

## OPERATION DAYS AT THE LONDON HOSPITALS.

<b>MONDAY</b>	10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's (Ophthalmic Department); and Royal Westminster Ophthalmic.—2 P.M.: Metropolitan Free; St. Mark's; Central London Ophthalmic; Royal Orthopaedic; and Hospital for Women.—2.30 P.M.: Chelsea Hospital for Women.
<b>TUESDAY</b>	9 A.M.: St. Mary's (Ophthalmic Department).—10.50 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; St. Bartholomew's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Westminster; St. Mark's; Central London Ophthalmic.—2.30 P.M.: West London; Cancer Hospital, Brompton.—4 P.M.: St. Thomas's (Ophthalmic Department).
<b>WEDNESDAY</b>	10 A.M.: National Orthopaedic.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: Middlesex.—1.30 P.M.: St. Bartholomew's; St. Mary's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: London; University College; Westminster; Great Northern Central; Central London Ophthalmic.—2.30 P.M.: Samaritan Free Hospital for Women and Children; St. Peter's.—3 to 4 P.M.: King's College.
<b>THURSDAY</b>	10.30 A.M.: Royal London Ophthalmic.—1 P.M.: St. George's.—1.30 P.M.: St. Bartholomew's (Ophthalmic Department); Guy's (Ophthalmic Department); Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Central London Ophthalmic; Hospital for Diseases of the Throat; Hospital for Women.—2.30 P.M.: North-west London; Chelsea Hospital for Women.
<b>FRIDAY</b>	9 A.M.: St. Mary's (Ophthalmic Department).—10.30 A.M.: Royal London Ophthalmic.—1.30 P.M.: Guy's; Royal Westminster Ophthalmic.—2 P.M.: King's College; St. Thomas's (Ophthalmic Department); Central London Ophthalmic; Royal South London Ophthalmic; East London Hospital for Children.—2.30 P.M.: West London.
<b>SATURDAY</b>	9 A.M.: Royal Free.—10.30 A.M.: Royal London Ophthalmic.—1 P.M.: King's College.—1.30 P.M.: St. Bartholomew's; St. Thomas's; Royal Westminster Ophthalmic.—2 P.M.: Charing Cross; London; Middlesex; Royal Free; Central London Ophthalmic.—2.30 P.M.: Cancer Hospital, Brompton.

## HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

<b>CHARING CROSS.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.30; Dental, M. W. F., 9.
<b>GUY'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.
<b>KING'S COLLEGE.</b> —Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., M. W. F., 12.30; Eye, M. Th., 1; Ophthalmic Department, W., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.
<b>LONDON.</b> —Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, W. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9.
<b>MIDDLESEX.</b> —Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; o.p., W. S., 1.30; Eye, W. S., 8.30; Ear and Throat, Tu., 9; Skin, F., 4; Dental, daily, 9.
<b>St. BARTHOLOMEW'S.</b> —Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9.
<b>St. GEORGE'S.</b> —Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.
<b>St. MARY'S.</b> —Medical and Surgical, daily, 1.45; Obstetric, Tu. F., 9.30; o.p., M. Th., 9.30; Eye, Tu. F., 9.30; Ear, W. S., 9.30; Throat, M. Th., 9.30; Skin, Tu. F., 9.30; Electrician, Tu. F., 9.30; Dental, W. S., 9.30.
<b>St. THOMAS'S.</b> —Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W., 1.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, M., 12.30; Skin, W., 12.30; Throat, Tu. F., 1.30; Children, S., 12.30; Dental, Tu. F., 10.
<b>UNIVERSITY COLLEGE.</b> —Medical and Surgical, daily, 1 to 2; Obstetrics, M. Tu. Th. F., 1.30; Eye, M. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.30.
<b>WESTMINSTER.</b> —Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

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

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.

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

## QUERIES.

## CASES OF INTERSTITIAL KERATITIS.

OPHTHALMOS writes: Will any of your readers give me the names and dates of any publications, since that of Mr. Hutchinson in 1863, comprising an analysis of a series of cases of interstitial keratitis? I believe there was a summary of 100 such cases in some provincial journal within the last six months.

