

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.

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.

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.

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, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

B. A. G. wishes to hear of a baker in Paris from whom a patient suffering from diabetes could obtain gluten bread while resident there.

A. M. desires to hear of a suitable home or institution for a young girl, aged 16 years, who is subject to epilepsy, followed by fits of temper. Her parents are middle-class people who could afford to pay from 14s. to 21 weekly.

R. M. H. writes: Will you kindly inform me if it is necessary to abstain from seeing patients for a fortnight, after the symptoms of mumps have disappeared, and also if there is any danger of conveying the contagion by letter.

A MEMBER would be very glad of suggestions for the relief of pain and spasm (tonic and clonic) in the arm and leg, in a case of amyotrophic lateral sclerosis of about two and a-half years' standing. Morphine is the only thing that has done any good, but that is losing its effect.

RHEUM asks what locality or localities in England will probably be best suited as residence for a patient suffering from rheumatism, of a muscular and fibrous nature, who is much worse in damp foggy weather. What is the best small work published which might be consulted on this subject?

MEMBER writes: It is desired to place a mental patient (very troublesome, if allowed to be so), in an institution in the Midlands, the charge not to exceed £45 per annum. Can any member tell me if there is a suitable asylum? or would it be better for him to go as a paying patient to the county asylum? He is at present in an institution, but his relatives will not continue the payment, as his case is quite hopeless.

DISINFECTION WITH PERCHLORIDE OF MERCURY.

R. J. C. asks where he can procure perchloride of mercury made in blocks for coarse disinfection of drains, etc., in typhoid fever? He desires, also, to be referred to medical works where they are recommended.

PUBLIC BATHS.

DR. MULVILLE THOMSON (Bradford-on-Avon, Wilts) writes: Will any gentleman who has any experience of public baths for a small town kindly let me have any information he possesses on the subject as regards architecture, fittings, etc.

TREATMENT OF RHINITIS.

D. H. B. writes: Probably some of your readers can suggest treatment for a case of rhinitis in which a circular cast is thrown off by the nasal mucous membrane every three or four weeks. Sometimes there is profuse epistaxis after the membrane comes away, and then the patient feels better for eight or ten days. Alkalies and astringents have been tried locally with no result. At present he is using a 1 in 1,000 of perchloride of mercury douche and taking iodide of potassium internally with so far no benefit.

EXAMINATION FOR MEDICAL SERVICE, R.N.

MEDICO asks (1) if there are any textbooks which would be specially useful in reading for a surgery in the Royal Navy? (2) Is the competition severe? (3) Is there any method of preparing for the examination by correspondence?

- *.* 1. No special textbooks are required, and none are recommended.
2. The number of candidates is usually far in excess of the number of vacancies. We are informed that there may be as many as four candidates for each commission.
3. We know of no such method, nor is it likely to be of much value, as the examination is largely by *viva voce* questions, and in practical and clinical work

ANSWERS.

CONSTANS FIDEL.—We have a much larger number of letters on the subject referred to than we can publish, but they are receiving attention.

W. P., M.B., in answer to "R.N., Medical," BRITISH MEDICAL JOURNAL, p. 1399, begs to recommend Adcote, Pilch Lane, Knotty Ash, Liverpool; Matron, Miss Foster.

A. B. B.—Our correspondent might in the first place communicate the circumstances of the case in which he is interested to Mr. Edward East, F.R.C.S., Honorary Secretary for Cases, British Medical Benevolent Fund, whose address is 16, Upper Berkeley Street, London, W.

E. A. L.—American degrees in medicine or dentistry are not recognised as qualifications to practise in the United Kingdom. Further particulars will be found in the Educational Number of the BRITISH MEDICAL JOURNAL, published on September 7th, 1895.

M. C. P.—The many disadvantages attending temporary hospitals for the isolation and treatment of infectious diseases have frequently been pointed out in the BRITISH MEDICAL JOURNAL. It is the duty of sanitary authorities to make adequate permanent provision, and this being so it seems desirable that all efforts should be directed to attaining this.

