

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.
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.

HOURS OF ATTENDANCE AT THE LONDON HOSPITALS.

CHARING CROSS.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1.30; Skin, M. Th.; Dental, M. W. F., 9.30.	
GUY'S.—Medical and Surgical, daily, exc. Tu., 1.30; Obstetric, M. W. F., 1.30; Eye, M. Th., 1.30; Tu. F., 12.30; Ear, Tu. F., 12.30; Skin, Tu., 12.30; Dental, Tu. Th. F., 12.	
KING'S COLLEGE.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, Tu. Th., S., 2; o.p., M. W. F., 12.30; Eye, M. Th. S., 1; Ear, Th., 2; Skin, Th.; Throat, Th., 3; Dental, Tu. F., 10.	
LONDON.—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, W., 9; Dental, Tu., 9.	
MIDDLESEX.—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.	
ST. BARTHOLOMEW'S.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, Tu. W. Th. S., 2; Ear, M., 2.30; Skin, F., 1.30; Larynx, W., 11.30; Orthopaedic, F., 12.30; Dental, Tu. F., 9.	
ST. GEORGE'S.—Medical and Surgical, M. Tu. F. S., 1; Obstetric, Tu. S., 1; o.p., Th., 2; Eye, W. S., 2; Ear, Tu., 2; Skin, Th., 1; Throat, M., 2; Orthopaedic, W., 2; Dental, Tu. S., 9; Th., 1.	
ST. MARY'S.—Medical and Surgical, daily, 1.15; Obstetric, Tu. F., 9.30; o.p., Tu. F., 1.30; Eye, M. Th., 1.30; Ear, W. S., 2; Skin, Th., 1.30; Throat, W. S., 12.30; Dental, W. S., 9.30.	
ST. THOMAS'S.—Medical and Surgical, daily, except Sat., 2; Obstetric, M. Th., 2; o.p., W. F., 12.30; Eye, M. Th., 2; o.p., daily, except Sat., 1.30; Ear, Tu., 12.30; Skin, Th., 12.30; Throat, Tu., 12.30; Children, S., 12.30; Dental, Tu. F., 10.	
UNIVERSITY COLLEGE.—Medical and Surgical, daily, 1 to 2; Obstetric, M. Tu. Th. F., 1.30; Eye, M. W. F., 2; Ear, S., 1.30; Skin, Tu., 1.30; S., 9; Throat, Th., 2.30; Dental, W., 10.3.	
WESTMINSTER.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.	

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. General Meeting. Dr. F. de Havilland Hall, "A Case of Pleuritic Effusion"; Dr. E. Symes Thompson, "A Case of Aortic Aneurism, in which Secondary Disease was set up in the Right Lung"; Dr. J. G. Thorowgood, "A Fatal Case of Atrophy of the Stomach".	
TUESDAY.—Pathological Society of London, 8.30 P.M. The President (1) Myeloid Tumour of Femur; (2) Multiple Exostoses; (3) Specimens of Ainhum sent by Dr. Crombie. Dr. Norman Moore, Embolism of Cerebral Artery. Mr. Godlee (1) Fibrocellular Tumour from Knee-joint; (2) Epithelioma of Lung. Mr. Pearce Gould, Papilloma of Umbilicus. Dr. Payne, Joint-Disease in Tabes Dorsalis (living specimen). Dr. Thin, Histology of Molluscum Contagiosum. Dr. Lees, Tetelstis in a Syphilitic Infant (living specimen). Mr. Shattock, Dissection of Cleft Palate. Dr. Payne, Hemiatrophia Facialis (living specimen.)	
WEDNESDAY.—Obstetrical Society of London, 8 P.M. Specimens will be exhibited by Dr. Roper, Dr. Herman, and others. Papers: Dr. Wade (Birmingham), Case of Chorea in Pregnancy, successfully treated by Dilatation of the Cervix Uteri; Dr. Braxton Hicks, "Congenital Abnormality of the Uterus simulating Retention of Menses"; Dr. Charles H. Carter, "Absence of the Vagina—Uterus distended by Retained Menstrual Fluid—Operation—Recovery."—Epidemiological Society of London, 8 P.M. Inaugural Address by the President. Mr. Netten Radcliffe, "On Certain Appearances of Cholera since 1873 in the Countries lying between India and Europe".	
THURSDAY.—Harveian Society of London, 8.30 P.M. Mr. A. J. Pepper, "A Case of Trephining for Double Compound Fracture"; Dr. Broadbent, "A Case of Heart-Disease".	

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 General Manager, at the Office, 167, Strand, W.C., London.

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

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*.

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

FARR TESTIMONIAL FUND.

SIR,—I am desired by the committee charged with the promotion of the Farr Testimonial Fund to request that you will add to their obligations by publishing, in your next issue, the following further list of subscriptions.—Faithfully yours,

NOEL A. HUMPHREYS, Hon. Sec.

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As the committee proposes shortly to close the subscription list, intending subscribers, who have not yet intimated their intention, are requested to communicate with the Honorary Secretary, Mr. Noel A. Humphreys, General Register Office, Somerset House, London, W.C. All cheques or post office orders should be crossed Martin and Co.

EPSOM COLLEGE.

SIR,—I was not sorry to see the letter from "A Life Governor", asking for an investigation of the cause of the running away of six of the boys. The régime of the College as to punishments, etc., ought to be looked into, if there be any truth in what one hears.—I am, etc.,

PATERFAMILIAS.

