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 Orthopædic, 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 Orthopædic, 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.—North-west London, 2.30 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., 1; Ophthalmic Department, W., 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; Orthopædic, 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; Orthopædic, 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, M. Th., 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. Tu. Th. F., 2; Ear, S., 1.30; Skin, W., 1.45; S., 9.15; Throat, Th., 2.30; Dental, W., 10.3.

WESTMINSTER.—Medical and Surgical daily, 1.30; Obstetric, Tu. F., 3; Eye, M. Th., 2.30; Ear, Tu. F., 9; Skin, Th., 1; Dental, W. S., 9.15.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8.30 P.M. Dr. Radcliffe Crocker will exhibit two examples of Lichen Planus affecting Mucous Membranes. Dr. Robert Lee will describe a new and enlarged form of Inhaling Machine. Dr. Gilbart Smith will give the clinical record of a Pulmonary Cavity that ulcerated through the Intercostal Spaces. Mr. A. Pearce Gould: On the Advisability of Enucleating the Axillary Glands in the Removal of Scirrhous Mammæ.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. S. Fenwick: On the presence of Bile in the Saliva, and on the Variations in the Amount of Sulphocyanide of Potassium in the Saliva of Persons affected with different Diseases. Mr. Thomas Bryant: On a case of Excision of a Stricture of the Descending Colon through an Incision made for a Left Lumbar Colotomy.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. Morton: Two Cases of Meningitis. Dr. Ferrier: On the Pathology of Lead Palsy.

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 Manager, at the Office, 161, Strand, W.C., London.

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

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

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

MEDICAL ATTENDANCE ON THE ARTISAN CLASSES.

SIR,—Permit me to suggest to "A Young Practitioner", and to others whom it may concern, a method of remuneration for medical services which seems to have escaped his notice; I refer to private medical clubs. The provident principle is—as I have pointed out with some persistence—the only true one both for rich and poor, not only on account of the recognised value of providence in the abstract, but also by reason of the beneficial relation it establishes between the medical practitioner and his clients.

Let "A Young Practitioner" have some cards of membership prepared, and let him propose to those of the artisan class who come to him that they should pay him a certain sum *per annum*, (say five shillings) in half-yearly (or quarterly) instalments, payable in advance; provided always that those who are in need of attendance at the time of application shall pay an additional year's or half-year's fee, and that midwifery and surgical operations shall be extras. I can assure "A Young Practitioner" from my own experience that, from a given number of the working classes, he will obtain at least as much money as by any other system, and that with more dignity and less trouble. The popularity of medical aid associations, of hospitals and free dispensaries—to say nothing of bad debts—is *mostly* the result of, and a well deserved punishment for, the short-sighted neglect by the profession of the reasonable wants of the working classes.

If "A Young Practitioner" should care to communicate with me, I shall be happy to send him a specimen copy of the cards I use for the working classes.—I am, etc.,

W. F. PHILLIPS.

St. Mary-Bourne, Andover, Hants, March 13th, 1882.

RULES FOR A DISPENSARY.

SIR,—Will you kindly insert the following rules for a dispensary in the JOURNAL? They are intended for a dispensary in a purely agricultural village of about 300 or 350 inhabitants, which is seven miles away from the market town. I shall be glad if it induces the expression of opinions from members who have such a scheme already at work.—I remain, yours, etc.

NEMO.