H. S.—This Association is one of those specially condemned in the resolution against medical aid societies passed by the Ethical Section of the British Medical Association at the annual meeting in London this year. We believe the Oxford Branch of the Association likewise has recently passed a resolution condemnatory of the same, so that we should advise our correspondent to reconsider the course he has adopted.

GAMMA.—A large number of papers on the Thyroid Treatment of Myxœdema has been published in the BRITISH MEDICAL JOURNAL during the last three or four years. Dr. G. R. Murray's first paper was published in the JOURNAL of 1891, vol. ii, p. 796; Dr. H. W. G. Mackenzie's paper on Myxœdema treated by Feeding with Fresh Thyroid Gland was published in the JOURNAL, vol. ii, 1892, p. 940. A discussion at the Edinburgh Medico-Chirurgical Society was reported in the JOURNAL of vol. i, 1893, and numerous references to the subject will be found in that volume as well as in the second volume of that year.

F. R. C. S. EDIN.—We do not know of any work on railway ambulance and transport. It is possible that some of the St. John Ambulance Lectures deal with the subject. On railway injuries there have been several works, namely, Erichsen's *Concussion of the Spine*, Thorburn's *Surgery of the Spinal Cord*, Page's *Injuries of the Spine and Railway Injuries*, 1891; Oppenheim's *Die traumatischen Neurosen*, Hirschwald, 1889; Vibert's *Etude Médico-légale sur les Blessures produites par les Accidents de Chemin de Fer*, of which a new edition was published not long ago.

EOSIN TEST IN PERNICIOUS ANÆMIA.

DR. CAREY COOMBS (Castle Carey) sends the following method, from von Jaksch's *Clinical Diagnosis*, Chap. I, for the information of "A. M.": You must prepare cover glasses of blood (as of sputum when examined for bacilli), drying them for ten to twelve hours in a chamber at 120° C. Then drop eosin-glycerine on the glasses; allow it to stand, wash in water, dry and mount in balsam or oil of cloves.

STAMMERING.

L. M.—The scientific treatment of stammering is fully discussed by Dr. John Wyllie in his recent work on *Disorders of Speech* (Oliver and Boyd). The method to which our correspondent refers is a secret one, and we have no knowledge of its results.

PUERPERAL INFECTION.

TIMIDUS.—No mere lapse of time will destroy the possibility of carrying puerperal infection; antiseptics alone will do this. If "Timidus" has thoroughly destroyed all microbes adhering to his person, his clothing, and his instruments, he need not discontinue practice for a day.

LACHNANTHES.

In reply to several correspondents, we may state that the herb lachnanthes (*Lachnanthes tinctoria*, nat. ord. *Hæmodoraceæ*, the blood root) is the red root or spirit weed, growing in sandy swamps on the eastern coasts of the United States. The root is red and fibrous. According to Martindale and Westcott's *Extra Pharmacopœia*, a tincture, 1 of the dried herb in 10 of proof spirit, is prepared. The tincture given in doses of 1 to 10 minims is said to check the cough in phthisis and to be useful in arresting the destruction of lung tissue. Nothing appears to be known of the drug chemically, but the root has been used for dyeing in America.

J. W. T. states that he has seen improvement follow the use of the drug together with cod-liver oil and hypophosphites in one case.

DR. HENRY C. BUCK (Upper Clapton) states that for several years he has used this drug in phthisis as well as for asthma, both internally and as an inhalation. He prefers to the tincture an extract prepared in combination with the hypophosphite of manganese. He has used the remedy empirically, but firmly believes the treatment is effectual, in many cases in preventing extension of the tuberculous deposit, particularly in the early stages of phthisis.

PNEUMATIC TYRES FOR CARRIAGES.

EXPERIENCE writes: In the BRITISH MEDICAL JOURNAL of November 16th and November 23rd are inquiries from "Medicus" and "H.E.T." (Bradford) respectively, regarding pneumatic tyres for carriages. I have had over twelve months practical experience of them, and can answer some of their questions:

The outer casing is cut by new macadam, especially in wet weather,

but the cuts can easily be cleaned and sealed when the rubber is quite dry by the solution supplied with repairing set. The time when the casing is most damaged is when the tracks are formed on newly-laid macadam, and loose stones are about. This cuts the side of the tyre chiefly, and by letting in wet to inner canvas lining causes it to deteriorate and weaken. Mine gave way after six months of constant and hard work during this last winter. The Dunlop Company replaced them free of expense by new ones, with latest improvements.