H. T. M.B.M.A., will obtain the information which he requires by writing to the French authorities, or in a more condensed form in the Foreign Educational Number of the *London Medical Record*, which is chiefly occupied with the regulations of the Continental universities and hospital schools.

A JOURNAL versus TRANSACTIONS.

GAILLARD'S *Medical Journal*, referring to Dr. Sayre's proposal, in his presidential address to the American Medical Association, to abandon the existing bulky and little read volume of annual transactions, in favour of a periodical publication, says: "It may be said parenthetically that (laying aside all theories and speculations in regard to this important matter), when the British Medical Association adopted this plan and created the BRITISH MEDICAL JOURNAL, that Journal showed the wisdom of such a course not only by cementing together the strong elements of that body, but by giving it a power and influence, and a triumphant success, of which the most sanguine had never dreamed. It is to-day the moving power, the very heart and soul of that Association; any interruption of its publication would be followed by a dissolution of the body which created it. The recommendation of Dr. Sayre met with deserved support, for a special committee of five has been appointed to report upon the matter at the next meeting."

CORRESPONDENTS are particularly requested by the Editor to observe that communications relating to advertisements, changes of address, and other business matters, should be addressed to Mr. FRANCIS FOWKE, General Secretary and Manager, at the Journal Office, 161, Strand, London, and not to the Editor, not later than twelve o'clock on Thursday.

ARE SUICIDES LUNATICS?

SIR.—In relation to the above question, asked in the JOURNAL of October 9th, 1880, the following extracts from Lecky's *History of European Morals*, vol. i, may be of interest.

"Death, said the Stoics, is the only evil that does not afflict us when present. It frees the slave from his cruel master, opens the prison door, calms the qualms of pain, closes the struggle of poverty. It is the last and best boon of nature, for it frees man from all his cares." "Death, according to Socrates, either extinguishes life, or emancipates it from the thralldom of the body. Even in the first case, it is a blessing; in the last, it is the greatest of boons." "Accustom yourself," said Epicurus, "to the thought that death is indifferent; for all good and all evil consist in feeling; and what is death but the privation of feeling?" "The philosophers taught that death is a law, and not a punishment;" that it was the end of suffering. "Plato permitted suicide when the law required it; and also when men had been struck down by intolerable calamity, or had sunk to the lowest depths of poverty."

The roll of great suicides is not long, though it contains some illustrious names: among others, those of Zeno and Cleanthes. Cicero praised the suicide of Cato. The Stoics believed that every man had a right to dispose of his own life. Seneca emphatically advocated suicide. There can be no question that the ancient view of suicide was broadly opposed to our own. A general approval of it floated down through most of the schools of philosophy. Epicurus exhorted men "to weigh carefully whether they would prefer death to come to them, or would themselves go to death." Among his disciples, Lucretius, the illustrious poet of the sect, died by his own hand; as did also Cassius, the tyrannicide; Atticus, the friend of Cicero; Petronius, the voluptuary; and Diodorus, the philosopher. Pliny described the lot of man as, in this respect at least, superior to that of God; that man has the power of flying to the tomb; and he represented it as one of the greatest proofs of the bounty of Providence that it has filled the world with herbs by which the weary may find a rapid and a painless death. Hyesias taught that life was so full of cares, and its pleasure so fleeting and alloyed, that the happiest lot for man was death; and such was the power of his eloquence, so intense was the fascination he cast around the tomb, that his disciples embraced with rapture the consequence of his doctrine; multitudes freed themselves, by suicide, from the troubles of the world.

But it was in the Roman Empire and among the Roman Stoics that suicide assumed its greatest prominence, and its philosophy was most fully elaborated. The example of Cato, who had become the ideal of the Stoics, and whose dramatic suicide was the favourite subject of their eloquence; the indifference to death produced by the great multiplication of gladiatorial shows; the many instances of barbarian captives who, sooner than slay their fellow-countrymen, or minister to the pleasure of their conquerors, plunged their lances into their own necks, or found other roads to freedom; the custom of compelling political prisoners to execute their own sentences; and, more than all, the capricious and atrocious tyranny of the Cæsars, had raised suicide into an extraordinary prominence.

Seneca, the most influential teacher of Roman stoicism, ardently advocated it; and, as a general proposition, the law recognised it as a right. The suicide of Otho, who is said to have killed himself to avoid being a second time a cause of civil war, was extolled as equal in grandeur to that of Cato (who, being with Scipio Metellus when he was defeated at the Thapsus in Africa by Cæsar, killed himself rather than fall into the conqueror's hands). On the death of Otho, some of his soldiers, filled with grief and admiration, killed themselves before his corpse. In the Dacian War, the enemy, having captured a distinguished Roman general named Longinus, endeavoured to extort terms from Trajan as a condition of his surrender; but Longinus, by taking poison, freed the emperor from his embarrassment. Death, too, was regarded as "the last physician of disease," and suicide as the legitimate relief from intolerable suffering. Thus died Silius Italicus, one of the last of the Latin poets. So, also, perished Tullius Marcellinus, a young man of remarkable abilities, and very earnest character, who had long ridiculed the teachings of philosophy, but had ended by embracing it with all the passion of a convert.

