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WHYTE, Dr., appointed Resident Medical Officer for the East Poorhouse of the Dundee Parish Council.

WILKINSON, J. Howard, L.B.C.P., M.R.C.S., appointed Medical Officer of Health for the County Borough of Dudley.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. Edward Law: Demonstration of Cases.

TUESDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Moral and Impulsive Insanities and Lunacy Law. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Leprosy.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Mr. Victor Horsley, F.R.S.: Surgery of the Nervous System.
- HOSPITAL FOR NERVOUS DISEASES, 73, Welbeck Street, 4.30 P.M.—Dr.
 Thomas D. Savill: On Disorders of the Nervous System
 characterised by Muscular Tremor; with cases.

WEDNESDAY.

- LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Hygiene at the Parkes Museum. Professor Wynter Blyth: Disinfection and Disinfectants, etc.
- THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.
- EVELINA HOSPITAL, Southwark Bridge Road, S.E., 4.30 P.M.—Mr. F. C. Abbott: The Surgery of Rickets. Post Graduate Course.
- DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, W., 5. P.M.—Cases, etc.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.—Dr. Acland: Data for forming a Prognosis in Pulmonary Tuberculosis, illustrated by Cases.
- WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M. -- Dr. Ball: Throat Cases.
- BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Dr. John Alex. Shaw-Mackenzie (London): The Treatment of Syphilis by External Methods. Dr. Ernest Solly (Harrogate): The Treatment of Syphilis at Harrogate.
- OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—
 Specimens will be shown by Dr. Macnaughton Jones, Mr.
 Dauber, Dr. Boxall, Dr. John Phillips, Dr. Lea, Dr. McCann,
 and others. Papers—Dr. Tate: Three Cases of Pyometra
 Complicating Cancer of the Cervix Uteri. Dr. McKerron:
 The Obstruction of Labour by Ovarian Tumours on the
 Palvis

THURSDAY.

- LONDON POST-GRADUATE COURSE, Central London Sick Asylum, 5.30 P.M. Mr. John Hopkins: Clinical Lecture.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C. 4 P.M.—Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.
- HARVEIAN SO CLETY OF LONDON, Stafford Rooms, Tichborne Street Edgware Road, W., 8.30 P.M.—Mr. Juler: Harveian Lecture: The Syphilitic Diseases of the Eye and its Appendages.

FRIDAY.

- LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: Tetanus, Rabies, and Cholera, etc.
- WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8,30 F.M.—Clinical meeting. Cases, etc., will be shown by Dr. F. H. Low, Dr. J. B. Ball, Dr. Seymour Taylor, Mr. Keetley, Mr. Bidwell, and Mr. McAdam Eccles.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 38.6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

BIRTH.

HEATH.—On the 18th inst., at No. 3, Cavendish Place, Cavendish Square, W., the wife of Charles J. Heath, F.R.C.S., of a daughter.

MARRIAGE.

Coles—Hossack.—On November 17th, at St. Andrew's Episcopal Church, Banff, N.B., by the Rev. R. E. Coles, B.A., Rector of Corsley, Wilts., assisted by the Rev. A. Boyd, M.A., Rector, Richard Ambrose Coles, M.B., C.M., of Barham, Kent, to Kate Bathia, eldest daughter of Garden M. Hossack, Esq., J.P., Sheriff Clerk of Banffshire.

DEATHS.

- HORSFALL.—November 23rd, at Masham, Yorks, Henry Horsfall, M.D. St.And., aged 64 years.
- M'DONALD.—At Burgh House, Maryhill, on November 11th, Dr. Wm.
 M'Donald, aged 76 years. Friends please accept this (the only)
 intimation.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free). Attendances—Daily, 2. Operations.—Tu. F. S., 2. CENTRAL LOXDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily. CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—Daily.
- CHANING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M. W. F., 9; Throat and Ear, F., 9.30. Operations.—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2. CITY ORTHOPÆDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4. EAST LONDON HOSPITAL FOR CHILDREN. Operations.—F., 2.

- EAST LONDON HOSPITAL FOR CHILDREN. Operations.—F., 2.

 GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F. 2.30 Skin, W. 2.30; Dental, W., 2. Operations.—M. W. Th. F. 2.30; Dental, W., 2. Operations.—M. W. Th. F. 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Esr, Tu., I; Skin, Tu. I; Dental, daily, 9; Throat, F., 1. Operations.—Ophthalmic) M. Th., 1.30; Tu. F., 1.30.

 HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th., 2. Skin, F., 1.30; Throat, F., 1.30; Ophthalmic Department W., 2; Esr, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Ophthalmic Department W., 2; Esr, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. Operations.—M. F. S., 2.

 LONDON. Attendances.—Medical, daily exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; Op, W. S., 1.30; Eye, Tu. S., 9; Esr, W., 9; Skin, Th., 9; Dental, Tu., 9. Operations.—M. Tu. W. Th. S., 2.

 LONDON TEMPERANCE. Attendances.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. Opera-

- LONDON TEMPERANCE. Attendances.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. Operations.—M. Th., 4.30.

 METROPOLITAN. Attendances.—Medical and Surgical, daily, 9; Obstetric, W., 2. Operations.—F., 9.
- MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; Op., M. F., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 19.30; Dental, M. W. F., 930. Operations.—W., 1.30; S., 2; (Obstetrical), Th., 2.

 NATIONAL ORTHOPÆDIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.
- NATIONAL ORTHOPEDIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.

 NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30 Operations.—Tu. F., 9.

 NORTH-WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Deutal, F., 9. Operations.—Th., 2.30.

 ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.

 ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear S., 3; Deutal, Th., 9. Operations.—W. S., 2; Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

 ROYAL ORDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.

 ROYAL ORTHOPEDIC. Attendances.—Daily. 1. Onerations.—U

- ROYAL DONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.

 ROYAL ORTHOFÆDIC. Attendances.—Daily, 1. Operations.—M., 2.

 ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.

 ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu., Th., S., 2; 0, p., W. S., 9; Eye, W. Th. S., 2; 30; Ear, Tu. F., 2; Skin, F., 1.30; Laryux, F., 2.30; Orthopsedic, M., 2:30; Dental, Tu. F., 9. Operations.—M. Tu. W. S., 1.30; Cophthalmic), Tu. Th. 2.

- F., 230; Orthopædic, M., 2.30; Dental, Tu. F., 9. Operations.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th. 2.
 St. George's. Attendances.—Medical and Surgical, daily, 12; Obstetric, M. Th. 2; Opt. Eye, W. S. 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopædic, W., 2; Dental, Tu. S., 9. Operations.—M. Tu. Th. F. S., 1.
 St. Mark's. Attendances.—Fistula and Diseases of the Rectum, males S., 3; females; W., 9.45. Operations.—M., 2; Tu., 2.30.
 St. Mark's. Attendances.—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; o.p., M. Th., 1.30; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 3.0; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 230; Dental, W. S., 9.30; Children's Medical, Tu. F., 915; Children's Surgical, S., 915. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S, 10; (Ophthalmic), F., 10.
 St. Petter's. Attendances.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.
 Thomas's. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.38; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gymæcological), Th., 2.
 SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Th., 2.
 Throat, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.
- tions.—Gynæcological, M., 2; W., 2.30.

 Throat, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.

 UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu., 1.30, F., 2; Throat, M. Th., 9; Dental, Tu. F., 930. Operations.—Tu. W. Th., 2.

 WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S. 2; Ear, Tu., 10; Orthopadic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. Operations.—Tu. F., 2.30.

 WESTMINSTEE. Attendances.—Medical and Surgical, daily, 1; Obstetric, Tu., F., 1; Eye, Tu. F., 9.30; Ear, M. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. Operations.—M. Tu. W., 2.

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.
- 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. A UTHORS 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 OTROUSTANCES DE 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. 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.
- TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the British Medical Journal is *atitology*, *London*. The telegraphic address of the MANAGER of the British Medical Journal is *Articulate*, *London*.

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

QUERIES.

- A. J. C. asks to be recommended books for a lecture on healthy pastimes. FAR AWAY asks for a prescription for scurf of the head, and to allay the accompanying irritation of the scalp.
- T. T. asks whether there is an English edition of Esmarch and Kowaltzig's Operative Surgery published in this country or America.

TREATMENT OF SEBORRHOEA.

M.D. wishes to know the best and most convenient treatment for seborrhœa sicca. The patient is a young lady, and there is extensive depilation and profuse dandriff.

HYDRAMNIOS.

M.R.C.S. writes: I should be very glad to know, through your columns, whether hydramnios has any tendency to recur in successive pregnancies, leaving out of the question all considerations of pathology, which is admittedly obscure. I have a patient who dreads pregnancy greatly, as she has once suffered from the condition I am inquiring about.