The tyres decrease draught of carriage 33 per cent. to 50 per cent., under any and all circumstances; they reduce wear and tear of carriage and fittings to a minimum; they lessen wear and tear of horses; and last, but by no means least, they lessen to a wonderful degree one's personal wear and tear by taking off jolting and noise. For close or hooded carriages (mine is a hooded buggy) they take away all the worrying burr and sound of the hood when up, so that conversation can be carried on in the lowest possible voice.

I have never found mine to skid on any kind of roads. The tighter the tyres are kept inflated the better they run. I have only had slight experience of solid tyres, but am certain that they cannot compare in any particular with pneumatic. Riding with pneumatic tyres is the acme of comfort, but as all luxuries are of necessity expensive, the expense is fully compensated by the advantages and delightful comfort of this wonderful invention. For town work and country travelling with good roads they are insurpassable.

For all kinds of snow work they are superior to anything else, as they never bind whatever condition the snow may be in. I have driven over good roads, bad roads, frozen roads, stony roads, field roads, snowy roads, drifts and otherwise, and the tyres have stood the test. But no rubber ever made but will wear and cut with hard work. My new pair have been on the road from May last to the end of October, and are as sound as when put on.

I shall be pleased to answer any more questions to the best of my experience, either privately or through the medium of the JOURNAL.

INSTITUTIONS FOR IDIOTS.

S. H. H.—There are several institutions which admit idiots, but some of them receive children only. There are the Earlswood Asylum for Idiots, Redhill Surrey, which admits patients from all England; the Royal Albert Asylum for Idiots and Imbeciles, Lancaster, which admits patients belonging to the northern counties; Darenth Schools for Imbeciles, Dartford, Kent, for the children of parents who live in London; the Eastern Counties Asylum for Idiots, Essex Hall, Colchester; the Western Counties Asylum for Idiots, Star Cross, near Exeter; and the Midland Counties Asylum, Knowle. The Northampton County Asylum has a block for idiots. Failing these, the idiot might be admitted into the workhouse. In that case application should be made to the relieving officer of the parish in which the patient resides.

NOTES, LETTERS, Etc.

MEDICAL CRUSADES.

A CONTEMPORARY (the *Kensington News* of November 2nd) says: "Three crusades are at present going on in the medical profession: one against semi-qualified midwives; another against advertising doctors and quack medicines; and a third against improperly conducted clubs, where medical officers are employed to do the work at rates incompatible with its being properly performed, and the members of the club pocket the dividend which the officers have earned."

It is satisfactory to know this is the case, and the profession is to be wished "God speed" in its endeavour to put down such prominent abuses as are here indicated, at the same time the task will not be found too easy.

As to the "semi-qualified midwives," this is doubtless an allusion to the opposition that was manifested against the recent Midwives Registration Bill, which sought to place midwives almost on a level with medical practitioners in one branch of their profession, and which was specially hard on qualified medical women, who naturally look to the obstetric branch of the profession as the one on which they must chiefly rely for a living, and for which, indeed, they may claim to be more fitted than their brother practitioners. That any form of curriculum now in vogue to train midwives can be compared with the obstetrical training required of a candidate for a medical diploma few will contend, and until it can be shown that the training of the two is much more on a level, it would be highly dangerous both to the profession and to the public to countenance any legislation which would have the effect of obscuring the difference between a midwife and a legally qualified obstetrical practitioner, as the former ought to be, under the present system of education, never more than an obstetrical nurse in the eyes of the law.

As to "advertising doctors," this is an incubus under which the profession has laboured at all times: it is likewise a parasitic growth, extremely difficult to destroy, as it is intimately blended with much of the vitality of the profession. For advertising in some of its worst forms is by no means absent from a portion of the upper class of the profession, and vain is it to expect reform in the rank and file if the leaders go astray.