The doctrine of suicide, indeed, was the culminating point of Roman stoicism. The proud, self-reliant, unbending character of the philosopher could not be sustained when he felt that he had a sure refuge against the extreme forms of suffering or of despair. Stoicism taught men to hope little, but to fear nothing. It did not array death in brilliant colours as the path of positive felicity; but it endeavoured to divest it, as the end of suffering, of every terror. Life lost much of its bitterness when men had found a refuge from the storms of fate, a speedy deliverance from dotage and pain. Death ceased to be terrible when it was regarded rather as a remedy than as a sentence. And are not its terrors equally abated in modern times, when viewed in the same aspects, by the Stoics of the nineteenth century?

Were all these men I have mentioned, who took their lives upon these principles, or on other ones resembling them, lunatics? No one, I think, will say so. Then why should men who commit the act now, upon the same principles, be thought more mad than they? If the men who, for these reasons, killed themselves in past times were lunatics, so must be those who do the same in modern days, and *vice versa*.—I have the honour to be, sir, your most obedient servant,
Bath, October 16th, 1880. F. H. SPENCER, M.D.

DR. STEDMAN, Danvers, Massachusetts, U.S.A.—Dr. Crichton Browne's paper, entitled "A Plea for the Minute Study of Mania," was published in *Brain*, a quarterly periodical of mental disease, published by Macmillan and Co., London and New York.

FLACCIDITY OF THE IRIS IN REAL DEATH.

SIR,—In the BRITISH MEDICAL JOURNAL of September 25th, Mr. Boyd B. Joll states, as an invariably true test of real death, that there is "complete flaccidity of the iris," so that, by synchronous compression of the globe of the eye in two opposite directions, the pupil will readily assume an oval or irregular shape; whereas, in cases of apparent death, no ordinary amount of compression will have the least effect in altering the usual circular form of the pupil. On the 30th September, a man was admitted to the Swansea Hospital in a comatose state, suffering from

fracture of the base of the skull. On admission, the pulse was 36-44; respiration 6-8; temperature subnormal, the index not rising from the bulb. The pupils were equally and widely dilated, and on compression of the globe of either eye in two opposite directions, whether from below or laterally, the diameter of the pupil became readily increased in the opposite direction. In a child, comatose, and dying of tabes mesenterica—the pulse being over 160 per minute, the respirations 52, and the temperature 103.4—I found the pupils widely and equally dilated; and again I was most easily able to make the pupil assume an oval shape by synchronous compression of the globe of the eye in two opposite directions; and a few minutes afterwards, when the heart had ceased to beat, I could not see that the readiness with which this change could be produced in the shape of the pupil was increased. I cannot believe, therefore, that flaccidity of the iris is an invariably true test of real death; though, in both the cases I examined, the coma was deep and the pupils very widely dilated; and perhaps, as they were not cases of apparent death, Mr. Joll will consider his test did not apply to them; still, I take it, the test, if true, should decide the question whether or not the patient is alive.—I am, etc.,
Swansea. J. FARRANT FRY.

MORPHIA FOR SUBCUTANEOUS INJECTION.

SIR,—I can recommend the following formula to "G. P.," viz.: R Liq. atroxæ. sulph. f3j; morphiaæ hydrochlor. ʒss, ʒss chlorof. Mx; aquæ distill. q.s. ad f3ss. The atropine is valuable in preventing the nauseating and depressing effects of the morphia, and the chloroform helps the solution to keep. Six minims contain one-fourth of a grain of the hydrochlorate of morphia, and one-eighth of a grain of the atropine salt.—I am, etc.,
G. F. HODGSON.

SIR,—In reply to "G. P.," in the *Pharmaceutical Journal*, February 1879, p. 481, I published the following formula for the above. The morphia will not crystallise from this solution, although it contains one grain of the acetate in six minims, is double the strength of the solution inserted in the additions to the *British Pharmacopæia*, and is much more easily prepared than the latter. R Morphia (pure alkaloid) 45 grains; diluted acetic acid f3.5iv or q.s.; distilled water q.s. Add the morphia to the diluted acid contained in an ounce phial, and digest at from 80° to 100° Fahr.—on a mantelshelf will do—for twelve hours; if not all dissolved, add a drop or two more acid, carefully avoiding excess, to make a nearly perfect solution; then filter into a graduated measure, and the fluid being all passed through, wash the filter by sprinkling over it sufficient distilled water, that the whole filtered product may measure exactly six fluid drachms. In this solution one grain of pure morphia will have been dissolved in eight minims, and it will contain one grain of the salt—acetate of morphia—in six minims. It is almost void of colour; but if exposed to light, or not kept from the air, it gradually changes to a vinegar brown; yet I have a sample before me, prepared two years ago, which is not so dark as pale sherry. Complaint is often made about the crust that forms round the neck of the bottle in which it is kept. I find this is best prevented by coating the stopper with a little paraffin wax before putting it in the bottle. This is easily done by warming the stopper in the flame of a spirit-lamp, and rubbing it with a piece of paraffin. In placing the stopper in the bottle at any time after use, it is best, if coated with paraffin, to give it a screw into the neck of the bottle; all oozing and encrusting is thus avoided. Care should be taken to keep the syringe clean and the solution free from dust. The addition of one per cent. of carbolic acid does not interfere with its action, but I have never found the need of it. One per cent. of carbolic acid, in a solution of ergotine or sclerotic acid, will keep these for any length of time.

The tartrate of morphia has lately been recommended for hypodermic injection, but it requires twelve parts of water to dissolve it, and it is not so rich in the pure alkaloid as the acetate. The acetate answers well, only it must be freshly prepared, or it is not sufficiently soluble. For this purpose, it is best to make it direct from the pure alkaloid, as above suggested.—Yours obediently,
10, New Cavendish Street, October 11th, 1880. W. MARTINDALE.