## CAUSE OF WARTS.

H. G. M. asks if some member could inform him if washing the feet, etc., in the water in which potatoes have been boiled caused warts; and, if so, how it caused them. About two months ago, a child was brought to him, suffering from a large number of warts on both feet. The child's mother blamed the potato-water for them. The potato-water abstractions were discontinued, and each wart was touched once with nitric acid. At the end of a month, all the warts were gone.

In a child predisposed to warts, any irritant, solid or in solution, tends to produce them.

## ANSWERS.

## INCOME-TAX RETURNS.

Dr. SANGRADO will find some practical information on this subject at page 132 of *The Sanitary and Medical Record's Diary*, December for 1886 (Smith, Elder, and Co.).

## CUCUINE IN CATHETERISM.

MR. HURRY FENWICK writes: In answer to Mr. B. Dale in the JOURNAL of June 19th, the most convenient instrument for applying eucaine to the deep urethra is a terminal-orificed one. Either a terminal-orificed soft Jacques's catheter, which Meyer and Meltzer will supply, or a Guyon bougie à boule perforée (supplied by Lasserre, 26, Boulevard Saint-Michel, Paris) will do. Stick up half a drachm of a 20 per cent. solution of eucaine into an India-rubber test-topped medicine-dropper, and, having passed the catheter until the point is at the site required, and fitted the point of the dropper into the mouth of the catheter, squirt the contents along the same. To inject the prostatic canal, the point need only rest in the membranous urethra.

I have not as yet had a case of eucaine poisoning, and I have used it most freely (up to half an ounce of a 40 per cent.) in lithotomy, internal urethrotomy, and in conveying patients with enlarged prostates and irritable bladders into the country, besides, of course, in the minor operations of vesico-urethral practice. The only disagreeable effects I have noticed is a distressing sleeplessness, which I believe arises from absorption.

The last question: "Have I observed any such effect as is produced by contact of chloroform with deprivation of air upon a surface?" which is palpably a printer's error for deprivation of air; I am unable to answer.

JUNUS.—It is impossible for a surgeon to give an opinion of a case which he has not seen. Resecting a fractured bone is sometimes necessary, and, in the case which you quote, you acted as you thought right. Medical members of general committees at hospitals should not discuss questions concerning the clinical work of an absent colleague, without previous notice to the gentleman whose actions they think right to criticize. To exercise scrutiny over cases remaining for a long time in the wards, is an essential part of hospital management. It is best for the Secretary to draw up a monthly list of such cases, and to make inquiries of the surgeons in charge of them. To regulate long-standing cases by a consultation between the members of the staff, which is quite a different thing from a consultation about an operation, is an arrangement which does not, as a rule, work satisfactorily.

## INQUEST ON A CASE OF MARASMUS INFANTUM.

F. W. J., having seen and examined the child two days before its death (the fifth day of its life), was clearly justified in giving a certificate indicating, to the best of his knowledge and belief, the cause of death; though "marasmus infantum" is a very indefinite term, still it is perhaps as good as any other when congenital syphilis is suspected. It is not safe, however, to diagnose inherited syphilis in an infant who presents no objective signs beyond wasting, merely because it is reported to be premature by a month, and the mother had had a previous abortion. If an inquest be held, a coroner is bound by the written law to ascertain the cause of death, but he is equally bound by the unwritten law to use all courtesy to the medical witnesses especially, who are often placed in most difficult positions.