As to "quack medicines" the present time would seem to be their millennium; they meet us on every side, and it is a blot on the intelligence of the age to glance over the advertisement sheets of any newspaper. Where is the man so simple as to try quack remedies at law for the preservation of his property, and where the man so wise who has not at some time or other experimented with quack remedies on his body to preserve his health?

With regard to "improperly conducted clubs," it is to be feared there are few at the present time that merit any other appellation from a medical point of view, the amount paid by the best of them to their medical officer being a pittance hardly worthy of acceptance by a member of an honourable profession. Many practitioners, who would shrink from taking a penny or twopenny fee for a consultation, put pride in their pocket when such fees come to them in the shape of a quarterly payment of a few pounds.

Our contemporary further remarks: "How cheaply, independently of any abuse of paying dividends to members the work of provident medical clubs is done." It then instances the Golborne Road Branch of the Metropolitan Provident Medical Association, where in one year 1,581 visits and 5,346 consultations at the dispensary were undertaken by the medical staff for the modest remuneration of £150 per annum, or £2 18s. 8d. per week, which it states is four visits and seventeen consultations daily throughout the year. We fail, however, to follow when it says: "Taking the two classes of patients together" (that is, those at home and those at the dispensary) "the amount came to 2s. per inspection." We should have thought it came to something less than 6d.

The profession is hardly to be congratulated on the labours of the Metropolitan Provident Medical Association if it can get no better payment for its medical officers than this, though, doubtless, the answer would be that it is due to the competition with so many clubs and benefit societies in which the medical fees are even lower.

FILTERED AERATED WATERS.

MESSRS. M. B. FOSTER AND SONS forward us a statement showing the precautions which they take to prevent pollution of their artificial aerated waters. They write: "We prepare, as hitherto, the first three waters (potash, soda, plain aerated) with recently boiled and cooled main water subjected to a special process for the removal of earthy and the destruction of organic matters. In the case of lithia water, distilled is substituted for prepared main water. Boiling has always been strongly recommended by leading bacteriologists as a highly effective method for destroying most of those injurious germs with which common water is frequently polluted. As, however, micro-organisms of several descriptions are liable to be conveyed by air, and since it is extremely difficult to effectually guard on a manufacturing scale, against aerial germs coming in contact with water, however carefully it may be stored and protected by the usual methods, we have deemed it well to add to our plant a Berkefeld filter and a Pasteur-Chamberland filter. Both kinds of filter have long been known to bacteriologists, and favourably regarded by them; but of the two, the Pasteur-Chamberland has been indisputably proved by laborious and exhaustive experiments to be the only filter that can be employed commercially for the absolute and constant removal of disease organisms from water and other fluids. The water, boiled, purified, and cooled as already described, or distilled, or any saline solution prepared therefrom—is passed through the Berkefeld, and then through the Pasteur-Chamberland filter into an adjoining small reservoir, so constructed that absolutely no air can find its way into the interior of the same without having slowly traversed a column of sterilised cotton-wool. This reservoir is within a few feet of the soda water pumps and the aerating cylinder, and no water can reach either unless it has passed first through the filters and the reservoir. To maintain efficient filtration the filters with their pipes, and also the reservoir, etc., are carefully cleaned and steamed every few days. After this the water is forced through at a given pressure and the rate of filtration from the Pasteur-Chamberland filter noted. We thus make sure that no fracture or other injury has occurred to any part of the apparatus. An abnormally high rate of filtration would be viewed with suspicion and would necessitate investigation. Siphons are chosen in preference to ordinary bottles for filling with these highly purified waters, since the latter vessels, in spite of every care in washing, may contract organic impurities from the dust always present in a lousy factory, as well as from corks and other sources. Siphons are hermetically sealed up to the valve, and are, after their first filling for cleansing purposes, whether empty or full, devoid of atmospheric air and dust. It is recommended that before taking a siphon into use a small quantity of the contents should be run to waste so as to cleanse the interior of the spout. The salts used are chemically pure, and the quantities contained in each siphon of 28.5 oz. are: Soda water, 25.6 gr. bicarbonate of soda; potash water, 34.2 gr. bicarbonate of potash; lithia water, 14.2 gr. carbonate of lithia—or 9, 12, and 5 gr. respectively in every 10 oz. of water."