CHIAN TURPENTINE.

SIR,—In the *Pharmaceutical Journal* last week, Professor Fluckiger suggests the probability of a supply of true Chian turpentine being found in Algeria. By letters received this week from competent authorities in that country, who have been making inquiries and searching for the trees, they report that the true *Pistachia Terebinthus* tree is hardly known, and very rare, in Algeria. The *Terebinthus Atlantica*, Desf, is the nearest variety that is found; a sample of the gum is sent for comparison. They are continuing the inquiries among the Arabs, and agree to distribute samples of true Chian that I am sending to the traders going into the interior. Mr. C. Hanbury informs me that his collector writes that, although he has found some more trees of *Pistachia Terebinthus* in the islands; the Government will not allow them to be touched with the view of tapping them, for fear of destroying the tree.—Yours truly,
London, October 20th, 1880. THOMAS CHRISTY, F.L.S.

THE LOST MEDICAL SCHOOL.

SIR,—It seems to be a lamentably short-sighted policy of the University of Oxford, that, instead of constituting herself the mother and nurse of all the arts, and bringing herself into harmony with the spirit of the age, she should studiously ignore, and thus lose the sympathy of, the greatest, and in its effects on the human family the most important, of the professions, oblivious of the fact that in giving she receives. "Quis est nostrum liberaliter educatus, cui non educatores, cui non magistri sui atque doctores, cui non locus ille munit ipse, ubi altus aut doctus est, cum gratâ recordatione in mente versetur?" (Cicero *pro Plancio*).—I am, etc.,
CIVIS.

GUY'S HOSPITAL.

SIR,—In the face of lay and medical editorial articles, condemning the too ready acquiescence of the staff of Guy's Hospital to do as they are ordered by the governors, I and hosts of my medical brethren are anxious to know if the staff have reconsidered their untimely submission. Let them firmly and plainly intimate to the governors that they cannot accede to their demands. By doing so, and asserting their authority in matters purely medical, they will assuredly regain the confidence, and be accorded the thanks, not only of the profession, but also of the public in general.—I am, sir, yours obediently,
Liverpool, October 23rd, 1880. A PROVINCIAL SURGEON.

A GENEROUS TRIBUTE.

SIR,—I send enclosed an extract from a child's book recently published by J. F. Shaw and Co., Paternoster Row, as it contains a deserved tribute to our profession, which I think is rarely now to be found, for insertion in the JOURNAL, if you consider it acceptable.—Yours faithfully,
M.D.

Extract from "Froggy's Little Brother," by Brenda, page 162.—"I am anxious here to pay a tribute to doctors, for it seems to me that, as a class, they shine out more brilliantly than any other men. Their patience, their kindness, their zeal, their devotion, their courage, who has not proved it for themselves at some time or

other in their lives, or else heard of it from others? How the poor invariably speak of them, and who better than they can testify to their real worth? I often think what a bright array of doctors there will be in that day, when all the great things done in the dark shall be known in the light, and the army of the world's true heroes shall appear before the great white throne in heaven. How many a poor obscure country doctor, whose homely gig and hop-and-go-one horse have been the laugh and joke of the squire and his friends, when they have met him going his weary round on a sunny September morning, while they have been striding over the stubble with dog and gun, will be found in that day the better man of them all, amongst the little band 'who are unknown here, but well known there' for deeds of gallantry and true heroism which this world passes by, but which will gain the highest honours and the brightest crown in the Paradise of God."

AN ADVERTISEMENT.

The following is a cutting from the *Banffshire Journal and Aberdeen Mail*, (Tuesday, October 5th, 1880, forwarded to us for comment; it speaks, however, for (or rather against) itself.

"Dr. Manson is happy to say that he has secured as partner Dr. Fergusson of Fraserburgh. For the last four years he has been assistant and partner to Dr. Grisebuth, and during that time he has proved himself to be a gentleman possessed of the highest qualifications for the practice of his profession. Dr. Fergusson is a graduate of the Aberdeen University, taking the degrees of M.B. and C.M. with 'highest academical honours', and his testimonials from professors and teachers are also of the highest order.—Banff, September 13th, 1880."

BROMO-IDROSIS.

SIR,—I have had many cases of this unpleasant affection under my care, some of them notably bad ones. I never failed in making a perfect and speedy cure by the following treatment. I insist on ablation of the feet with soap and water night and morning (using terebene soap by preference). After carefully drying with a soft cloth, I make the patient sponge them over with the following lotion: *R* Acetatis plumbi $\frac{ij}{j}$; aceti destillati $\frac{ij}{j}$; spiritus vini methylati $\frac{ij}{j}$; aquam ad $\frac{xxvj}{j}$. Fiat lotio. This, with clean stockings daily, some tonic treatment in addition, I have always found to complete the cure. I attribute the benefit of Hebra's treatment to the lead in the soap plaister.—Yours, etc., J. W. MARTIN.

Woodview, Portlao, Ireland, October 23rd, 1880.

THE ADMINISTRATION OF BICHLORIDE OF METHYLENE.

SIR,—In reply to "Anæsthesia," in the *Journal* of October 2nd, I beg to say that I have been in the habit frequently, for the past ten years, of administering methylene, both in hospital and in private practice, to patients of all ages. I much prefer it to chloroform (in fact, I hardly ever give the latter), chiefly because I consider it safer. If properly administered, a smaller quantity is required, the patient recovers more quickly from its effects, and sickness afterwards is an exception.