## SPARTEINE.

In reply to "H. S." who inquires (JOURNAL, June 5th, page 1091) as to the dose of sparteine sulphate in cardiac dilatation with anasarca, Dr. J. STRAHAN (Belfast) writes as follows: "Although calculated to be of great value in most cases of cardiac atony, from whatever cause, sparteine is not so likely to benefit anasarca, at least directly. In this it contrasts strongly with digitalis and caffeine, the action of which drugs it otherwise closely imitates. In the same respect it contrasts strongly with the drug from which it is obtained (spartium scoparium). The uncombined alkaloid sparteine is unsuitable for medicinal use, as it is extremely bitter and perfectly insoluble in water. It is an oily, colourless liquid, having very decided basic properties from its strong alkalinity. It agrees with cocaine and nicotine, in having no oxygen in its composition, its formula being C<sub>30</sub>H<sub>26</sub>N<sub>2</sub>. It combines with any acid, and with excess of sulphuric forms sparteine sulphate, which is perfectly soluble in water. The physiological action of this salt has been investigated by Mills, in 1863; by Fick, in 1870; by Rymond, a pupil of Vulpian, in 1880; and it was introduced as a remedy for heart-affections in 1883. Its action on the healthy heart has been quite recently investigated by Esparde."

As to the dose, the author of a paper on the subject, in the *Comptes Rendus de l'Académie des Sciences* (see *London Medical Record*, March, 1880, p. 306), has fixed the dose which produces marked cardiac effects, without acting on the digestion or nervous system, at 1.54 grains (one decigramme) in aqueous solution.

The action of sparteine sulphate on the heart is most definite and useful; but in moderate doses it leaves the quantity of urine unaltered, so that it does not seem a promising remedy for anasarca. According to Germain, sparteine has three characteristic effects. The most striking is the raising of the pulse and cardiac action; acting in this, much as digitalis and convallaria majalis, though its cardiac tonic action is greater, more lasting, and more quickly produced. The next effect is very prompt regulation of disordered rhythm. This action is so very marked, that no known remedy approaches it. Its third effect resembles that of atropina, as it greatly and quickly accelerates the action. In

this it contrasts with digitalis, convallaria, caffeine, and most cardiac remedies. All these results are mostly quite obviously marked, in one hour, after 1 1/2 grains; but in some cases several hours elapse, and all the effects continue for three or four days after the last dose.

It also causes increase of general strength in the patient, with easier respiration, but in the latter respect it is surpassed by iodide of potassium. It is indicated when cardiac rhythm is disturbed, the pulse being irregular or intermittent, or both. Like digitalis, it will quickly remove these symptoms. In any case where there is atony of the cardiac muscle, whether from organic change in the muscular fibre, or from uncompensated valvular defects, sparteine promptly removes the debility of the myocardium. This restored vigour of the cardiac muscle is singularly maintained, or even increased by moderate doses of the remedy.

I think it highly probable, however, that in the case described by "H. S.," the success seen, or some other preparation of the drug, would give better results than the alkaloid. Or, perhaps, digitalis or caffeine, if no contra-indication existed, would, at least, be more likely to remove the anasarca. If all these failed in respect of the anasarca, large doses of saturated aqueous solution of magnesium sulphate have a wonderful effect on the dropsy, without undue depression, and without any gripping or pain whatever. If all internal remedies fail, then resort must be had to Southey's anasarca-trocar; or to incisions one inch long over each outer malleolus, which rarely fail to drain the last drop of fluid out of each cavity, and the areolar tissue of the whole body. Details regarding the incisions and an exhaustive discussion of the whole question will be found in Ringer's Therapeutics, article in preface. "Dropsy."

NOTES, LETTERS, ETC.

THE CASE OF DR. F. S. RIDLEY, PRESTON. A MEMOIR; AN APPEAL.

On March 30th, this gentleman, to the great shock and regret of a wide circle of friends and others, passed suddenly away, from syncope, at the age of 52.

Educated at St. Bartholomew's Hospital, his bright intelligence and fitness for the profession were noteworthy. He gained the "Wix Prize" in 1857. Qualifying M.R.C.S. and L.M. Eng., he later proceeded M.D. St. And., and L.S.A., and soon settled in Preston, where his professional ability and social qualities soon attracted public notice and confidence. Early in his career, he contracted, and nearly succumbed to, typhus fever; and, in return for his heroic services and self-sacrifice—a vacancy occurring—the guardians of the union appointed him medical officer to their new infirmary (200 beds); he also held two district appointments.

