

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, 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, 429, 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.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

### QUERIES.

VOLUNTEER SURGEON would feel obliged for information as to style of stretcher best suited for volunteers, and where they can be procured.

MR. TAYLOR (Ticehurst, Sussex) would be glad to know of any institution, or person in private life, who would undertake the management of a bad case of hypochondriasis. The patient is the wife of a tradesman, who could afford to pay from £1 to £2 a week.

RUSTICUS would like to know of an institution to which a morally and mentally defective lad of 17 can be sent. He is exceedingly mischievous and troublesome, has been returned from the Royal Albert Asylum as "too intelligent," and is utterly unmanageable at home. The parents are in good circumstances.

DR. J. A. MACKENZIE (Balham) asks for answers to the following queries—

1. Some years ago there was a discussion as to the identity of a disease prevailing at the Cape, said to be small-pox. Was it proved to be small-pox eventually, and if so what was the cause of the dispute as to diagnosis?

2. Where in London can one see any apparatus for smoke abatement, and what literature is there on the subject?

\*\* 1. The diagnosis lay between variola and varicella, and we believe that the diagnosis of variola was eventually very generally accepted.

2. Smoke-preventing stoves of a great variety of patterns are to be seen at the central offices of the chief London gas companies, also at the addresses of the makers. Space will not admit of our giving a complete list, nor fairness of our selecting a few names only. The Report of the Smoke Abatement Committee, 1882 (Smith, Elder, and Co.), and the subsequent reports of the Smoke Abatement Institution give much information on the subject.

### MORPHINE HABIT.

A MEMBER wishes to know where is the best place a person who very much desires to give up this habit should go to for a time; if there is any substitute he could take, or any special treatment adopted when the drug is given up to lessen the suffering. Is there any English book upon the subject?

### HOME FOR SURGICAL CASES.

DR. A. B. DRUITT (Dunstable, Beds) asks to be recommended a home where a child aged 14 years, suffering from caries of rib with discharging sinus, would be received at a moderate cost. Must be at seaside.

### ANSWERS.

J.P.A.—Communication received, but declined with thanks.

A.M.—There are several electric belts in the market which yield a feeble current, appreciable by very delicate galvanometers. It is, however, not probable that such a current would relieve lumbago.

### TREATMENT OF PERSPIRING FEET.

J. C. writes that "Surgeon" may see at 65, Fore Street, City, what professes to be a mode of ventilating the soles of boots or shoes.

### LIQUID AND SOLID MEASURES.

IN reply to "Antiseptic," who asks what is the meaning of the expression "solution of perchloride of mercury 1 in 2,000," it may be observed: In this country solids are weighed, liquids are measured, and it is usual to make solutions containing parts by weight in parts by measure; the above expression would mean, therefore, one part by weight of perchloride of mercury contained in 2,000 parts by measure of liquid. On the Continent, all substances, solids and liquids, are weighed, and solutions are made to contain parts by weight of solid in parts by weight of the solution.

### FEES OF OFFICIAL TEACHER OF VACCINATION.

INQUIRER.—There seems but little doubt that the "fee, not exceeding one guinea," which under the regulations of the Local Government Board an authorised teacher of vaccination may charge a student for a special certificate of proficiency in vaccination, is intended as the remuneration for the teacher himself. It may be noticed that all the proceedings in the appointment of an educational vaccination station are conducted by the Local Government

Board directly with the vaccinator who is to be appointed the teacher, and not with the governing body of the institution at which the station is fixed; and, although it is not specifically so stated in the official regulations, it may, it seems to us, be reasonably assumed that the fee prescribed by the Board is the maximum fee which the teacher himself can receive from the student. Any arrangement as to a division or otherwise of the fee between the teacher and the governing body must, we should imagine, be a matter for private agreement.

### NOTES, LETTERS, ETC.

THE letters of Miss Frances Cobbe and Mr. Berdoe, also Mr. Barker's article on "Removal of a very large Tumour from the Neck, probably a Disease of Accessory Thyroid Gland—Recovery," are in type and will be published in the next issue.

ERRATA.—In Dr. H. F. C. Eagle's remarks on Support instead of Dilatation of the Perineum, JOURNAL, June 7th, p. 1343, line 27 from bottom, for "joining" read "forming," and line 10 from bottom, delete "not."