The inhaler generally used is made of stoutish leather, perforated with small holes at one end; and all that is necessary is to have a flannel bag made to fit loosely inside it, but longer than the leather part, so that the open part of the bag can be turned over the inhaler to keep the flannel from slipping out. I believe all instrument-makers supply it at a very moderate cost, or it could be made locally from a pattern. It should be large enough to well cover the mouth and nose; of course, a smaller one is required for children.

For an adult, a drachm of methylene is poured into the inhaler, and placed over the nose and mouth, held tightly there, and if possible not removed till the drachm has been inhaled; this can be ascertained by putting one's nose to the perforated holes; then from ten to twenty minims should be again put into the inhaler, and so on, till the patient is under its influence, when the inhaler should be removed altogether; but, as consciousness returns, from ten to twenty minims more should again be given—this is quite sufficient—till the operation is completed. I believe the essential point in giving methylene to lie in keeping the inhaler on, in the first instance, till the drachm is exhausted, and continuing it in small doses. Patients can be kept under its influence a considerable time with a small quantity. I recently kept one under sixty-five minutes with a little more than four drachms, for the removal of a large fibroid of the uterus; and no sickness followed the operation. With regard to sickness, I find that out of seventy-seven cases, of which I have lately kept a record, it occurred only in six instances, and of these, four were only slightly sick some hours afterwards.

The bichloride of methylene is manufactured by J. Robbins and Co., 372, Oxford Street.

If necessary, I shall be happy to give "Anæsthesia" any further information I can, either through the *JOURNAL* or by private letter.—I am, sir, yours obediently, H. CULLIFORD-HOPKINS, Pathological Registrar and Curator, Royal United Hospital, Bath.

THE GENERAL PRACTITIONER.

SIR,—I trust I may be favoured with a corner in your *JOURNAL*, to express an opinion on a letter in the number for October 16th, signed by "Esprit de Corps," in which he evidently gratifies himself, if he does not instruct or edify his brethren. The opinion is, that a gentleman, although imagining himself blessed with the feeling of "Esprit de Corps," should endeavour to possess himself of a little more charity, kindly feeling, knowledge about what he treats of, a little better arrangement of his ideas, even although it should involve "the agonies of composition, labouring to evolve from the depths or shallows of his consciousness ideas which may be true if not new," and, above all, a little more common sense.

Firstly, if it be "a misfortune of the family physician that he never seems able to get beyond the discussion of some elementary fact in midwifery," or if he will air himself on the "stale" subjects of *post partum* hæmorrhage, or the "yet staler subject of placenta prævia," it is a misfortune not wholly to be deplored. The "stale" subjects are, to all thoughtful practitioners, of constant importance; and if our friend "Esprit de Corps" has satisfied himself as to all the points of etiology, pathology, and treatment which is best adapted, he is in advance of the best authorities on obstetrics. As to the further sneer about "the higher flights, such as the treatment of pneumonia or the differential diagnosis of measles," which result in "a sense of cerebral exhaustion and effectually deter him from further exertions," "the general practitioner" of the writer's circle of acquaintance must surely be not only "third and fourth-rate practitioners," but at the very bottom of the intelligent body of men who constitute the class of general practitioners; or the writer must suffer from nonsense the result of cerebral barrenness of culture; and, in all kindness, we trust this "may effectually deter him" from further such exertions.

Secondly, the littleness of the paragraph on "the weary, flat, stale, and unprofitable" proceedings of the Branch meetings and the puerilities about Smith and Brown, might deserve criticism, were it not that "Esprit de Corps" would possibly retort that the allusions were witty, and that we had failed to perceive it. If they are meant for such, in all humility, we confess we do. Why, in the name of all that

is merciful, subject "Esprit de Corps" to such a strain on his ordinary "esprit" and politeness? if he be cursed with "sad forebodings of melancholy" and feels that his "polite attention" is unequal to listening to "the threadbare platitudes." Subject him not; let him have, "no time," like Smith, or "have his wife send an urgent message for him," like Brown; or, better still, let him sever his connection with the Branch, and altogether abstain from connecting himself and his organising genius with so unworthy and miserable a class of men. We are convinced he will not be greatly missed, if his tongue is not more sensible and polite than his pen. If our friend had better informed himself as to the general practitioner, we do not think he would have written as he has done. In the past and present, the greatest names in medicine have come forth from the ranks of the general practitioner; and if "Esprit de Corps" has never served in these ranks, we question as to his value in the "non-commissioned grade" of the consultants.