Although few men were better acquainted with the "insolence of office and the poor-law's delay" for more than twenty years, Dr. Ridley observed untiring devotion in the discharge of his public duties, to which he always gave prominence. To the poor he was always just and kind, and in the service of the poor-law he did good and hard work. He was an able exponent of the principles of medicine, and, though a stern moralist, a gifted teacher of the practical mysteries of his craft. Of wide general culture, he devoted much time to the natural sciences, and took a deep interest in cellular pathology, and its offspring—antiseptics. He was, however, too self-denying and fond of work to observe the yearly holiday, and build up new energy. He may be said to have died at his post, for the "long rest" came at the meridian of a life of good work. Dr. Ridley was a member of the Association. Ever striving to leave in comfort his family, he made investments and insured his life, but a series of reverses followed each other in cruel and rapid succession. To losses by bad debts, a bank failure, and illnesses, his securities depreciated, and his practice waned. Early in the year, the insurance-office into which he had paid heavy premiums liquidated; and, his last hope gone, during ill-health, and amid misfortunes sufficient to break any heart, he died.

The long lease of his house terminated about the time of his death, and the transfer of his practice, in the sad concourse of events, was questioned and given up.

Dr. Ridley has left a widow and two daughters but scantily provided for, and it is on their behalf that I urge an appeal in the JOURNAL. To old Bartholomew's men, and to his fellow-practitioners, do I look for help; and to the members of the Association I feel that I do not look in vain.

Subscriptions will be gladly received by Dr. Edwin Moore, Preston, and by myself. H. A. SMITH, Ealing, W.

ALCOHOL FOR THE MEDICAL STAFF.

DR. M. T. SADLER (Barnsley) writes: If Mr. Sturge really thinks 1s. 9d. a head an extravagant amount to spend in twelve months in stimulants (mainly beer) for the nurses, etc., of a hospital, he is very welcome to say so. It was to the vagueness of the original charge of "wrong and discreditable" expenditure that I objected. The calculation of the amount, which is his, not mine, based apparently on the assumption that the staff of a hospital in equal number to the patients, is, however, a noteworthy example of the manner in which statistics are often compiled.

DEATH OF FETUS THROUGH KNOT IN CORD?

MR. H. DAVIS (Callington) writes: I have this day (June 7th) delivered a woman of a large child, living and well, whose umbilical cord had two knots firmly tied in it: the first was six inches from the child; the second four from the first knot. The knots were so small that, at first, I thought they were simple enlargements, but, when opened, they presented deep grooves, having on each side, the vessels very large and tortuous. I believe I have had many cases of five births with one knot, but this is the first with two.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following questions in Anatomy and Physiology, were submitted to the candidates at the recent first examination for the Diploma of Fellow. In each subject, at least three of the four questions were required to be answered. Anatomy.—1. Give the origin, insertion, nerve-supply, and action of all the muscles attached to the phalanges of the great toe. N.B.—The action is required only as regards the phalanges. 2. Describe the form and relations of the scapula. Mention its nervous and vascular supply. 3. Describe the dissections necessary to expose the trunk and branches of the inferior vena cava. 4. Describe the anatomy of the envelopes of the testis, including their regular and nervous supply. Explain developmentally the descent of the

testis. Physiology.—1. Describe the mechanisms which regulate endocardial pressure under various conditions of heart-beat and vascular tension. 2. Describe the structure of the retina. State the functions of the pigmentary layer, and of the rods and cones. Give the evidence on which your statements rest. 3. What fats are found in the human body? What is their composition? State what is known regarding their derivation from food-stuffs. 4. Describe the development, growth, and retrogression of a Graafian follicle. The following were the questions at the Second Examination. Pathology, Therapeutics, and Surgery.—All four questions were required to be answered. 1. Discuss the operative treatment of cancer of the tongue, including the selection of cases; and give the various methods of operating, their advantages and disadvantages. 2. Under what circumstances, in a case of chronic disease of a joint, would you prefer excision to amputation? 3. Give the pathological anatomy, diagnosis, and treatment of strumous disease of the lymphatic glands. 4. Discuss the differential diagnosis of the disorders of the liver, requiring surgical treatment, and describe the methods of operating suitable to each.

