

Mr. Henry Browne, in his evidence at the Central Criminal Court stated that the liver was enlarged in the case referred to. I, and other medical men present, understood him to state this as an evidence of death from arsenic. I am not aware that this is the case, and were it so it would be interesting; but I think that in an infant, where poisoning commenced immediately after birth, the liver would probably remain in nearly a foetal condition from arrest of development.

I regret that the vague term "exhaustion" should have been stated as the cause of death, when "arsenical poisoning" would have been much more to the point. The counsel for the defence pounced on the word "exhaustion," and cross-examined upon it as much as he would have done had he been told the child died from "want of breath."

One of our most eminent analysts (not a medical man), engaged in the case, but not called, told me that when the elimination of arsenic was taking place he should expect to find the last traces in the urine, and equally, in the dead body, in the kidney, and not in the liver. Is this in accordance with the opinion of others?

The importance of elucidating any new points in forensic medicine must be my apology for troubling you at such length.

I am, Sir, yours faithfully,

A. M. ROBERTS, L.K. & Q.C.P.I., &c.

Buckhurst-hill, Essex, Sept. 10th, 1878.

WESTPHAL'S TEST FOR LOCOMOTOR ATAXIA.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Buzzard's answer to my letter of August 17th, in which I opposed the idea of the presence of the normal patellar reflex being considered incompatible with a true diagnosis of posterior sclerosis, as was stated by him in his lecture in THE LANCET, July 27th, I must decline to accept his refutation of my case being one of locomotor ataxia on the grounds he states—viz., absence of ophthalmic symptoms and pain. These, I think, I can prove to be insufficient data on which to disagree with me in my diagnosis. First, then, as regards ophthalmic symptoms, I cannot find an author who states that they are *always* present, and, indeed, Trousseau, in his "Clinical Medicine" (vol. i., p. 156), states that he has several times noticed these affections to be absent; and, secondly, so far as the presence of pain is concerned, Dr. Buzzard, on referring once more to my letter, will see that the patient *had had pain*, though he was free from it at the date my letter was published; but even granting that he *never* had had any pain, either rheumatic, lightning, or otherwise, it is not a universal condition by any means, as *vide* Trousseau, vol. i., p. 147.

Taking the subject as a whole, upon what symptoms are we to base our diagnosis of this disease? This seems a matter difficult of solution if we have to follow the various whims and fancies of our recognised teachers and authors. Now, on what minimum aggregate group of symptoms are we to be allowed to style a case as one of "locomotor ataxia"? And this question, I think, is an important one in a disease devoid of physical signs, and in which the symptomatology is our only guide. Surely there must be some symptoms, however few, which indicate unequivocally the presence of this affection, notwithstanding the scientific hair-splitting and passing fancies of our lecturers, else we can logically come to no other conclusion than that there does exist a nervous lesion of common occurrence without any appreciable expression of symptoms at all.

W. BEATTIE SMITH, L.R.C.P., L.R.C.S.

Stockton-on-Tees, September 16th, 1878.

PHYSICIANS' FEES.

To the Editor of THE LANCET.

SIR,—The general practitioners can do much to help forward the movement for improved remuneration for professional services by selecting for consultation those *only* who take the higher fee of £2 2s. for seeing a patient, and £3 3s. for consultation. When compared with the fees received by the leaders of the legal profession, and the profits earned by tradespeople, the amount seems reasonable.

On the other hand, the heads of the profession can greatly assist the estimation and remuneration of the general practitioners by insisting on payment for hospital work. Why the wealthy public should pay only for the food, lodging, and nursing of their sick poor and not for their medical attendance I fail to see.

The great abuse of indiscriminate advice at our hospitals and dispensaries does much harm by educating the public to undervalue medical attendance, and cultivating the feeling that it is less disgraceful to receive *medical* charity than to accept *money* charity, when not absolutely necessary.

The general practitioner ought to exclude from medical clubs all who do not require to insure a payment (not exceeding £1 a week) in case of sickness, and when the better off join a benefit sick society more for the sake of medical attendance than for the money payment, the practitioner ought to be very stringent in making him adhere to club rules.

With age and experience most of our profession could safely and beneficially increase their fees more than they customarily do; their services are absolutely more valuable, and should be paid for at a higher rate, and the public generally value an article according to the price put on it.

Yours faithfully,

GEO. E. JEAFFRESON.

Sept. 16th, 1878.

To the Editor of THE LANCET.

SIR,—It ought to be known that the subject of physicians' fees, which has lately been before the public and commented on by you, has reference only to the question of payment at the doctor's house; it does not apply to the visiting fee, which appears to me the only one requiring reform. At the present time, those physicians who are demanding their one or two guineas at home, according to circumstances, have no hesitation in taking one guinea for an out-door visit. This is very remarkable, seeing that they have only to follow the sound principle determined in matters of business to rectify the anomaly. The new arrangement of co-operative stores has its origin in the fact that the price of a commodity is much enhanced when the tradesman has to wait upon the purchaser; and in the same way there can be no doubt that the time occupied in going to and from a patient's house, and maintaining a carriage for the purpose, should bring its equivalent remuneration. Yet at the present time rich or titled persons who are too proud or indolent to take their turn in the doctor's waiting-room, have only to send for the doctor to see them at their own convenience, and hand him a guinea (or, rather, a sovereign), and the latter is content. It has caused much annoyance to many younger men in the profession, when, under these circumstances, they have naturally asked for two guineas, to be informed that the leaders in the profession have been content with one guinea.

I say that the question which has been under discussion in reference to the fee at the doctor's house is unimportant in comparison with this evidently just increase of two guineas for out-door visits. If physicians would never take less than two guineas for a visit to a patient's house, the most important reform in the matter of fees would be established.

I am, Sir, yours, &c.,

September 16th, 1878.

X.

A TUMOUR OF OBSCURE NATURE.

To the Editor of THE LANCET.

SIR,—Cases like the following are exceedingly rare, and therefore I will thank you to find room for it in your journal:—

W. B—, a bricklayer, aged sixty-one, two years since began to suffer from pain in the epigastrium after taking food, and for the last nine months from frequent vomiting, though not every day. Solid food always gave him great pain. He had also had double inguinal hernia for several years, but easily reduced. I had attended him several times for these symptoms, but he had not received much benefit from any treatment, and had looked thin, pale, and anæmic during the latter part of his illness.

On December 20th, 1877, he felt sudden pain in the left side (probably in left groin) after defecation, and observed a swelling above the left testicle, which he thought had been produced by straining. The swelling was thought to