### MEDICAL EDUCATION.

M.D. writes: Why are the members of the General Medical Council so anxious to compel students to spend a certain number of years attending a certain number of lectures, etc., at certain places specified by them? If a man knows his work thoroughly, what does it matter whether he acquired his knowledge in three years or seven, in London or Timbuctoo, in private practice or at hospital, whether he is 21 years or 40? It may be said that it is difficult to determine by examination whether a man is competent to practise or not, and that some other evidence of a candidate's knowledge is required. But the mere fact of a student having attended all the courses, lectures, etc., required by the Council is no proof that he knows anything whatever of the subjects which he is supposed to have studied. It only shows that he has had time and opportunities for acquiring a knowledge of his profession, but it does not prove or assist in proving that he is competent to practise, which can only be determined by a complete and searching examination.

Students should not be compelled to study in a particular way at a particular place and for a particular time. Let them clearly understand that they must have a thorough knowledge of subjects specified by the Council before they are licensed to practise, and let them obtain that knowledge in their own way, without being hampered by rules, restrictions, regulations which are worse than useless. The laboratories, lecture halls, and hospital wards will then be filled with men who are there to learn, and not as at present by students whose sole object is to put in their attendances.

If, instead of fidgeting about the opportunities a man has had, the Council would insist, as it has a right to insist, that for the future every man, before being admitted a member of our already overstocked profession, knows his work, if they would insist that he passes a stiff preliminary examination and searching practical examination, over which sufficient time has been taken, in professional subjects, it would quickly raise the standard of medical education, and be fulfilling one of the chief objects of its existence.

### A WARBLING GIRL.

A DOCTOR'S WIFE writes: A few weeks ago I heard a young girl of 14 years "whistle," as her people call it, but "warbling" it really is, for she kept her mouth slightly open, and the lips merely trembled, the notes being formed in the throat, the centre of it working as a bird's does when singing, and the sounds produced were exactly like those of blackbirds and thrushes. She warbled several airs to pianoforte accompaniments faultlessly and most beautifully modulated; and so powerful are the notes that her grandmother, who is excessively deaf, could catch every one, without the slightest effort, in another room a little distance off; in the same room some notes are deafening, when she pours them out at the forte parts. Although she was brought down for me to hear her, I could not believe that it was a human voice until I went to see her also. She has been self-taught entirely from "whistling" to her dog and sitting in the window to "warble" to the birds, and they invariably respond to her; her people say she has been doing it for the past two years.

Should the child be encouraged and properly trained as a "warbler," or is it likely to injure her throat for singing and speaking? Her people are uneasy, and fear the throat may become diseased. She is extremely near-sighted.

### TWO CORRECTIONS.

MR. W. ROGER WILLIAMS (Cavendish Square, W.) writes to correct the report of his remarks, at the last meeting of the Pathological Society, on a case of disseminated polyp of the large intestine associated with two separate cancerous strictures (p. 1195). What he said was that in the immense majority of cases the outbreak of cancer is unilocal, but that in a few cases the outbreak of cancer occurs spontaneously at more than a single point, of which the case exhibited was an example. He also remarked that the association of the multiple cancerous disease in this specimen with the disseminated polyp showed that the epithelium of the whole vicinity was in an abnormal condition as regards the growth and reproduction of its cells. Mr. Williams also complains of an incorrect report of his remarks at the Clinical Society on Mr. Turner's case of thyroid tumour (p. 1,249). The question he there asked was whether inflammatory affections of the thyroid, such as might have arisen from arrest of the circulation in the capsule of the gland, might possibly have accounted for the disease.

### THE TREATMENT OF OBESITY.

DR. WM. MONTAGUE BALL (Hounslow) writes: As the above is always an interesting topic, will you allow me to say that I found I lost 6½ lbs. in weight in the first fourteen days by following the diet laid down in your columns a little time ago, and elsewhere since by Dr. Davies, of Sherborne. I found the system advised very pleasant, and easy to carry out.

DR. NATHANIEL EDWARD DAVIES (Sherborne) writes: The cases published in the JOURNAL of May 31st by Mr. Towers-Smith are very interesting and very successful samples of what may be done by diet for corpulency. Plainly speaking, he makes the obese man live on his fat; a very good plan, for he is healthier without it. The 3 lbs. of meat he allows only contain one-half the amount of carbon necessary to keep the economy in full working order, and therefore the stored carbon is rapidly drawn upon. The system may be illustrated thus: Take a barrel full of water; put in one pint daily at the bung, and draw out a quart at the tap. However, there is this to be said—before the barrel is empty, Mr. Towers-Smith increases the amount put in at the

bung, but not in sufficient quantity ever to fill up the barrel again; hence the success, which is undoubted and well attested.

