

PRURITUS ANI: THROAT-SPRAYS: VACCINATION AND ERYSIPELAS.

SIR.—There are two or three things in the last number of the *BRITISH MEDICAL JOURNAL* to which I wish to refer. 1. There is no disease more easily cured than pruritus ani, if the treatment be applied to the real seat of disease—the inside of the rectum. I have not seen a case for the last thirty years that was not cured in a week by the application of camphor-ointment to the surface of the rectum inside the anus. It can be applied by the finger, and rubbed round on the inside. A drachm of camphor should be powdered very finely, but not dissolved by too much spirit of wine, and then rubbed up with one ounce of lard. I have never known this to fail of cure. 2. When Dr. Dewar introduced the treatment of different diseases about the throat with sulphurous acid spray, I used it very extensively. It certainly had great power in arresting inflammation of the surface, and in healing all ulcerated spots. I found, however, that it was very irritating in all cases where there was bronchial inflammation or an asthmatic tendency. So many people complained of the irritation, and children also disliked it so much, that I have long since ceased to use sulphurous acid. The most agreeable, soothing, and useful application I have ever made in the cases referred to, is carbolic acid spray, made in the strength of one drachm of Calvert's carbolic acid to ten ounces of water. This should be used by a well made spray instrument, which will throw in spray, not water. I have been using this with great satisfaction ever since Dr. Richardson invented his spray-instrument. The first person who put me on the use of it, in consumption, was my old friend Dr. Henry Purdon of Belfast. He also drew the attention of the late Dr. Stokes of Dublin to its use in consumption; and he reported favourably of it. Carbolic spray has a pleasant taste, and is very soothing for a cough. 3. I may mention here that I had a case last year which is very important in relation to vaccination, seeing that so much nonsense is written now-a-days on that subject. I vaccinated the three months' old infant of an intelligent farmer. Everything went on nicely till the sore began to heal. Erysipelas then began in the arm, and extended with great virulence to the whole body. The child was in extreme danger. I ordered the internal use of tinct. ferri per chlor. ; and the case did well. This medicine I have been using in erysipelas for many years, and I have hardly ever seen it fail. I could not understand how the erysipelas came, as nothing of the kind had occurred in my previous experience. The operation was performed by very clean ivory points, and the infection, I thought, was particularly good. It puzzled me completely. The father of the child came to me one day, to say that he had found out the secret. His wife had employed a neighbour's little girl for some time as a day-nurse. They had now ascertained that the girl had erysipelas in her arm at the very time I had cut the baby's arm. This, of course, threw a flood of light on the subject.—Yours truly,
JAMES C. L. CARSON, M.D.

Coleraine, Ireland, February 14th, 1883.

MEDICAL PROVIDENCE.

IN reply to numerous correspondents who have written to us for information respecting the Society for the Relief of Widows and Orphans of Medical Men, referred to by our correspondent, "E. H. R." in our last week's issue, we may state that it is distinctly laid down in *Churchill's Directory*, that members of this Society do, by the small yearly subscription of two guineas, "protect their own families from destitution, should they unexpectedly need it; and its benefits are conferred only on those who are left in indigent circumstances." All legally qualified members of the profession residing within a radius of twenty miles from Charing Cross are eligible for proposal; the mode of admission is by ballot. Any further information may be obtained of the Secretary, Mr. J. B. Blackett, 28, Green Street, Grosvenor Square, W.

DR. ROBERT LEE.—Enough has, we think, been said about the matter, and we cannot afford more space to it.

HYPERIDROSIS.

SIR.—Will any of your readers kindly suggest means likely to cure or lessen this distressing symptom? It occurs in a patient of middle age, regular habits, and nervous temperament. Sometimes in church, or in society, the perspiration, chiefly on the head and face, bursts forth most profusely, rolls down the features in large beads, and lasts for a considerable time. So great an annoyance does it cause, that the sufferer has become a regular recluse, and avoids all places of public resort. Various suggested remedies have been tried; the application of very hot water, belladonna liniment, solution of tannin, desiccating powders, etc., with little or no benefit. Will any specialist recommend something likely to prove beneficial?—I am, yours faithfully, M.D.

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BOOKS, ETC., RECEIVED.

Micro-Photography, including a Description of the Wet Collodion and Gelatino-Bromide Processes, together with the Best Methods of Mounting and Preparing Microscopic Objects for Micro-Photography. By A. Cowley Malley, B.A., M.B., B.Ch., T. C. D. London: H. K. Lewis. 1883.

A Synoptical Guide to the Study of Obstetrics; being an Aid to the Student in the Class-Room, in Private Study, and in Preparing for Examinations. By Robert Barnes, M.D. Lond., Obstetric Physician and Lecturer in Obstetrics to St. George's Hospital. London: Smith, Elder, and Co. 1883.

Rheumatism, Gout, and Some Allied Disorders. By Morris Longstreth, M.D., one of the Attending Physicians of the Pennsylvania Hospital, Lecturer on Pathological Anatomy at the Jefferson Medical College, Philadelphia, Pa. London: Sampson Low, Marston, Searle, and Rivington. 1883.

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