- EGERTON writes that a maidservant has on her own behalf been attending at his house as a patient, and that her mistress has just written to him asking him to call on her and to give her an account of her servant's condition. He desires to know (1) Should he first obtain the acquiescence of the maid? (2) Should she be invited to be present at the proposed interview? (3) May he charge the mistress a visiting fee for this special visit?
 - *** (1) Our correspondent may not [discuss with the mistress the illness of the maid without the latter's consent, which should be given in the presence of witnesses. (2) If this consent be given there is no need for the maid to be present at the interview. (3) A fee may be charged to the mistress at our correspondent's discretion, but he should let her clearly understand this in the first instance.

ANSWERS.

- $\mathbf{F},\mathbf{F},\mathbf{G},\mathsf{'s}$ suggestions have been communicated to the publisher of the series referred to.
- A. G. N.—We doubt whether the matter is one which the General Medical Council would take up, but our correspondent might communicate the circumstances to one of the Direct Representatives.
- LABOR.—We believe it to be an error of judgment for any student to specialise his studies before he has obtained his diplomas, or, indeed, for some time afterwards.
- QUEBEC.—The province of Quebec is mainly an old settled country, and UEBEC.—The province or Quebec is mainly an old settled country, and its inhabitants are largely of French-Canadian stock. Owing to the rapid progress of the Western and North-Western parts of Canada, good openings from time to time occur, but the practitioner must be on the spot to take advantage of them. The regulations of the Provinces of the Dominion as to registration are stated briefly in the Educational Number of the British Medical Journal, published on August 28th,
- p. 560.

 TRAINING SCHOOLS FOR NURSES.

 M. T.—The age for probationers in a general hospital is from 22 years and upwards until 35. The age of probationers in a children's hospital is from 20 years and upwards to 35. There is no general rule about fees; in some hospitals no fee is required if the probationer goes through the full course of three years, in others there is an entrance fee. These particulars can only be obtained by inquiry at the hospitals. It is generally more difficult to obtain a vacancy at a children's hospital, because the hospitals are fewer and the applications more numerous.

NOTES, LETTERS, Etc.

DR. W. PASTEUR (Dean of the Middlesex Hospital Medical School) writes: My attention has just been called to an error in your last Educational Number, where you state that the fee to qualified practitioners for hospital practice at this hospital (p. 539) is two guineas. This fee was changed to five guineas at the beginning of this year. I regret that you were not informed of the alteration.

- A COINCIDENCE.

 A CORRESPONDENT writes to ask advice under the following circumstances: A. and B. are practitioners residing in the same district. A. requests B. to attend for him a patient C. in her confinement on two separate occasions. C., about to be confined again, wishes B. to attend her. What ought B. to do under the circumstances?
 - her. What ought B. to do under the circumstances:

 *** If B. has made use of no improper means to deprive A. of his patient, and C. wishes him to attend her because she has been attended by him on the two former occasions, B. is justified in accepting the engagement; but, before doing so, he ought to satisfy himself that there is no chance of C. going back to her old doctor.

CHEAP V. GRATIS PRACTICE.

A¹ J. writes: Who said that the medical profession was degenerating? It is a base calumny by those who cannot read the signs of the times. Would you, reader, call this degeneration? Three doctors here have large businesses as halfpenny-a-week club doctors; another M.D. gets the pick of the public houses at one penny a head per week; another

M.D. has a large visiting list at 18. a head for advice and medicine. True, a number of the members are poor; for example, one is a property owner, another one of our largest bankers, and so on. One doctor sees patients free for one hour a day. I have a great ambition to be abreast of the age; I have decided to go one better, and see my patients free, gratis, and for nothing, for with prophetic eye I can see we shall soon arrive at that golden era.

Since writing the above, I find I have been forestalled. Witness the following copy of a bill which is posted all over a neighbouring district:

POLYTECHNIC INSTITUTE.—To Members: Medical consulta-

"—POLYTECHNIC INSTITUTE.—To Members: Medical consulta-tions are held on Tuesdays at 9,30 P.M. Consulting room 53, waiting room 59. Fee 6d., to be devoted to the Recreation Fund." Sunday schools now have their free medical attendants; arrange-ments are being made to work institutes, day schools, churches, chapels, and mission halls on the same easy terms. The circle in this district is complete by chemists prescribing for patients from one penny to sixpence per head. Is this, I ask again, degeneration?

PRACTICE IN POOR NEIGHBOURHOODS.

- PROTICE IN POOR NEIGHBOURHOODS.