IN MEMORIAM.

DR. GEORGE MATHER, whose sudden death after making an after-dinner speech is referred to elsewhere, was one of the founders of the Sir Walter Scott Club. The following tribute to his memory is from the pen of the president of the Club:

There he lay dead who a brief space before
Had made a patriot's speech, a heart that told
Full of the chivalry of days of old;
Sir Walter Scott loved well a man who bore
The spotless crest of Paladins of yore,
And such was he who cast in brawny mould
Was fond of gentle things: a heart of gold,
Manly and tender, strong and true he wore.

And so farewell, our friend, a last farewell
To modest worth and unassuming mind!
Within our hearts your memory will dwell
As one whose peer 'twas difficult to find
In high and generous qualities that tell
The noble soul and friends unswerving bind.

THE CRY IS "STILL THEY COME"

THOUGH an American contemporary is of opinion that the alleged claim put forth on behalf of hydrastin, that it has anti-alcoholic properties, is new, this drug has been administered in Canada in the treatment of alcoholism for many years. The last enunciator of a method of cure, which he states has resulted in only two failures, and who claims to have found beer inebriety more stubborn to treatment than any other variety, has made known his *modus operandi*. After a hot bath and a cathartic, the inebriate is given a hypodermic injection of hydrastin sulphate, beginning with $\frac{1}{2}$ gr. and increased to $\frac{3}{4}$ gr. four times daily. If nervous, valerian and bromides are added. For some hours or days at first the inebriate patient is supplied with a generous allowance of liquor! The whisky treatment to begin with seems to be in high favour with the "discoverers" of all these modern and nearly always successful "cures."

THE D.P.H. (SCOTTISH CONJOINT BOARD).

MR. JAS. C. G. MACNAB, M.B., F.R.C.S.Eng. (Dysart) writes: Dr. T. Harvey Thomson writes in the BRITISH MEDICAL JOURNAL of November 23rd *re* the Public Health Diploma: "This year's record appears to have been even worse, not one of ten candidates apparently having been awarded the diploma." Had he inquired a little more carefully into the matter, he would have found this statement to be incorrect. The facts of the October examination are as follows: Of the seven candidates who presented themselves for the first examination, two got through, and of the three that entered for the second examination, two were awarded the diploma, of whom I am one.

. The report of the Inspector of the General Medical Council on this examination presented last week is somewhat critical, and does not convey the impression that the examination is one of exceptional severity, but rather the contrary.

THE PHARMACOLOGY OF LOVE.

THE following comes to us from the practitioner who officiated on the occasion:

SCENE—A Lying-in Room.

Doctor: Nurse, some 1 in 1,000, if you please.

Patient (under chloroform): Ah! that's my Jack. He's one in a thousand. Dear Jack!

COMMON SALT FOR RINGWORM.

DR. GEO. STEELE PERKINS (Wimpole Street) writes: It is with much pleasure I endorse Mr. Reilly's statement as regards the beneficial results obtained from treating ringworm with common salt. More than twelve years ago a boy was brought me suffering from ringworm, who had been under constant treatment for the disease for over five years, a patch over the right ear proving intractable; it was evident all ordinary treatment was useless, and on thinking the case over I decided to try common salt, and this proved successful in a few weeks. Since that time I have treated all cases of uniform (a large number) with chloride of sodium, and in every case successfully and quickly. I was led to use this remedy because of its well-known destructive powers to animal and vegetable life, and therefore why not to the trichophyton tonsurans?