Excepting in very extreme cases, the diet is needlessly severe. I shall kindly ask you shortly to spare me a little space to give some cases of mine, as the successful treatment of corpulency must be—judging from the hundreds of letters I have received since I brought out my little work on the dietetics of obesity, *Food for the Fat*—of great interest to many. The system I advocate does not entail any hardship, and reduces at the rate of over 3 lbs. a week.

ROSE AND COOPER DEFENCE FUND.

DR. ARTHUR EVERSHERD (29, Rosslyn Hill, Hampstead, N.W.) writes: I venture to invite the active sympathy of the profession for my neighbours, Drs. Rose and Cooper, who, in the performance of their professional duties, have been harassed by an action at law; and though the action was decided in their favour, the plaintiff (as usually happens in such cases) could not pay the costs; hence, in addition to the extreme annoyance to which they have been subjected, they have now to pay their costs—over £160. It seems but fitting that those of us who have hitherto been fortunate enough to escape such actions should hold out the hand of fellowship, and assist our less fortunate brethren by paying these heavy costs for them. I shall be happy to receive any subscriptions.

The following sums have been received:—

	£ s. d.		£ s. d.
Sir Morell Mackenzie ...	2 2 0	Dr. Arthur Eversherd ...	5 5 0
Dr. James Andrews ...	2 2 0	Miss Holford ...	5 0 0
Dr. Edmund Gwynne ...	2 2 0	Dr. H. N. Evans ...	1 1 0
Dr. George Harley ...	1 1 0	Mortola Smale, Esq. ...	1 1 0
Messrs. Lane and Monro ...	5 5 0	W. D. Wilkes, Esq. (of Salisbury) ...	2 2 0
Dr. Andrew Miller ...	5 5 0		
Dr. Pidcock ...	1 1 0	Total ...	38 12 0
Dr. John Shaw ...	3 3 0		
Dr. Heath Strange ...	2 2 0		

THE ANTISEPTIC AFTER-TREATMENT OF VACCINATION.

DR. C. R. ILLINGWORTH (Acrington) writes: Dr. Barrett is away from the subject. It is not a question of "introduction of septic matter," or "wounds inflicted with dirty instruments," but "is cross cutting or post-vaccinal septic infection the cause of bad arms?" That Dr. Barrett's view is not correct is proved by the fact that the majority of practitioners use no antiseptic precautions either before or after the eighth day, and yet there are no untoward results. I stated that the commonest cause of bad results was cross-cutting. The vaccine lymph, on entering every furrow, attracts the blood in virtue of the spores it contains, and an erythema is the result, with effusion of plastic material. In parallel vertical lines, erythema to such a slight extent does not prevent the removal of inflammatory products, but "cross-cut" and you block whole areas of epidermis and rete mucosum, with the effect of exciting further inflammation than is necessary in the simple development of vaccine vesicles. But this further inflammation would not begin any earlier than the ordinary erythema of vaccination, although when once begun it would develop more rapidly. It would certainly not begin upon the first day, as Dr. Barrett says.

THE TREATMENT OF INFLUENZA.

DR. GEORGE B. BATTEN (Lordship Lane, S.E.) writes: In answer to the opinions expressed regarding antipyrin, etc., by Drs. Illingworth, Greene, and Hanbury Frere, I may mention that during January and February I treated about 400 cases of influenza. During the early stage of fever with headache, pains in back and limbs, my almost invariable prescription was antipyrin in doses for adults from 5 to 8 grains, and salicylate of soda from 7 to 10 grains every hour, two hours, or three hours, until feverishness became less, and acute symptoms were relieved, then I followed up with quinine, nuxvomica, and other tonics, treating the neuralgias and congestive headaches which sometimes followed later more successfully with caffeine than anything else. I also am happy to say that I did not lose a single case, and found no depressing or other evil effects from the antipyrin or salicylate, but on the contrary found such a marked effect from them in relieving headache and cutting short the fever with its accompanying distaste for food, that they enabled the patient to take much larger quantities of stimulating nourishing food than was the case when these drugs were not given. At any rate I think that I too may claim that the results justified the treatment adopted.

GEYSERS.

MESSRS. EWART AND SON (346, Euston Road, N.W.) write: After what has appeared in the JOURNAL on this subject, we trust you will allow us, in the public interest, to state that it is not necessary to connect a geyser with the outside of the house. The whole quantity of gas consumed in warming a bath is only about 20 cubic feet, and perfect safety is secured if the products of combustion are conveyed into any passage or open space outside the bathroom, but inside the house. There is then no risk of back draught, and when the white flame is used there is no smell. The products are only dangerous when confined in a small space. If a bathroom were as large as a kitchen, a geyser would be at least as safe as a cooking stove. The vent pipe practically increases the size of the room, thus perfect safety is secured.