Thirdly, the dispensing of medicine, the red lamps, and the painting like "the nearest gin-palace," the "advice gratis," "medicine sixpence," the provident dispensaries, and the fees, are all, without doubt, worthy of thought. But where is the novelty, if we have the truth in the observations made? Has it never occurred to "Esprit de Corps" that there are grades in all trades and professions? that, while we have crossing-sweepers in Regent Street and Pall Mall, they also exist in Whitechapel and Shoreditch? We do not defend the dispensing of medicine; personally, we have never dispensed; but that it is an absolute necessity in some particular localities, both in the "metropolis" and "the country, you know," is a patent fact. There is a distinct tendency towards wholly prescribing practice in the coming, and majority of the present, general practitioners. "The red lamps," of which we are not the proud possessors, are at least in London, in many insufficiently lighted streets, of very great value; we can testify from our own knowledge that they are appreciated by many an anxious hurrying patient. That the lamps might as well be white, or green, or blue, we do not deny; but if the public know the significance of the red lamp, why is it so reprehensible? As a matter of economy of gas, the "red lamp" will show better than the "white lamp." And we would ask, Are there no other trade-marks equally objectionable among so-called high-class practitioners? Do we not see equipages, peculiarities of dress and manner, of tone of voice, of behaviour, equally to be designated as "advertising trade-marks"? The painting of a medical practitioner's house in imitation of "the nearest gin-palace" we have never seen, nor can we credit it; but this (if so), the "advice gratis," and "medicine sixpence"—the former of which we have seen, and something like the latter—we are at one with "Esprit de Corps" in condemning most emphatically. Yet, will the "gratis advisers" or "the sixpenny medicinists" care two straws for us? Can we make a silk purse from a sow's ear? Are there not cads and quacks in all callings? Do such read papers at Branch meetings of the Association? If they do, we have never known of it; and when they do, they are on the high road to getting a fee for the advice and a shilling or half-crown for their medicine. The provident dispensaries are, for the most part, like the "advice gratis," in the hands of the dregs of the profession. But, in some cases, we have known of districts in which a well arranged and united scheme on the basis of a provident dispensary, enabled the poor residents to pay their doctors, and the doctors to live on something beyond "the dignity of their order." Fees must be regulated by the class of patient and practitioner; it would be well if every district in town and country could have a recognised tariff. It is the unfortunately despicable conduct of some trying to undersell others, the discords among practitioners, and the overstocking of the profession, which renders it no easy task to effect a better return for our services.

Our friend is indeed "a Daniel come to judgment"; but if a little more judgment would come to him, he would see the absurdity of writing as he has done. Till the millenium of medicine, we will not have all we could wish for; but it is not by taking a jaundiced view of our brethren that we can ameliorate their fallen state. We trust that "Esprit de Corps" will work along with us; nay, we will be glad to follow him, at a respectful distance, if required; but we would venture, in parting with him, to suggest that the "esprit" might with advantages be refiltered or redistilled, and the "corps" a little better drilled before he again appears as censor of the general practitioner. If not so, we would humbly advise an alteration in his *nom de plume*, that he might take it from his place of abode, and sign himself, for the future, "Muddled One Maximus."—Yours faithfully, A. G. P.

P.S.—The plural has been used, as the views expressed are those of most sensible men in the profession, hence the presumption to employ the editorial "we."

THE MEDICAL PROFESSION AND INTemperance IN ALCOHOL.

SIR,—Your correspondent, Mr. Baker, has seen fit to write in a style which, I trust, will find no imitators. He charges Miss Helena Richardson, formerly (if not now) a member of the Bristol School Board, and a lady respected by all who know her, with making "gratuitous and unqualified accusations," which are "a gross libel on medical men," "utterly unfounded on facts," "transparent falsehoods"; and with writing something "whose only characteristics are its virulence and mendacity." On the other hand, he challenges "this traducer of an honourable profession to name the individuals upon whose authority she makes this astounding charge."

Now, sir, if Miss Richardson is asked to substantiate her statements (and all who know her will be confident that she has not written anything she cannot substantiate), it appears somewhat premature, to say the least of it, to make such serious charges of mendacity, even if no manly or gentlemanly feeling acted as a restraint.

The appeal to which he refers, and of which I, also, have received a copy, puts the matter in a very strong way, often the only way of reaching some people; but anyone with a very little common sense will be able to see that the writer refers to certain cases which have occurred. Whatever Mr. Baker's negative experience may be, such experience will be worthless compared with that of others which is quite the opposite. It reminds one of the man who declared he was innocent of a murder, although half a dozen witnesses said they had seen him do it, because, he said, he could bring five hundred witnesses who had not seen him do it.

I attended a lady who was brought two or three times to death's door, and finally died, through constant use of champagne and brandy to "support" her; there was complete want of appetite, which was, of course, destroyed by the alcoholic drinks, yet nothing would persuade her to give them up; she "felt they did her good," while they were killing her. The origin of this was the recommendation of my predecessor that she should take a little brandy whenever she felt "sinking sensations"; and this was continually being cast in my teeth when I remonstrated and argued with her. Another lady is at the present time suffering from alcoholic paraplegia; one medical man was dismissed because he would not countenance the use of spirits in such a case; another medical man, then called in, and said of the brandy, "Oh! let her have it," knowing all the circumstances of the case. Mr. Baker, no doubt, would have refused it, and lost his patient like any honourable man; but there are some who do not act thus, and who do, either thoughtlessly or wilfully, recommend patients to fly to, or rely on, alcoholic liquors;

and there are no persons more liable to fall into intemperance than those who resort to alcohol for the relief of sinking sensations, low spirits, and other morbid feelings. All narcotics, chloral, opium, chlorodyne, alcohol, etc., have their victims through the feeling of necessity for them which their use creates in proportion to its extent; and the danger is so great, the habit so insidious, and the consequences so awful, that the profession ought to retain all such drugs in their own hands, and give them, if necessary, without the knowledge of the patients, so that they may not be able to administer to themselves more than is proper. Prescriptions of such drugs ought to be valid only for a definite time, after which it should be penal to dispense them without their being countersigned by a medical man. In this way, all, or nearly all, abuse would be prevented.—I am, sir, yours truly,
Enfield, October 1880. J. JAMES RIDGE, M.D.