In reply to "G's" queries in the BRITISH MEDICAL JOURNAL of November 30th, I always use equal parts of pure vaseline and chloride of sodium (finely powdered), and thoroughly mixed so as to make an ointment. Have the part affected shaved, and then the above rubbed in night and morning until the place becomes very sore; the number of the applications depends upon the susceptibility of the skin to irritation and the energy of the rubber. When the above effect has been produced leave matters alone until healed, unless it is preferred to apply some simple ointment as a healing agent. In most cases a complete cure will result, but sometimes, especially when the disease is extensive, a small patch here and there may not be cured, in which case the process over the said points should be repeated. My theory is that the salt thoroughly irritates the skin, which alone doubtless does some good, and that then the salt is able to penetrate to the roots of the hair and destroy the fungus.

A NEW SPECIALITY.

THE following advertisement, which we take from the New York *Medical Record*, illustrates the increasing tendency to specialisation which is one of the most striking characteristics of the medical profession in our day: "New York, September 1st, 1895.—Dr. _____ begs to announce that he makes a speciality of giving advice regarding the medical and surgical diseases associated with the use of the bicycle. He is also prepared to make physical examination of men, women, and children, and prescribe for them the kind of bicycle and the amount of bicycle exercise adapted to their constitution. The doctor will also provide, to those who desire it, suitable wheels, and arrange the gearing, seats, and hands so that the machine will accommodate itself to the physiological peculiarities of each patient. Dr. _____ has had a large experience in this speciality, and confines himself to it." If the cycle offers a productive field, why not golf? Why do not enterprising specialists take up the diseases caused by dancing, by cigarettes, by drawing-room music, by Parliamentary oratory?

LETTERS, COMMUNICATIONS, Etc., have been received from:

(A) A. T. S.; Dr. T. Acland, London; A. B. B.; Dr. A. Ambrose, Buckhurst Hill; Annus Medicus. (B) Sir W. H. Broadbent, London; Mr. D. Biddle, Kingston-on-Thames; B. A. G.; Mr. L. A. Bidwell, London; Dr. J. Barr, Liverpool; Dr. E. M. Brockbank, Manchester; Mr. S. Buck, St. Neots; Mr. W. P. Bryne, London; Dr. A. H. Bampton, Ilkley; Bradford Medico-Chirurgical Society, the Secretary of, Bradford; P. S. Buchanan, M.B., Glasgow; Mr. P. B. Bentlif, Jersey; Bombay Assistant-Surgeon and M.B.M.A.; F. M. Blumer, M.B., Stafford; Mr. P. J. B. Beale, London; A. T. Brown, M.B., Wakefield. (C) Civil Surgeon in Charge of Troops; Dr. R. Crocker, London; Dr. J. K. Coutts, Manchester; Dr. E. M. Cosgrave, Dublin; A. J. Collis, M.B., Weston-super-Mare; Dr. C. W. Cooke, London; Mr. C. A. Corke, Wem; Mr. J. Carter, London; Dr. T. J. Compton, Norwich; Mr. J. W. Chapman, Grimsby; Mr. H. J. Campbell, Bradford. (D) Dr. F. Dale, Scarborough; Dr. H. M. Duncan, London; Dr. J. Dudgeon, Shanghai; Dr. S. Davies, London; Messrs. T. Dunlop, London; E. P. Dickinson, M.B., Northampton; D. B. M. and J. J. C.; Dr. L. Drage, Hatfield; Miss C. M. A. D'Orsey, London; P. Duke, M.B., London; Dr. L. C. Dobson, London; D. H. B.; Dr. M. Dockrell, London. (E) Mr. C. Y. Eales, Torquay; East Dulwich; Mr. G. Eastes, London; S. G. Edge, M.B., Norwich. (F) Mr. W. Fryer, London; Mr. C. E. S. Flemming, Fresh-