Considering the large number of geysers already in use, it is of public importance that it should be known that safety can be obtained in a simple and inexpensive way.

People who have used geysers for years without vent pipes will continue to run the risk rather than cut through outside walls. The other way is quite as safe, and avoids all risk of back draught.

ON MESSAGE OF THE MEMBRANA TYMPANI.

MR. F. G. HARVEY (George Street, W.) writes: In the communication under the above heading in a recent issue of the JOURNAL, the author of the paper treats the term "chronic catarrh" as if it were a uniformly definite pathological change, or uses it as a synonym for several distinct changes. He goes on to speak of "all conceivable remedies for this very common affection," having been tried, and proceeds to mention various methods. Now, is this quite fair to the specialists? Do they apply in this haphazard way the various remedies alluded to? I maintain not. Has not each treatment spoken of clear indications for its adoption; every remedy specially directed to relieve special conditions?

To illustrate my meaning further, let us take for example: 1. Sclerosis (the two varieties of which the author appears to ignore). 2. Adhesive

catarrh, with its subvarieties. 3. Tenotomy of the tensor tympani. 4. Tenotomy of the posterior fold of the membrana tympani. 5. Incisions of the membrana tympani. 6. Passing of bougies into the Eustachian tube. Have not all of these clear indications for their performance?

Later on, the author speaks of treating 64 cases, the basis of action being a negative result of Rinne's experiment—a basis obviously including many varied forms of middle ear deafness.

Further, is it not generally recognised that chronic catarrh is merely a generic term, comprising inflammation in its various forms, concomitants, and results? I might go on to take more detailed exception to the paper alluded to, but my object in writing is not to offer a captious criticism, but to protest against the errors engendered by the bare use of the word "catarrh," and to vindicate the specialists from the implied error of an indiscriminate therapeutics.

DIPHTHERIA IN DOMESTIC ANIMALS.

DR. F. P. ATKINSON (Surbiton) writes: That an animal may be inoculated with the germs of a certain disease is no proof that it suffers in the ordinary course of events from this affection. A mouse may have cholera artificially produced, but it is altogether questionable whether this is a disease of its ordinary life. A frog may be inoculated with diphtheria, but who would venture to say that this is a disease common to the species? Cows drink water in which their own excreta have been deposited without any apparent harm resulting, and in those instances where diphtheria is said to have been caused by cows' milk, the water supplied to the cows is not shown to have been contaminated with human excreta. If, therefore, it does not arise as in man, from the ingestion of decomposing animal matter, then it follows that the cause in man and animals must be different. Recklinghausen has been able to produce diphtheritic keratitis in a rabbit by inoculating the cornea with matter from a case of hospital gangrene. Dr. Fagge, in his *Principles and Practice of Medicine*, says: "Were it not for certain experiments of Oertel's referred to, we should be strongly disposed to think that the constitutional disturbance caused by this so-called diphtheritic inflammation excited by inoculation in the lower animals is, perhaps, nothing after all but a form of septicæmia, and that the substances employed act merely as other decomposing substances might act. In taking such a view of the matter, we might suppose that the presence of micrococci in the affected tissues in cases of diphtheria simply indicates the unhealthy character of the inflammation. This notion well accords with the statement of some recent writers that the false membranes in the larynx and trachea scarcely contain any living organisms, for those cases of diphtheria in which the air passages are affected commonly end fatally before a septic process begins."

Some time ago it was asserted that fowls were subject to diphtheria, that this could be communicated to cats, and also to human beings. Later investigations have shown that this diphtheria-like disease of fowls is not the same as that which occurs in man. If cats, as it is said, were in the ordinary way subject to true diphtheria, it would be much more common amongst them and also human beings than it now is.

Towards the end of 1882 and the beginning of 1883 we had a pretty widespread epidemic of follicular tonsillitis at Kingston-on-Thames, and the cause of this, like that of many other zymotic diseases, was put down to the milk supply. At the same time several cats were said to be suffering from vomiting and some ulceration of the mouth. The history of the epidemic, however, scarcely supported the milk theory. Rarely more than two or three persons were attacked in the same house, and these were mostly servants, except where there were no underground apartments. Very few, if any, children under 9 or 10 were affected, though young children are the chief milk drinkers. It must not be forgotten, also, that amongst the better classes the young children have their nurseries at the upper part of the house. The weather at the time was cold, damp, and foggy, the barometric pressure heavy, and the smell from the road level ventilators often abominable. In every case that came under my care I ordered a larger quantity of unboiled milk than usual, and yet they invariably recovered in about three days. I forgot to mention that the farms, the labourers, the water, the dairies, the storerooms, the cows, the cans, etc., were all examined with entirely negative results; but as the foggy and damp weather cleared the epidemic gradually declined.