EFFECTS OF CHLORAL AND MORPHIA.

SIR,—I shall feel obliged if you, or any of your readers, can tell me where to find the best account of chloral and morphia, and their effects. I suffer fearfully from insomnia, and should be glad to know of any means to procure sleep without the aid of narcotics; but, suffering from a painful spinal complaint, any violent measures would be out of the question. I think the frequency of insomnia would form a very good subject for discussion.—Yours faithfully,
INSOMNIA.

SUSPENSORY BANDAGES FOR CIRSOCELE.

SIR,—My attention has recently been directed to the subject of "suspensory bandages" for cirsocele by the receipt of a catalogue of surgical "specialties" by a London maker, in which an apparatus for this purpose is figured and recommended. Having worn a suspensory bandage constantly for upwards of forty years, I may be supposed to possess some experience in the matter, and this I will now detail for the benefit of those who may be required to wear a similar appliance.

In the days of my youth, when a pupil of the late Mr. Syme of Edinburgh, I recollect his saying in his class, when touching upon the subject of cirsocele, that he would recommend any young man present, who might be affected with this complaint, to get a suspensory bandage at once, and wear it constantly. This arrow "shot at a venture" stuck in me, for I was then suffering from enlarged scrotal veins, and I made haste to follow my preceptor's advice, and by so doing have, through a pretty long life, hitherto escaped anything worse than an occasional inconvenience from the malady. I have always worn the simplest form of appliance—a net bag of rather fine cotton twist, crocheted, not woven, pretty open in the mesh, so as to admit of free transpiration. The bag is hollowed out above in front, to afford free passage to the penis, and is suspended by a band of tape, which passes across and is fixed to the upper edge of the bag, is then carried round the waist on each side, crossed behind, and brought back again and tied in front. The bag is steadied in its position and prevented from shifting to one side or the other by the aperture through which the penis passes, this member being encircled beneath and at the sides by the hollowed out edge of the bag, and bounded above by the suspending tape. If the aperture be made of proper dimensions, there is no risk of the testicle protruding through, as sometimes happens when the opening is unduly large. A bandage thus made and applied can be put on and off with great facility, is pleasant and convenient to wear, and when required, it can be washed and ironed, and made as good as ever. I much prefer this simple arrangement to those complicated contrivances, with perineal bands, India-rubber rings, *et hoc genus omne* of uncomfortable contrivances. In the matter of expense, also, the simple bandage has greatly the advantage. As to the inconveniences portentously attributed, in the instrument maker's circular, to the simple bag and tape, I can only say that I have never experienced them when the apparatus was properly made and fitted.—I am, sir, yours, etc.,
M.D. EDIN.

AN EXTENSIVE CARBUNCLE.

SIR,—In your clinical memoranda of this date, Mr. W. H. Walter records a case of extensive carbuncle, and asks whether any of your readers have seen similar cases. In 1860, I was called to a Chinaman, in good position, living in Batavia, who had a large carbuncle over the right shoulder, extending from the acromial process to the bend of the elbow; it had involved the whole circumference of the arm, and bid fair to terminate the life of its owner. Old tarred rope was teased out fine and wrapped round the large sloughing surface, which was daily dressed, and large quantities of slough pulled and cut out; indeed, it seemed as though all the intercellular tissues of the muscles of the arm were removed, each muscle being most beautifully and distinctly dissected out and cleaned. Eventually, the man battled through the disease, living entirely on rice and dried fish, nothing inducing him to take more strengthening diet; the wound healed up, but how was a puzzle, as every particle of skin had sloughed off, and a fairly useful, though mutilated, member was the outcome of all his sufferings. The day of epidermic grafting had not then dawned; otherwise, doubtless, the cure would have been even more satisfactory.—I am, etc.,
RICHARD NEALE, M.D. LOND.

60, Boundary Road, South Hampstead, N.W., October 23rd, 1880.

P.S.—A case of triple ovariectomy, at page 673, is noted as unique. Dr. Winkler, at Dresden, in 1877, also removed three ovarian tumours from the same patient (*vide Lancet*, February 1879, p. 241).

THE TREATMENT OF NÆVI.

SIR,—Having lately read many letters in your valuable JOURNAL on the treatment of nævi, as my experience has been somewhat extensive in this direction, I beg to offer some remarks. One gentleman eulogises vaccination, another injections of lead, etc. Vaccination is all very well when the nævus is small; but no one, I should say, would expect any good from it when the nævus is larger than a shilling, or between that and the palm of a man's hand. I have had several cases brought to me where the nævus has only been as large as my thumb-nail, and vaccination has been tried twice or thrice, and failed. I have also seen cases where the lead injections have failed. I think I have given all the various methods a fair trial, viz., lead, iron, and tannin injections; threads steeped in liquor ferri perchloridi passed through the nævus, and left in two or three days. I have ligatured them in various ways, cut them off with harelip-pins and ligature; have burnt them with strong nitric acid, acid nitrate of mercury, and ethylate of sodium (this last is certainly the best of these three applications). With all these different ways and means, I have had, I suppose, about the average results, and in one way and another caused the children a good deal of suffering, and myself much anxiety: especially on one occasion, when a child, ten months old, was brought to me with a small nævus on the front and right side of the head. I injected five drops of tincture of perchloride of iron (not *fortior*), with two drops of distilled water. Having injected the nævus, I turned away to wash the instrument, when, in about one minute, the mother gave a scream. I turned to see what was the matter. The mother had fainted; and the child's face was of a peculiar pea-green colour, with black stripes—the veins. I at once saw what I had done; the tip of the syringe had entered a small vein. How could that have been prevented? After four hours of hard work and the greatest

care, I saved the child's life. Since then, I have never used injections for the cure of nævi.