AN APPEAL.

SIR,—May I beg space in your valuable JOURNAL, to ask assistance for a most deserving case which calls for immediate help. It is that of the widow of a medical man, who died a few years ago, without making any provision for his wife and four little children. She has used her utmost endeavours up to the present time, and worked very hard to provide for the welfare of her family, who are all dependent upon her support. She is now very much out of health, from continued anxiety and the many privations she has had to endure, and for the present is unable to pursue her previous occupations; in fact, is reduced to selling the few things she has gathered together, for present maintenance. I propose, therefore, through your kind assistance, to start a fund, which will, I hope, be able to give her present distress, and afford the means for her embarking upon suitable and remunerative employment as soon as she is able.

I trust that all the readers of your JOURNAL will respond to my appeal, by sending whatever small donation may be agreeable to them. These, with larger amounts, will be thankfully received and acknowledged by myself. I may add, that if any subscriber to the fund desires a more detailed account of the case, I shall be pleased to give any further information that may be wished. Sir Andrew Clark has already subscribed, and Sir James Paget has promised to do so when a fund is started.—I am, sir, yours obediently, ABERFERN HOUSE, BARON'S COURT, S.W. R. FITZROY BENHAM.

PAPAIN AND DYSPEPSIA.

DR. S. MARTIN writes: With reference to the letter of Dr. G. Hirschell, on this subject, in the JOURNAL of June 12th, I fail to see the logical fallacy in my statement quoted by Dr. Hirschell. We give a proteolytic ferment, by the mouth in cases of dyspepsia, to supply the place of the pepsin, which we imagine absent. I say "imagine," because, unless the method of Leube or Jawowski be used, one cannot say with certainty whether it is absent or not. If papain does not digest in the stomach, its administration does not carry out this dictum of rational therapeutics. It acts in the small intestines, say Drs. Finkler and Hirschell; this statement is not proved; and, if it were, I fail to see the indications of administering the drug, since there is no evidence to show that pancreatic digestion is sub-normal in chronic dyspepsia; and, if normal, trypsin is quite equal to peptonising all the proteid-ingesta. Dr. Hirschell, I may point out, says that he gives pancreatin in dyspepsia, and yet admits that it is destroyed in the stomach.

If Professor Finkler has found two different proteolytic ferments in papain juice, he has made an unique discovery in vegetable physiology, one, as far as I know, not yet published. The ferment he names after himself is only a weak preparation of the ferment in the papain juice. Lastly, as regards the danger of "corrosion to an anemic stomach," which is supposed to follow the administration of Christy's papain; I should doubt whether any one has seen this corrosion; it is perhaps a deduction from the commonly accepted theory of the formation of gastric ulcer. As a fact of observation, it is still in the region of the unknown.

PRACTICE IN CANADA.

THE REV. J. LOWE, F.R.C.S., superintendent of the Edinburgh Medical Missionary Society, 56, George Square, Edinburgh, gives, in the quarterly journal of the Society just to hand, an extract from a clergyman in Quebec, saying that a medical missionary to work amongst the Protestant poor is required. He would have rooms and board, and a small salary, with liberty to practise. He would also have charge of the cottage-hospital founded by the Rev. Dr. Marsh. A suitable mission is also required. Mr. Lowe has written to Canada for further particulars. If any of our readers wish to communicate with him on the subject, we are confident that they will receive whatever information he obtains. He expresses a hope, however, that such correspondents, who, under similar circumstances, have sometimes been very numerous, will not omit a stamp for the reply.

TRICHORRHEXIS NODOSA.

MR. D. BRADLEY (Dudley) writes: In the BRITISH MEDICAL JOURNAL of June 4th, you report that Dr. Saundby showed specimens of trichorrhexis nodosa at the meeting of the Pathological and Clinical Section of the Birmingham and Midland Counties Branch of the Association.