These views no doubt will do little to advance our knowledge as to the origin of diphtheria, but I put them forward mostly with the object of creating some discussion.

"MUZZLING OR REGISTRATION?"

MR. ALEX. G. R. FOULERTON (Chatham) writes: In a leading article on "Muzzling or Registration?" which appeared in the JOURNAL of May 31st, some figures were quoted and some statements made which I trust that you will allow me to very briefly criticise. The figures were given in order "to recall the services which the muzzle has rendered to us in London;" they will be found below in table A. Side by side with them, under B, are a second set of figures, taken from the return of the Contagious Diseases (Animals) Act Committee of the London County Council, which were quoted in the JOURNAL of March 1st, at page 519.

A		B		
Deaths from Hydrophobia.		Deaths from Hydrophobia.	Total No. of Dogs killed by Police.	No. of such Dogs found to be Rabid.
1884	No muzzling ... ..	9		
1885	" " " " " " " "	27		
1886	Muzzling enforced (?)	9		per cent.
1887	No muzzling ... ..	2	2	141, or 19.14
1888	" " " " " " " "	3	3	190, or 25.83
1889	Muzzling enforced after August 1st, 1890 ...	10(?)	7	330
1889*	Muzzling ... ..	0		123, or 37.27

\* (?) 1890.



In the article in question it is stated that "the 9 deaths in 1886 were all caused by bites inflicted before the muzzling order of December, 1885, so that the year 1886 really occupies the same position as the present year in its exemption from a death-rate obtained by a period of muzzling." I venture to think that the writer of the above must have overlooked the fact that the order in force from November 20th, 1885, to December 20th, 1886, was a very different thing to the late order which came in force on August 1st, 1888. I can speak with confidence, as I have lately been in communication with the Metropolitan Police Office on the subject. The earlier order provided that the dog should be "either muzzled or led," which practically is a very different thing from the absolute muzzling of the later order. But even if the very partial muzzling then adopted is to be credited with the decreased human death-rate in 1887-88, how is the fact that canine rabies increased during the same period to be accounted for? The figures under table B show, moreover, that there is no fixed ratio between the prevalence of rabies in dogs and hydrophobia in man.

Again, it is stated that "since the existence of the present rabies order no fewer than 61 dogs certified to be rabid have been seized by the police"—that is to say, that the number of rabid dogs, which when no muzzling was in force, in 1887, was 27, and in 1888 was 49, has under less than ten months' muzzling risen to 61. Surely this affords no argument in favour of the measure.

My own belief is that the statistics on the subject, so far as London is concerned, are much too limited to allow of any certain conclusion to be drawn one way or another. But, inasmuch as considerable stress was laid upon them in the article referred to, I think that you will see the justice of allowing the other side of the question to be published.

\* \* It is matter of common knowledge that the muzzling order of 1885-86 was not so well organised and efficiently carried out as the present one, but that, nevertheless, in accordance with the invariable history of such regulations, it (the 1885-86 order) reduced canine rabies to zero. The increase of canine rabies has always preceded the rise in the human death-rate for reasons too obvious to repeat. The statement made respecting the number of rabid dogs seized during the muzzling order is the customary *ex parte* remark for which the "justice" of publication is demanded. It is wearisome to continually point out what all know who take an interest in the suppression of rabies, that such statements, by giving only one-third of the facts, convey, no doubt unwittingly, an absolutely false meaning. The number of rabid dogs seized in an epidemic is necessarily greater than immediately before the execution of the order is commenced. The cases during the regulations have as usual diminished to zero. Mr. Foulerton evidently forgets the statements of Mr. Chaplin, recently made in the House, and published in all newspapers, or he would not have omitted to acknowledge its correction of the statement he has put forward. It is difficult to understand what Mr. Foulerton wishes to learn from statistics. He desires to have "a fixed ratio" between the exact number of rabid dogs seized and the number of human beings dying of the disease. If the figures show that as canine rabies increases so human beings die from the same malady (and he is too careful to say they do not), what more is required to show the obvious connection of the well-known facts? Certainly not "a fixed ratio."

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

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- Formulaire Aide-Mémoire de la Faculté de Médecine et des Médecines des Hôpitaux de Paris. Par le Dr. Fernand Roux. Paris: G. Steinheil. 1890. Prix, 3 francs.
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