———— Dispensary: 1. This dispensary is for the benefit of farm labourers, their wives and children. 2. Members will be able to see the medical officer at the dispensary on Mondays at 11.30 A.M., except in the weeks having public holidays, when he will attend on the corresponding Tuesday. 3. Members will be visited at their own homes, if prevented by illness from seeing the medical officer at the dispensary. 4. Members will be able to obtain ordinary medicines at the dispensary on Mondays or other week-days at reasonable hours. 5. An entrance fee will be charged only to persons who wish to join again, after allowing payments to fall into arrear; or who wish to join during an illness. 6. The entrance fee for readmission will be two quarters' payments; for admission during illness, it will be three quarters' payments; both being in addition to the quarter due. 7. The payments for membership will be at the following rates: 5s. *per annum* for one member alone; 4s. 6d. for each if three of one family join; 4s. each if four join; 3s. 6d. each if five join; 3s. each if six or more of one family join. 8. Membership payments must be made in advance, will be due on quarter-days, and may be made in quarterly instalments. 9. If two quarters' payments be owing, the membership will cease, and an entrance-fee will be required on readmission. 10. Members will pay one penny for each bottle of medicine, embrocation, or lotion, or for each box of ointment or pills, they obtain at the dispensary, as they will be saved the expense of sending to the market town. 11. Members of other medical societies having the same medical officer will be given the advantages of the dispensary without payment, except for medicines, under Rule 10. 12. The medical officer reserves the right of admitting people of a different class on this or a different scale, or of refusing the payments of anyone.

SIR,—Could you tell me of any book which would do as a handbook for a course of elementary lectures to ladies on Hygiene? We want to impart a little practical information to district visitors, etc. Any books I have seen are too advanced.—Yours faithfully,

E. MACDOWEL COSGRAVE, M.D.,
Member British Medical Association.

24, Gardiner's Place, Dublin, February 23rd, 1882.

*** Professor Corfield's lectures, entitled *Health* (C. Kegan Paul and Co., 1880), would probably answer the object intended. The *Health Manuals* of the Society for the Promotion of Christian Knowledge might also be useful.

PHTHISIS AND ARCHERY.

SIR,—I should feel much obliged by some opinion in the following case. A lady with some tubercular (inactive) deposit in the right apex, asks me if the exercise of archery would prove injurious to her. I had forbidden any special exertion, such as singing and dancing; but, as she assured me that archery did not affect her breathing unless she were shooting for prizes, I gave it as my opinion that so far it could not have any prejudicial effect. Drawing the bow appears to me a muscular exertion of the arms only, quite unconnected directly with the organ affected, or indirectly with any general exertion which could hurry the action of the respiratory organs.—I am, etc.,

RECREATION.

"PROTECTED" SCARLET FEVER CASES.

SIR,—I believe the solution of the question of so-called "protected" scarlet fever cases is simple. Are they not merely mild cases of scarlatina without erupton, consisting of simple primary fever of two days' duration, followed by the characteristic congested and ulcerated tonsils, and quite as likely to spread the disease as the other forms of scarlatina? As such I have always looked upon them. If so, it is misleading and a misnomer to style a person suffering from scarlet fever as a "protected" person.—I am, etc.,

M.B., M.A.

CHINOLINE (SCHERING'S).

SIR,—Oblige me with further information concerning the above alkaloid, which was referred to in the JOURNAL for March 4th. I am desirous of knowing—1. What dose of chinoline is equivalent to one grain of sulphate of quinine? 2. How the chinoline is to be administered, in solution or pill; whether it is soluble in water without acid; and what correctives are required in dispensing it?—Your obedient servant,

M.

*** The ordinary dose of Schering's pure tartrate of chinoline is from five to fifteen grains. It is best given in a mixture. It dissolves readily in water without the addition of acid. Its taste may to some extent be covered by spirits of chloroform or tincture of orange-peel.

PRACTICE IN THE COLONIES.

SIR,—I believe that some restrictions as to the practice of medicine by men only holding British degrees exist in some Canadian provinces. Are these restrictions in force in Manitoba and other western provinces? and if so, in what do they consist, and how may they be met?—Yours truly,

M.B.EDIN.

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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 the Manager, at the Journal Office, 161A, Strand, London, and not to the Editor.

ARTIFICIAL HUMAN MILK.