I presume (although no mention is made of the site of the disease) that the specimens were taken from the beard; and that appears to be its most common situation; and Kaposi (in Habas's work on Diseases of the Skin (New Sydenham Society's translation), says that he has never seen it in any other part. Dr. Tilbury Fox, in his Manual of Diseases of the Skin, describes what is, without doubt, the same disease; and considers that it is a parasitic disease affecting the beard, caused by the trichophyton tonsurans, but does not mention it as affecting the hair of the head; the other authorities to which I have access do not mention it. Under these circumstances, I venture to record the fact that I have at present under notice three cases of the disease affecting the beard; and one in which the hair of the head is affected. This last was brought to my notice in consequence of the hair on one side of the head having suddenly become shorter than that on the other side. The patient (a young lady about 14 years of age had only noticed it for a day or two before I saw it. I at once examined the hairs with the microscope, and found the condition of them to be similar to that described by Kaposi and Fox; and to that which I have frequently seen in the beards of many men, but never before in hair from the head. I am at present inclined to agree with Dr. Fox that the disease is parasitic, as there are numerous apparently spherical bodies to be seen with the microscope, which resemble the spores of the trichophyton. I should be glad of any suggestions as to treatment. She has the beard clean

not succeed, and in this my experience agrees with that of Kaposi; and, although I have had the young lady's hair cut short, I am not very sanguine that it will be successful. Dr. Fox recommends epilation for the beard, but this would be practically impossible when half the head is affected.

#### PATENT MEDICINES.

MR. JOHN SCOTT (Manchester) writes: The foolish mother of a five weeks' old infant, which was suffering from diarrhoea, purchased some stuff called "infants' preservative," and gave the child a teaspoonful. The diarrhoea promptly ceased; so did consciousness. After five hours of ineffectual treatment, the child was brought to me in a state of deep coma. Paradis failed to arouse consciousness, or to improve the flagging respiration. By means of a Feale's worm-catheter stuck on the end of a Higginson's syringe, warm water was injected into the stomach; and, as vomiting was not induced, reflex irritability being completely in abeyance, the catheter was jerked off the syringe, and by siphon action the stomach made to empty itself of a strong-smelling brownish fluid. The proceeding was repeated several times, until the stomach was washed clean. In about two hours, the child was fit to be sent home.

There is nothing remarkable about this case medically, but there is a good deal that is remarkable about the manner in which our provident mother-State allows these nostrums to be sold. In Quain's *Dictionary*, I find that "there is no doubt that great numbers of infants perish every year in this country through the improper use of quack remedies containing opium." The State is bustling enough over alcohol, vaccination, education, the load-lines, and I know not what else; but its indifference to the lives of the infants is exasperating. The principle with reference to all quack remedies is *si quis vult decipi, decipiatur*. Perhaps it rejoices in the money it gets from stamp-duties.

One remedy is easy, and in a short time would be effectual. Let the analysis of any secret remedy be printed on the outside of the package containing it. The commercial Briton would soon cease to pay more than the market price for bread-crumbs or citrate of potash. But would not this be interfering with private enterprise, and robbing some philanthropist of the fruit of his brains? Not so; for we of the medical profession, at least, know that the success of the patentee of every secret remedy depends solely on the audacity with which he plumbs the depths of human credulity.

This is by no means the first time that the evils of infant-drugging have been forced on me; and I am convinced that, if as much energy were devoted to the solution of this problem as is given to much minor matters in the State, it should not be possible to print such a sentence as the above in two successive editions of Quain's *Dictionary*.