 PROBE draws attention to a statement which he informs us was made by a secretary of a home mission that the district of St. Luke, Victoria Docks, was so poor that no medical man could live in it; and that those in the neighbourhood would not visit any sick person there unless they were previously paid a shilling for the visit. Surely, he adds, this is an aspersion on the medical men in the district.
- *** Our correspondent is probably unacquainted with the exigencies of medical practice in poor districts. His lot has been cast in happier places, and he has not been under the necessity of exacting a guarantee that his modest fee shall be paid in a way which is doubtless repugnant to the feelings of medical practitioners in other localities. He must not forget, however, that many of his poorer brethren would be unable to live if they did not adopt some such method as this; indeed, his sympathy ought to be given to those who are compelled to take such precautions, which are doubtless as distasteful to them as to himself.

DIETETIC PREPARATIONS.

- DR. T. C. ASKIN (Woodbridge, Suffolk) writes: I think it is to be regretted that there are no standard dietetic preparations listed say in an Appendix to the *British Pharmacopæia*, or some other standard work which could be ordered with the certain knowledge that they are what they are said to be.
- *** Our correspondent points to a real want, but it is not easy to see how his suggestion is to be carried out.

- how his suggestion is to be carried out.

 MALFORMATION OF FCETUS.

 DR. W. F. GRANT (London) writes: On October 23rd I received an urgent message to attend one of the cases of the Royal Maternity Charity. I found a large mass. covered by a membrane, protruding at the vulva, looking rather like blood clot but quite firm to pressure. There was no hemorrhage going on at the time, and there had been none to speak of previously. On introducing the finger into the vagina anteriorly to this mass a knee was felt. Both feet were then brought down, and following the breech was a membranous sac filled with fluid. The child was extracted without much difficulty. On examining the fœtus it was seen that the mass which had presented at the vulva was its liver covered by a capsule of some thickness. This organ, together with the stomach, small intestine, spleen, right kidney, and bladder were outside the peritoneal cavity. The entire anterior wall of the bladder was absent; behind the posterior wall was a comparatively large-sized Fallopian tube. Behind the peritoneum lining the pelvis could be felt, the uterus, and an ovary. The left kidney could not be seen or felt; the vagina and anus were absent, but there was a transverse depression of the skin below the pubic arch; a large spina bifida extended from the level of the posterior angle of the scapulæ to the sacrum. The umbilical cord was a narrow band, which lost itself in the capsule of the liver. The fœtus was of not more than the seventh month.
- POISONED ARROWS.

 MEDICINE men of sorts have played an active part in the recent battles in Uganda, successfully conducted by Major Ternan against the army of the now fugitive ex-King Mwanga. The tribes to the west of the Uganda road had, at the instigation of their medicine man so actively instigated warfare that all traffic was stopped. The wooded ravines were held, says Major Ternan, by an enemy who were armed with poisoned arrows. Dr. Macpherson, who was with Mr. Grant's column, succeeded, however, in discovering an antidote for the poison in which the arrows were dipped. This was the injection of strychnine. Before this, those wounded with the poisoned arrows always died, but afterwards Dr. Macpherson invariably succeeded in bringing the wounded men round in about a couple of hours. Such are the resources of modern medical science. Dr. Macpherson may be congratulated on having played so worthy a part. POISONED ARROWS. played so worthy a part.

THE TREATMENT OF DYSMENORRHEA.

THE TREATMENT OF DYSMENORRHEA.

DR. ALEXANDER DUKE (Cheltenham) writes: In the last debate in the Gynæcological Society on the above subject, I regret to see no allusion to the employment of my spiral wire stems, which for some years past I have used with gratifying success. The cutting operation would be seldom if ever required if rapid dilatation and the wearing of the spiral wire stem (for at least three months afterwards) was practised. The reason of so many failures after rapid dilatation (or, indeed, any form of dilatation) is that the part is not kept open sufficiently long by a stem so as to conquer all spasm and ensure a patent cervical canal. My practice was when I first designed the spiral wire stem to remove it before the next "period." I found by experience, however, that this was much too soon, and now allow the stem to remain in all cases till loose—that is, has a tendency to come away of itself, and is easily moved and not gripped by any contraction of cervix. I regard rapid dilatation and

the wearing of the stem as almost the radical cure for obstructive the wearing of the stem as almost the radical cure for obstructive dysmenorrhosa. The patient is directed to syringe night and morning for the first fortnight after the stem is introduced, then each night regularly while the stem is worn, even during the menstrual flow, plain hot water being as a rule sufficient, but in some cases a little Condy's fluid may be added if desired. I have had patients of mine wear them with no discomfort, but positive advantage, for periods of three, six, and twelve months, and two patients of mine are wearing stems and riding bicycles with no discomfort whatever.

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BOOKS, ETC., RECEIVED.

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