of mercury, and various kinds of soap, without avail. Gutta percha gloves seemed to give him alight benefit. Perhaps some member would give me advice on the above.—I

A QUESTION OF TREATHENT.

A QUESTION OF TREATHENT.

Str.—I should be much obliged if some of my medical brethren would help me by their advice in the treatment of the following case. Mrs. F., aged about 40, the mother of several children, has suffered for the past six months from severe pain in the left foot, supposed to have been brought on by weeding in the garden on a damp day. The pain is more or less constant, deep-seated, sometimes darting, yet not always in the same spot. It is sometimes in the metatarso-phalangeal joint of the great toe, sometimes in that of the little tee; at other times, it is in the scaphold, in the cuboid bone, in the sole of the foot, or in the heel. It is accompanied by a certain amount of swelling of the foot, and there is always considerable tenderness on pressure, so that the patient cannot hear to put it to the ground. The pain is worse at night, and is then so severe as to prevent sleep. The patient is otherwise in fair health, but for phthisis pulmonalis, which, however, is at present quiescent. I have tried various liniments, containing opium, aconite, belladonna, chloroform, camphor and chloral, salicylate of soda; also the subcutaneous injection of morphis, blistering, the use of Martin's bandage accompanied by elevation of the limb and absolute rest; but with only temporary relief. I have also given the following drugs inwardly, viz., salicin, salicylate of soda, inclide of potassium, and colchicum wine, but with no good effect. As the continued loss of sleep was weakening my patient considerably, I had recently a consultation with an eminent physician; but nothing that we could think of has had any curative effect. If we could be sure of the pathology of the case, we might discover something which would. There is no evidence of periosticis, or of locumotor stary. She has never had rhemmatism or syphilis, and there is sourcely a possibility of gout. I think I may certainly exclude hysteria also. I may add that the ground has never had rhemmatism or syphilis, and there is

BALIVARY CALCULUS.

SILVARY CALCULUS.

SIR,—In your issue of January 13th, Dr. King narrates a case of salivary calculus, consuring in his practice, spontaneously evacuated, which he regards as of rare occurrence. I may, therefore, mention that I had a similar case a few years since. A gentleman brought one to me, which he stated had just passed into his mouth. It was of an almond shape, nodulated, and over one inch in length; its exact weight I do not remember. The patient stated he had suffered little inconvenience, and was unconscious of its presence until it suddenly bused into his mouth.—I am, sir, yours faithfully,

Iamgrost, Somerset, January 13th, 1883.

J. PRAKERD, F.R.C.S.Eng.

THE TREATMENT OF PARTIAL TRICHIANS.

THE TREATMENT OF PARTIAL TRICHIAIS.

IR,—If Mr. Benson will refer to Agnew's Surpery, vol. ii, page 891, under the article "Hair", he will find the following: "The radical removal of the hair is most satisfactorily accomplished by introducing a very fine platinum needle into the follicle, and connecting it with the poles of an electro-galvanic battery. A few can in this way be destroyed at each sitting; and though the process is slow, it has the advantage of being sure." Mr. Benson, when speaking of the decomposing of the tissue of the hair-follicle, says: "and as this method has not, as far as I am aware, been tried before by others, I had no rules to guide me." (See BRITISH MEDICAL JOURNAL, December 16th, 1883.)—I am, etc.,

ROBERT RENTOUL. I am, etc., ROBERT RENTOUL.

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____ BOOKS, ETC., RECEIVED.

The Causation of Sicep. By James Capple, M.D. Second Edition, rewritte Edinburgh: James Thin, 54 and 55, South Bridge. 1882.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. With an Introduction on General Anatomy and Development. By T. Holmes, M.A.Cantab.; the Drawings by H. V. Carter, M.D., with additional drawings in later editions. Tenth Edition. Edited by T. Pickering Pick. London: Longmans, Green, and Co. 1883.

The Retrospect of Medicine. Edited by W. Braithwaite, M.D., and James Braithwaite, M.D.Lond. Vol. 86, July-December 1882. London: Simpkin, Marshall, and Co.; Edinburgh: Oliver and Boyd; Dublin: Hodges, Foster, and Co., and Famin and Co.

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