SIR,—In reply to a letter in your JOURNAL of March 18th, signed "Americus", I have for years been in the habit of feeding infants entirely, from their birth up to nine or ten months, with whey obtained from the cows' milk; and of late I have found the essence of rennett, obtained from Messrs. Lazenby and Co., 6, Edward Street, Portman Square, the most convenient for separating the caseine. It is not expensive; I get a dozen 16-ounce bottles at a time, which will last some months. As regards the quantity required, follow the directions on the bottle. If the curd when firm is placed on a hot stove, it will contract, and the whey separate more rapidly. To an infant under a month old, I give equal parts of whey and water, with one or two teaspoonfuls of cream, according to the quality, and a piece of sugar, increasing the proportion of whey as the child gets older.—I am, sir, yours truly,

W. F. BROOK.

Fareham, Hants.

ENDOMETRITIS.

SIR,—For a few months past, I have had under my care an obstinate case of endometritis which has existed for years. I should be truly grateful if you or some of your numerous readers would kindly afford me assistance in its treatment. I have tried local applications of nitrate of silver, carbolic acid, tincture of iodine, nitric acid, perchloride of iron, and a suppository of lead and opium at bedtime. Internally, I have administered strychnia, ergot, perchloride of mercury, and sarsaparilla, etc., with only partial success. The patient is young and unmarried. Leucorrhœa, lumbar pain, occasional gastric disturbance, and general debility exist. The catamenia are regular; no menorrhagia and no displacement.—Yours faithfully,

A YOUNG MEMBER.

HOMES FOR INEBRIATES.

SIR,—I am really surprised to find a medical man of Dr. S. Rees-Philipps's well known experience expressing himself in so vague a manner in the BRITISH MEDICAL JOURNAL, March 4th, 1882, page 331, viz.: "During the last two years, she has given way to intemperance, and drugs have failed to allay the craving for stimulants. She is desirous of being cured from what she feels to be a disease." Now, if she have given way, that must be from some special cause, not specified in the general statement of the case; hence, probably, the failure of drugs to allay. Next, the woman feeling it to be a disease does not necessarily make it so, any more than it would in the case of an alderman who had exceeded the bounds of moderation with turtle and salmon.—Yours truly,

9, Stanley Road, Bootle. J. HUSSEY WILLIAMS.

DR. FELCE should communicate with the police, who would, we think, take the matter in hand.

MEDICAL ETIQUETTE AND THE INDIAN MEDICAL SERVICE.

SIR,—Could you kindly inform me through your columns if the Indian Medical Service has a deteriorating effect on members of the profession? If so, I fear for the future of our noble profession, and it will require faithful hearts and noble minds to combat the evils which threaten it.

Here in this town there are two civil surgeons, besides some private practitioners. The unwritten rules of the profession, which should govern the actions and conduct of one another, seem a thing of the past. One civil surgeon, for the sake of monetary considerations, meets in consultation as an equal an unqualified practitioner; and the other acts in jealous opposition to members of the profession practising privately here, and is perfectly oblivious of the rules which should govern the actions of medical men when called in to attend another's patients. I shall be happy to learn that the examples I state are only isolated cases; and that, in whatever position a medical man is placed, he still retains that nobleness of character and courtesy to his colleagues which has always commanded respect and distinguished us, whether in the field or in private practice, and has given renown to the great names which have gone before us.

With an apology for trespassing on your valuable time, I subscribe myself,

IN ADVERSIS ETIAM FIDU.

CHARITY BEGINS AT HOME.

SIR,—Being a subscriber to the Royal Asylum of St. Ann's Society, a most valuable charity, which supplements Epsom College by its care of the female orphans of professional men, I am in receipt of an appeal on behalf of one of the five orphans of a medical man lately living in London. This gentleman "died suddenly, leaving a widow and five children totally unprovided for, the youngest only eight months old." He doubly qualified in 1870, and in 1880 obtained another qualification, ornamental because unnecessary, at a cost of fifteen guineas; and was also a member of a learned society, at the annual charge of one guinea.