#### MEDICAL BOOK-KEEPING.

MR. W. W. HARDWICKE (Dovercourt) writes: The subject of medical book-keeping keeps constantly cropping up; and the question, which is the best system, has frequently been a puzzle to us. It has long been acknowledged that the old cumbersome method of our forefathers was very laborious and unsatisfactory, and it was felt that, by a little skill and ingenuity, a far easier and less laborious system might be adopted. There were two points to be kept in mind in introducing any new system; the account must be thoroughly clear, and safe from any mistakes, not only to medical creditor, but to the county court judge, before whom, I regret to say, a great many more of us have to appear than like to; besides this, it must involve the minimum of time and trouble. Two years ago, after using the old-fashioned system for many years, I adopted what appeared to me to be the most concise and convenient of these new systems—the A B C, introduced by Mr. Allsop, of the *Shipley Times* office, Saltairs, Yorkshire; and after two years of use, I can safely recommend it to my brother practitioners as the most convenient that can possibly be adopted. This system consists of day-book and ledger only. The principle of it is the gradual condensation of the account, without the old repetition. The day-book takes the place of the old list-book and day-book—in fact, is an enlarged list-book; no prescriptions are entered here, but each item supplied to a patient during any day is entered under a sign, a list of which is printed on the first page. Each page lasts one month. At any time the items are priced, and at the end of the month the total amount is placed in the total column at the end of the line, then carried to its proper place in the ledger. Nothing is entered in the ledger but cash, and it is also ruled ready for use.

A certain number of pages are set apart for each letter of the alphabet, the number varying according to the letter, so that the trouble of indexing and referring so frequently is entirely dispensed with. The page required is turned to at once, say "B," and the eye runs down the name column till the particular one required, say "Bennett," is found. Each name has a space composed of five horizontal lines, representing five years; these are divided longitudinally into months, with two parallel cash-columns at the end of each three months or quarter. The headings are all printed ready for use, so that, when an amount for any month is brought from the day-book, the name is found, and the amount placed in its proper place in an instant. I usually make a note above such as "Mr., Mrs., Chd.," etc.

The accounts can be sent out as often as required, quarterly (which is certainly the best plan), half-yearly, or even annually (although now obsolete). It can thus be seen with what a small amount of labour the book-keeping of a large practice can be managed, and the regular writing out of bills, child's play compared with the old plan, which generally occupied all the spare time of about a fortnight; whereas the bills for a practice of £1,000 a year can now be written out in the spare time of twenty-four to forty-eight hours. The bill-

heads I use with this system are: "Professional attendance upon  
January February  
in — and —, £—"

In the event of any amount not being required in full, as occurs sometimes with the poorer classes, certain pages at the end of the ledger are set apart for instalments. A reference is made to the proper space in the instalment-pages, thus "1", which reads: page 546, No. 2 space, which turned to, is found the name simply—"Bennett."

The arrangement of these pages is somewhat different to the others. Each page is divided into ten spaces, and each space lasts five years, as the ordinary ledger pages. But here the account, being still more condensed, is reduced to quarters. Four cash-columns, headed "1st, 2nd, 3rd, and 4th quarters," are placed side by side; then comes another column for "arrears," and another, the last, for "total amount owing." The rest of the space to the end of the lines is taken up with instalment-columns for each month in the year, with a "total cash paid" column at the extreme end.

With this system, an account for five years can be seen at a glance, and bills

of particulars written out in a very few minutes, if required. With regard to prescriptions, only fresh prescriptions are written; and these, being usually few, are best written on a slip of paper carried in the pocket-book where the daily list of patients is carried, at the patient's house, with the date, which plan saves the trouble of going over each case a second time, on arriving home after a round. Where an assistant is kept, these are handed to him, with a list of those requiring medicines, etc., repeating.

The result of the day's work is entered up in the day-book either at night or in the morning, at the same time that the list for the next day is arranged. These prescriptions may be either filed, or gummed into a book kept for the purpose, the former being the easier method, but in all private cases they ought to be kept. In club-practice, the record can be kept on the label.

As regards visits to club-patients, it is advisable to keep a list of them at the bottom of the page in the day-book, so that they may not be forgotten.

The signs for the day-book are very simple, and easily learned. The day-book and ledger may be made to last ten, fifteen, or twenty years. I have omitted to mention that in the day-book are spaces for "midwifery engagements," and "addresses of nurses, etc."

I would recommend this book always to be interleaved with blotting-paper. Besides these books, it is generally necessary to keep a private cash-book and an expenses-book.

#### COMMUNICATIONS, LETTERS, etc., have been received from:

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