A QUESTION OF TREATMENT.

SIR,—May not the "supposed" cause be the "real" one, and the case be one of local rheumatism. Acting on this supposition, I would suggest that "Dum Spiro, Spero" should try the use of a liniment composed of one part of tincture of iodine and three parts of soap-liniment, or else the smearing with

ture of fodine and three parts of scap-infinent, or else the smearing with oleate of mercury and morphis, five per cent., locally, and the internal administration of syrup of iodide of iron in drachm-doses three times a day. Some time since, I treated the case of a boy who had rheumatism of the feet due to prolonged paddling in the water, by applying to the feet a bandage soaked in a lotion of potash nitrate and optum.—Yours, etc., H. A. L.

SIR,—I would suggest to "Dum Spiro, Spero" to give to Mrs. F. tincture of actea racemosa twenty minims every four hours. I believe it to be well worthy of a trial. I had a similar case some time ago, in which it was rapidly successful.—Yours faithfully, ESPERANZA.

cessful.—Yours faithfully,

Sir,—Having read the note "A Question of Treatment", which appeared in the number of the Journal for January 20th (p. 140), I beg to be allowed to add some remarks which may prove of use to "Dum Spiro, Spero."

"The patient is otherwise in fair health, but for phthisis pulmonalis, which, however, is at present quiescent." Even if the phthisis be absolutely quiescent, this fact would not prove that it was not connected with the affection of the foot, or that it could not be the sole cause of that affection; as injury, rheumatism, and syphilis, are out of the question, the probability of phthisis playing the chief part in the case becomes all the more plausible. The absence of signs of periositis does not exclude ostetits, or some degenerative change in the bone of similar character (vide Howship). If phthisis be known to exist, there is no further reason to be doubtful of the pathology of the case. The treatment should be directed accordingly.

is no lutricer reason to be doubten to the pashonogy of the case. The treatment should be directed accordingly.

However, there is yet another combination possible, which must be taken into serious consideration, and that is the presence of hysteria. As far as I can judge from a verbal description of the case, this supposition is rather preferable to the first.—I am, etc.,

Hôtel Tirol, Innsbruck, Austria.

GERM-THEORY OF DISEASE.

SIR,—I recently met with the following interesting passage in Sturm's Reflections—Sturm was a Professor at Magdeburg, born 1750.

"Very eminent physicians have maintained that those disorders which are attended with blotches and pimples, and even certain fevers, are occasioned by worms. It is very likely that the atmosphere is often peopled with animals, the extreme smallness of which prevents them from being seen. Who knows whether that trembling motion sometimes seen in the air during summer may not be produced by millions of insects swarming in the air?"—
Very truly wours. Very truly yours,

- D. C. C.—The question is not one which we can answer upon an ex parte statement. It is always the duty of a professional man to keep his word.
- P. Q. K. should inquire through Williams and Norgate, or some other foreign bookseller.

SMOKING.

IR,—I am a moderate smoker, and prefer a cigarette, but I am told that a cigarette is more injurious than a cigar or a pipe. Will any of your readers tell me what part of the cigarette is injurious, and if it is the paper? I presume the paper of a cigarette is simply rice-paper.—Your obedient servant,

Inquirer asks: In a medical partnership, is it the usual custom to add in the rent of houses, taxes, etc., to the working expenses of the practice, before dividing the nett profits? or does each partner provide and pay for his own house, independent of the practice, or of his share in the practice?

\*.. We have obtained answers to this question from two leading medical agents. The opinion of the first is that each partner should pay his own rent, and that it should not be charged on the revenue of the practice. The opinion of our second authority is that the rent of surgery and consulting-rooms should be charged to the firm, and nothing more.

FALMAR PSORIASIS.

SIR,—In answer to a communication of "Member" in your issue of January 20th, I would recommend him to try for his case of palmar psoriasis free blistering with emplastrum cantharidis liquidum (Smith's). I have had several intractable cases of the same, in all of which I first used chrysophanic acid, then that combined with subcutaneous injections of Fowler's solution, but all to no purpose. The treatment mentioned cured the disease in several instances.—Yours, etc.,

Motherwell, N.B., January 25th, 1883.

SIR,—I would suggest that "A Member" should try an alkaline lotion, e.g., blearbonate of sods, dilute hydrocyanic acid, and glycerine. A patient of mine is improving fast under this treatment, when all the remedies maned by "A Member" have proved futile.—Yours, etc.,

H. A. L.

DR. NEALE'S CHEMICAL LUNG AT ADEN.

DR. NEALE'S CHEMICAL LUNG AT ADEN.

SIR,—I fail to see how Mr. Colson can charge me with inaccuracy in my description of the experiment with the chemical lung at Aden. I transcribe the ipsissima verba of my informant. "The case in which the punkah was tried was that of a man suffering from phagedenic ulceration of the leg—a disease which gives rise to the most foul and offensive odours, so offensive to other patients in the ordinary wands that it was necessary to isolate him in a small room. It was in this that the punkah was tried with the most beneficial effects, the air being kept odourless and inoffensive so long as the punkah was working; all other disinfectants were discontinued, with the exception of a charcoal-poultice immediately over the ulcer, of itself quite incompetent to prevent smell." prevent smell."

I presumed the small room was a small ward, and that the patient rendered I presumed the small room was a small ward, and that the patient renuercules the atmosphere unbearable without the punkah, which was placed after the man was there. I can assure Mr. Colson that, had the patient remained in the larger ward, he would have found the ventilation insufficient, while, with the aid of the punkah, all would have been pleasant.—Yours obediently, RICHARD NEALE, M.D.Lond.

60, Boundary Road, South Hampstead, N.W., January 27th, 1883.

Sir,—If any gentleman has a copy of my lecture on Puerperal Fever, of which I distributed all that remained of the first edition some months ago, and will kindly send it to me, I shall be greatly obliged.—Yours, etc., ROBERT J. LEE.

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## BOOKS, ETC., RECEIVED.

A Text-Book of Pathological Anatomy and Pathogenesis. By Ernest Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and Edited for English Students. By Donald Macalister, M.A., M.B. Part I: General Pathological Anatomy. London; Macmillan and Co.

Burdett's Official Intelligence for 1883. By Henry C. Burdett, F.S.S. London: Effingham Wilson, E. Couchman and Co.; For Europe and the Colonies: Sampson, Low, Marston, and Co. 1883.

Selections from the Works of the late J. Warburton Begbie. Edited by Dyce Duckworth, M.D.Edin. London: The New Sydenham Society. 1882.

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