

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal Orthopaedic, 2 P.M.
TUESDAY	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—West London, 3 P.M.—St. Mark's, 9 A.M.—Cancer Hospital, Brompton, 3 P.M.
WEDNESDAY ..	St. Bartholomew's, 1.30 P.M.—St. Mary's, 1.30 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Great Northern, 2 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—St. Peter's, 2 P.M.—National Orthopaedic, 10 A.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Charing Cross, 2 P.M.—Royal London Ophthalmic, 11 P.M.—Hospital for Diseases of the Throat, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Hospital for Women, 2 P.M.—London, 2 P.M.—North-west London, 2.30 P.M.
FRIDAY	King's College, 2 P.M.—Royal Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.—Royal South London Ophthalmic, 2 P.M.—Guy's, 1.30 P.M.—St. Thomas's (Ophthalmic Department), 2 P.M.—East London Hospital for Children, 2 P.M.
SATURDAY	St. Bartholomew's, 1.30 P.M.—King's College, 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Westminster Ophthalmic, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Royal Free, 9 A.M. and 2 P.M.—London, 2 P.M.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 161, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 161, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL, are requested to communicate beforehand with the Manager, 161A, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

CORRESPONDENTS not answered, are requested to look to the Notices to Correspondents of the following week.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

ECZEMA PALMARUM.

SIR,—I would advise "F. T. G." to try the effect of a lotion containing glycerine, sulphurous acid, and carbolic acid, in strength varying according to the extent and obstinacy of the disease. The edges of the eczematous surface, where the disease is most active, I rub well with a very strong solution; and with the whole surface affected I endeavour to keep a weaker solution in constant contact. This last it is usually very difficult to effect. A thick white cotton glove, like the gloves worn here by policemen in summer, covered by a leather glove, will perhaps prove the most effectual contrivance. The cotton glove is to be soaked frequently with the solution; and the leather glove, necessarily a size or two larger than that ordinarily worn, is to be drawn over all. The leather glove may be slit open behind, and there loosely "boot-laced" over the medicated cotton glove. Gloves of spongiopiline, or of cotton-piline, might, I think, be tried with advantage for the continuous application of lotions such as that here recommended; only when so applied the lotion must, of course, be weaker. A mask of the same material might also be used advantageously in the treatment of cutaneous affections of the face. Where the opportunity occurs, I would immerse the eczematous hands in molten paraffine. Anyone who has seen the beautiful "glove" of skin-tight pure paraffine which results from such immersion, and notices the beautiful hands of workmen whose hands are much accustomed to it, will see the significance of this suggestion. "F. T. G." may at once dismiss from his mind his patient's notion which attributes the disease to her "having got poisoned while pulling weeds". This is not the place to discuss the pathology of eczema; and, indeed, I have no pet theory on the subject. But the worst case I ever saw originated on the plantar surface of the feet of a lady, most delicately nurtured, and of an age incompatible with the exposure of the bare feet to the poison of weeds, or of anything else.—I am, sir, your obedient servant,

D. T. MASSON, M.A., M.D.

Edinburgh, July 30th, 1881.

P.S.—When the spread of the eczema has been arrested, and its activity destroyed, by the use of the lotion here recommended, it may be necessary to remove the dry crusts by a poulter, and to complete the cure by a few applications of zinc ointment. Everyone has noticed the quantity of thickened cuticle which, softened in the warm bath, is then so easily rubbed off the soles of the feet. The frequent washing of our hands must constantly remove similar effete cuticular debris in our daily ablutions. I have more than a suspicion that the suppression of this natural process is a constant precursor of eczema palmarum. Such a fact, if established, would possess a significance which might yield important results, both prophylactic and medicatory.

EDUCATION OF BOYS.

SIR,—Your correspondent "M.D." in the JOURNAL of July 23rd, will find that, at Sir Andrew Judin's School at Tonbridge excellent arrangements are made for teaching the mechanical arts.—I am, etc.,

W. F. C.

MR. J. BLANLY (Penryn).—Apply to the Secretary of the South-Western Branch, Dr S. Rees Phillips' Wonford House, Exeter.

SIGNIFICANCE OF SUPPRESSION OF URINE AS A SYMPTOM OF INTESTINAL OBSTRUCTION.

SIR,—In Dr. Austin's interesting paper on "The Significance of Suppression of Urine as a Symptom of Intestinal Obstruction", published in your JOURNAL of this day, he refers to the statement of some observers that the occurrence of suppression of urine in a case of intestinal obstruction indicates an obstruction situated high up in the small intestine; "the rationale being that the diminished absorbing surface involves a scanty secretion of urine". Will you allow me to say that the fallacy of this explanation is, in some instances at all events, demonstrated in the hospital instruction of the medical man's embryonic stage. When a student, I was taught that its occurrence was explained by the state of collapse or semicollapse resulting from an acute attack of intestinal obstruction, and that its association with obstruction of the small intestine was accounted for by the fact of acute obstruction occurring most frequently in this part. Without presuming to form an opinion from the few cases occurring in my short practice, I should think it very unusual for a sufficiently acute attack of obstruction of the lower bowel from impacted faeces to occur, to give rise to suppression of urine, and thus to deprive this symptom of its recognised significance in indicating such acuteness as is most likely to be associated with obstruction of some part of the small intestine.—Yours faithfully,

WM. J. MACKIE, L.K.Q.C.P.I.

Richmond House, Turvey, Beds, July 30th, 1881.

NEW REMEDIES.

THE following tale has lately been reported. It bears a strong family resemblance to the anecdote of the Turkish physician and the pickled cabbage which was in this JOURNAL a few weeks ago. The two may perhaps be regarded as interesting contributions to the history of the myth. An epidemic of typhoid fever broke out in a small village in the South of France. A locksmith fell ill, and called in the local medical man, who came, prescribed, and went away. The next day, during his usual rounds, he called at the locksmith's, and asked his wife after the health of the interesting patient. She replied: "Ah, sir, only imagine, whilst I went to fetch the medicine, my husband ate two pickled herrings and a dish of bean salad." "Good heavens! Then he is...." "Quite well, doctor. He went to work this morning as usual, and is as well as possible." "That is extraordinary", exclaimed the doctor, "what a wonderful remedy for typhoid; I must make a note of it." And he accordingly entered in his note-book: "Typhoid fever: tried remedy, two pickled herrings and bean salad." Two days afterwards, a bricklayer was attacked by the same disorder. "Take", said the same doctor who was consulted, "two pickled herrings and a dish of bean salad. I will come again to-morrow." To-morrow—alas! the bricklayer was dead. The doctor, taking a logical view of his experimental method, again entered in the famous note-book: "Typhoid fever. Remedy: pickled herrings and bean salad. Good for locksmiths, bad for bricklayers."

DEATH FROM CHLOROFORM DURING LABOUR.

SIR,—I am under the impression that a case was reported, a year or two ago, in which death occurred during the administration of chloroform in labour, the chloroform being administered by a nurse. I think the case occurred in one of the London hospitals, and was reported in the JOURNAL. Can any of your readers refer me to the report, or give the particulars?—I am, etc.,

U. S.

SANITARY INSPECTION OF HOTELS.

SIR,—I very much regret that it is not in my power to comply with the suggestion of "One of the Secretaries for the Section of Public Medicine". I hope, however, that at least some members who read my letter in the JOURNAL of the 13th July, and are attending the annual meeting next week, will take note of the sanitary arrangements of the hotels at which they stay, and record (always with your permission) their experiences in the JOURNAL.—I am, etc.,

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