PHYSICIANS IN HEALTH-RESORTS.

Sir,—Is it so impossible as we commonly imagine to bring to book offenders against the obvious laws of professional etiquette? Of course, the time will never come when our profession will consist wholly of men of honour, but there is a lamentable want of moral courage in tackling men who are known to be flagrant offenders in these matters. The practice of meeting homocopaths in the "conscript fathers" of the profession. The corporations and universities also pay no regard to the conduct of their graduates or licentiates in these

It may be a disagreeable and invidious thing to "post" offenders, but if every case of misconduct of this kind were at once reported to the Council of the Association or its Branches, and set forth on record in black and white for all time to come, we should find men less anxious than they now are to make themselves to come, we should find men less anxious than they now are to make themselves known by advertisements, either open or indirect. Personally, I think a regular advertised quack or a registered medical practitioner who advertises infinitely more respectable and honest than one who publishes quasi-medical lectures in ordinary newspapers; or, as is systematically done in continental health-resorts, and perhaps also in English ones—tips the concierge or the proprietor of an hotel, or gives the latter a bribe or percentage even on bills.

To expose in future all such cases at any cost, is the intention of yours truly,

STRYCHNIA AND TOBACCO.

SIR,—I can confirm by my own experience the effect of strychnia in producing a distaste for tobacco, as described in a letter headed "Result or Coincidence," in a recent number of the JOURNAL.

a recent number of the Journal.

Some years ago, I was ordered by a London physician a long course of arsenic combined with tincture of nux vomica. After taking the mixture a fortnight or so, I was surprised to find my taste for tobacco subsiding, and I very soon took a positive dislike to my pipe. That the arsenic did not produce this effect, I proved by omitting it for a time from the mixture. A year and a half afterwards, being quite well, and having regained my "tobacco-appetite," I had occasion to take some "Easton's syrup" for climatic debility contracted in Egypt, and found the same distaste for smoking to return. I daresay similar instances could be collected. It follows that the habit of smoking could be easily broken, if required, by a mild course of strychnia.—I am, sir, yours obediently,

THE CAUSE OF CHOLERA: A NEW THEORY.

SIR,-I was particularly interested to read the account of experiments made by Mr. Vincent Richards, in India, on the nature of the poison of cholera, as described in the British Medical Journal of May 24th last, page 1008. He thinks that the poison is not an organism, but a chemical compound which can easily be destroyed, for instance, by permanganate of potash.

In the year 1866, I had an outbreak of cholera to attend in one of the districts of the Saffron Walden Union in Essex, to which I was then medical officer. There were forty-two cases and eight deaths. I said at the time, and have often referred to it since, that the only thing I found to do any real good was Condy's fluid, well diluted with cold spring water, and given as a drink freely. I first tried it merely as an experiment. - I remain, your obedient servant,

Wateringbury, Kent. JOHN WILLIAM FRY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions in Anatomy and Physiology were submitted to the candidates at the primary examination for the Fellowship on May 23rd. Anatomy (three questions to be answered): 1. Give the dissection required to expose the complete dome of the pleurs of the right side. 2. Describe the action of the muscles passing between the trunk and upper limb in reference to the movements of the shoulder-girdle and arm upon the trunk. 3. Describe fully the twelfth dorsal vertebra, mentioning the various structures attached to it. 4. Describe the dissection required to expose the transversus pedis muscle.—
Physiology 1. What are the distinctive functional and structural characters of animal and vegetable cells? Give the evidence on which your statement rests. 2. Describe the means by which a muscle-curve is obtained. What circumstances modify the contraction of muscle, and the form of the muscle-curve? 3. Assuming the right forearm to have been voluntarily flexed, describe the cause of the nerve-impulse by which this movement was excited, from the cerebral motor ganglion-cells to its exit from the cord. Give the evidence on which your answer is based. 4. Describe the mechanisms by which accommodation is accomplished, and the methods of accurately determining them.

CHLOROFORM-NARCOSIS DURING SLEEP.

Sir.—Whilst reading your article on Dr. Girdner's chloroform-narcosis during sleep, I thought it might be of interest to record my own experience in successes. When acting as house-surgeon at St. Thomas's, and at the York county hospitals, I frequently endeavoured to induce chloroform-narcosis during sleep; cases. When acting as house-surgeon at St. Thomas's, and at the York county hospitals, I frequently endeavoured to induce chloroform-narcosis during sleep; and I have succeeded in doing so at least twenty times, without the intervention of consciousness. Some of these I have a very distinct remembrance of, especially one little boy who expressed great astonishment on finding himself in a different ward the next morning, for he had been moved during the night. This plan of giving chloroform to a sleeping child has several advantages. In a hospital, a great deal of noise is avoided, a matter of importance to other patients; and the strugglings of a frightened child are prevented. Chloroform is the only drug I have ever used in this method; and I have never tried to narcotise sleeping adults. Occasionally, the child awakens shortly after beginning with the inhalation, but I think this is always due to the vapour being too concentrated, and irritating the nasal mucous membrane. It is also necessary to continue the inhalation much longer with a sleeping than with any other child, as with the former the respiration is slow and shallow. The rules, then, are, in these cases, to use a weak vapour, and to take plenty of time. Anybody carrying these out will be, I am sure, successful in the great majority of instances. Once being present when a pig was about to be killed, I obtained permission to administer chloroform. We found the animal asleep, and, by the aid of a sponge and walking-stick, I succeeded in rendering my patient insensible without awakening him, after which the butcher did his work. I may add that the meat obtained from this animal did not seem to differ in taste or smell from ordinary pork.—Yours obediently, COMMUNICATIONS, LETTERS, etc., have been received from:

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BOOKS, ETC., RECEIVED.

Death and Disease. By Thomas Southerst, Barrister-at-Law. London: Kegan, Paul, Trench, and Co. 1884.

Manual of Pathological Anatomy. By Cornil and Ranvier. Second Edition. Re-edited, Enlarged and Translated, with approval of the Authors, by A. M. Hart. London: Smith, Elder, and Co. 1884.

Eczema and Its Management; A Practical Treatise, Based on the Study of Three Thousand Cases of the Disease. By L. Duncan Bulkley. London: G. P. Putnam's Sons, and J. and A. Churchill. 1884.

The Treatment of Backward Displacements of the Uterus and of Prolapsus Uteri, by the New Method of Shortening the Round Ligaments. By W. Alexander, M.D. London: J. and A. Churchill. 1884.

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