But this catastrophe led me to seek some other method of treatment, and I shortly began to use electrolysis. Since then (seven years ago), I have treated a large number of cases, both at St. Mary's Hospital and in private practice, with constant success. It makes no difference where they are; the needles will reach them. I have done them on the ear, nose, eyelids, lips, neck, body, arms, legs, fingers, toes, and the vulva. This latter was a case where the labia majora and minora on one side were implicated, extending some distance upwards and inwards; it recovered. The size of the nævi treated by this method has varied from a split-pea to the size of the palm of my hand. I have never seen a case fail. A fainter cicatrix is left by this than by any other method. I have never had any anxiety or trouble; the pain ceases within a few minutes of the removal of the needles. This, then, I hold, is the treatment above all others for nævi; for it matters not what may be their kind, shape, size, or locality—it cures them all. And having now treated a very large number, and given nearly everything I ever heard of a fair trial, I have every confidence in advising electrolysis to those of the profession who have not used it.—I am, sir, your obedient servant,
Burwood Place, W., October 18th, 1880. SYDENHAM J. KNOTT.

VACCINATION FOR ECZEMA.

SIR,—If Dr. Drury will consult the BRITISH MEDICAL JOURNAL of January 27th, 1872, or Dr. McCall Anderson's excellent treatise *On Eczema*, third edition, published in 1874, he will find vaccination referred to as a cure for chronic eczema.—Yours truly,
JAMES ADAMS, M.D.

MR. TREVOR FOWLER.—In the remarks referred to, there was no intention of imputing blame either to the sanitary authority or its officers; but we believe the facts are as stated. To Mr. Fowler's own personal action, no exception was, or could be, taken. We willingly recognise the energy displayed by the authority when the gravity of the situation was recognised; but it must, at the same time, be observed that the outbreak had attained wide-spread dimensions before an attempt was made by the authority to secure the isolation of any of the sufferers.

THE NEWCASTLE-ON-TYNE THROAT AND EAR HOSPITAL.

WE have a communication from Mr. Torrance on the subject of the late Throat and Ear Hospital, Newcastle-on-Tyne, in which that gentleman produces satisfactory evidence that he and Dr. Wicks publicly retired from the Throat and Ear Hospital then in existence, in consequence of their finding it undesirable that they should be any longer associated in any way with Dr. Ellis. Dr. Wicks and Mr. Torrance publicly advertised, on February 4th, 1880, the necessity which they felt of severing their connection with the institution, inasmuch as Dr. Ellis declined to retire from it.

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

Mr. J. Broadbent, Manchester; Mr. T. Holmes, London; Mr. G. Eastes, London; Dr. C. Y. Biss, Sydenham; Dr. E. Mackey, Brighton; Our Edinburgh Correspondent; Dr. Patterson Cassells, Glasgow; Dr. Stirling, Aberdeen; Dr. J. Mackenzie Booth, Aberdeen; M.R.C.P.; Dr. Nelson, Birmingham; Dr. Godson, London; Mr. R. Kershaw, London; Mr. H. E. Wright, Bootle; M.D. Brussels; Mr. R. Torrance, Newcastle-on-Tyne; Mr. W. R. Stewart, London; Dr. James Forrest, Stirling; Mr. F. Coley, Newcastle-on-Tyne; Mr. J. R. Jenkins, Ruthin; Dr. J. Adderley, Cork; Dr. A. Hughes Bennett, London; Mr. G. Tweddell, Houghton-le-Spring; Dr. A. Ogston, Aberdeen; Mr. A. de Watteville, London; Mr. J. Martin, Portlaw; Dr. A. H. Carter, Birmingham; Mr. F. A. Maciver, Edinburgh; Our Dublin Correspondent; Professor Donders, Utrecht; Dr. Thin, London; Dr. Kelly, Taunton; Mr. C. Davidson, London; Dr. W. F. Fernie, Malvern; Dr. Peter Eade, Norwich; Mr. Sydney Henson, Manchester; Dr. T. F. Chavasse, Birmingham; Sir Edwin Lechmere, London; Dr. L. Lewis, London; The Registrar of the King and Queen's College of Physicians, Dublin; Mr. Donovan, Whitwick; Mr. Robinson, London; Mr. H. Sinclair, Edinburgh; Dr. Moinet, Edinburgh; Dr. Haughton, Norwood; Dr. Bernard, Liverpool; Mr. T. M. Stone, London; Our Glasgow Correspondent; Dr. Eustace Smith, London; Surgeon-Major Fitzgerald, Mirzapur; Mr. Gamgee, Birmingham; Dr. Galabin, London; etc.

BOOKS, ETC., RECEIVED.

Hints on the Application of the Poro-Plastic Jacket in Spinal Curvature. By Paul Swain, F.R.C.S. Plymouth: W. Brendon and Son.

St. George's Hospital Reports. Edited by T. T. Whipham, M.B., F.R.C.P., and Thomas Pickering Pick, F.R.C.S.; vol. x; 1879. London: J. and A. Churchill. 1880.

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