ford; Mr. W. T. Freeman, Reading. (G) J. W. Geddie, M.B., Winter-ton; Mr. A. M. Greenhill, London; Mr. B. W. Gowing, Ilminster; Gamma; Mr. T. A. Goodchild, Beaminster; Mr. E. Gaylor, Belper. (H) G. S. Hodson, M.B., London; J. O. Hollick, M.B., Knowle; Dr. H. C. Hight, Singapore; Mr. W. H. Hughes, London; Dr. W. W. Hall, London; H. S.; Dr. J. Haddon, Galashiels; Dr. C. W. Hayward, Liverpool. (I) Inquirer. (J) Dr. R. Jardine, Glasgow. (K) Kidderminster Medical Society, the Secretary of, Kidderminster. (L) Dr. A. E. Lloyd, Rhyl; Mr. T. F. Lee, Salisbury; Mr. T. Lafan, Cashel; Professor E. Ray Lankester, Oxford; Dr. R. W. Lettwich, London. (M) W. C. Murray, M.B., Glasgow; Dr. McAl dowie, Stoke-on-Trent; M.D.; Dr. J. Mackenzie, Burnley; Mr. F. C. Melhado, London; J. C. G. Macnab, M.B., Dysart; Medico; Member; Mr. E. H. Myddelton-Gavey, Weybridge; Mr. T. L. Macartney, Tattenhall; Mr. L. Mackenzie, Tiverton; Mr. W. Marriott, Mentone; Dr. J. M. Moir, Inverness; Mr. H. E. Moberly, London; Mr. J. Y. W. MacAlister, London; Mr. O. E. B. Marsh, Newport, Mon.; P. Murison, M.B., Dundee; M.R.C.S.; Medical Officer; Miles. (N) Nutroa, Limited, London; Mr. H. G. Nicholson, Hereford; Dr. J. A. Neil, Oxford; Mr. P. Newell, Crowborough. (O) O. M. A.; Dr. Oronhyatekha, London; Mr. J. S. Owens, Gorey; (P) Dr. J. P. Parkinson, London; Mr. F. G. Parsons, London; W. Price, M.B., Cardiff; Mr. J. R. Peace, London. (R) Dr. H. B. Robinson, London; Mr. T. F. Raven, Broadstairs; Dr. J. Ramage, London; Mr. C. Robinson, Nottingham; R. J. C.; F. Rogers, M.B., Lohardaga, Bengal; Rheum; R. W. W.; Dr. J. S. R. Russell, London. (S) Messrs. R. Sumner and Co., Liverpool; Dr. W. B. Saunders, Philadelphia; Dr. F. H. Spooner, London; Mr. T. A. B. Soden, Coventry; Mr. C. H. Shears, Liverpool; Mr. E. A. T. Steele, Plaistow; S. M.; Surgicus; Sir Thornley Stoker, M.B., Dublin; Mr. J. C. Swinburne-Hanham, London. (T) Dr. W. Thomas, Rhyl; Mr. F. H. Tinker, Hyde; Dr. P. Turner, London; Timidus; Mr. H. Taylor, Guildford; Dr. W. B. Thorne, London; Mr. J. Topping, Ashley Hill; Mr. J. M. Tidmarsh, Luton. (U) C. T. Urquhart, M.B., Aberdeen. (V) Mr. F. Vacher, Birkenhead. (W) Mr. W. Whitworth, St. Agnes; D. Walsh, M.B., London; Dr. P. White, Wigan; R. H. Woods, M.B., Dublin; Dr. A. G. Welsford, Dover; Dr. T. M. Watt, Hovingham; Dr. T. Watt, Hyde; J. R. Whit, M.B., London; Dr. F. J. A. Waring, Brighton; (Y) Dr. M. Young, Brighouse; Mr. T. H. Yabbicom, Bristol; Mr. J. Young, London; etc.

BOOKS, Etc., RECEIVED.

- Transactions of the Ophthalmological Society of the United Kingdom. Vol. XV, Session 1894-95. London: J. and A. Churchill. 1895. 12s. 6d.
- Medical Diagnosis, with Special Reference to Practical Medicine. By J. M. Da Costa, M.D., LL.D. Eighth Edition. London: Smith, Elder, and Co. 1896. 24s.
- Reasons Why the Office of Coroner should be held by a Member of the Medical Profession. By Frederick W. Lowndes, M.R.C.S. Second Edition. London: J. and A. Churchill. 1895. 3d.
- Parasitism, Organic and Social. By Jean Massart and Emile Vander-velde. Translated by W. Macdonald, revised by J. A. Thomson. London: Swan Sonnenschein and Co. 1895. 2s. 6d.
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