I am far from wishing to blame a deceased brother, but I wish to point out, for the benefit of others, how different would have been the position of his widow and children, had this gentleman devoted his spare guineas to subscribing two annually to the "Society for the relief of Widows and Orphans of Medical Men", at 53, Berners Street. In that case, his widow would now have been entitled to £50 *per annum*, and each of the five children to a grant.—Yours obediently,

A SUBSCRIBER.

CHLOROFORM.

SIR,—About thirty years ago, Mr. Wingate, chemist, of Liverpool, sent Dr. Simpson some chloroform, asking him to try the effect of it, which, with characteristic boldness, the doctor and a friend tried upon themselves; and both awoke delighted with the experiment. Very soon afterwards, we obtained the drug for the Lying-in Hospital here, and administered it in a case of craniotomy. Afterwards, the patient declared she had had a pleasant dream. I well remember our unbounded joy, having had but poor success with ether. Under these circumstances, and using chloroform ever since, I may claim as lengthened experience as anyone; though perhaps not so extensive as many. During my term of active service at the above-mentioned hospital, we constantly used it in all operations, and some of the patients requiring surgical treatment were under its influence for hours; yet I never in the hospital, nor in private practice, saw the least untoward symptom, excepting after an operation for squinting. The boy, about twelve years of age, fainted; but, on being carried into a cool room, and vomiting his undigested breakfast, he immediately came round.

Now, sir, all I ask is, that my old and tried friend may have a fair field and no favour in the controversy "Ether *versus* Chloroform".—Yours, etc.,

119, Shaw Street, Liverpool. B. BLOWER.

SCARLET FEVER.

SIR,—Dr. Howard's opinion, expressed in his letter in last week's JOURNAL, as to the rarity of a second attack of scarlet fever, is, surely, scarcely well supported by the case which he quotes; for, if the throat-affection from which his eldest daughter suffered in December 1880 was not scarlatinal throat, what was it? It seems to me that the case shows pretty conclusively that a person may have scarlatina a second time, but that, in such a case, the symptoms will be confined to the throat. If this be so, and abundant experience has convinced me that it is so, it is obvious that the term "protected" can only be used in a limited sense, as indicating that persons who have had one attack of the disease are to some extent protected from any second attack; and to a still greater extent protected from all but the purely primary symptoms of sore-throat; but not that they are absolutely protected in any way.

So convinced am I that the great bulk of cases of sore-throat occurring in children are scarlatinal in origin, and infectious in character, that I have for some time made it a point to constantly impress upon the teachers of schools in my district the extreme importance of excluding for some time from the school not only any child who has had sore-throat, but any child coming from a house where a case of sore-throat exists. I should be afraid to say how many deaths come under my notice registered as having occurred from "diphtheria", "croup", and "laryngitis", which I have good reason to believe are simply cases of death from imperfectly developed scarlet fever.—I am, etc.,

THOMAS T. BOND, M.D.

Gloucester.

F.R.C.S. will find in the advertising columns of the JOURNAL the names and addresses of several gentlemen who prepare candidates for the Oxford and Cambridge and other examinations.

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

Dr. G. A. Gibson, Edinburgh; Mr. Christopher Heath, London; Dr. T. Patterson, Oldham; Dr. A. Wahltuch, Manchester; Dr. R. Beverly Cole, Liverpool; Mr. H. W. Hunt, London; Mr. J. Williams, Brecon; Dr. G. H. R. Dabbs, Shanklin, I.W.; Mr. W. Carton, Oldham; Captain Perrott, Plumstead; Dr. A. Newsholme, London; Mr. Reginald Harrison, Liverpool; Mr. Reid, Newbiggin-by-Sea; Dr. Russell, Birmingham; Mr. H. C. Wilkin, Tottenham; A Gaol-Doctor; Mr. A. Hallowes, Maidstone; The Director-General of the Naval Medical Department; Dr. Irving, Edinburgh; Our Glasgow Correspondent; Dr. J. Paton Watt, George Town; Dr. Fairlie Clarke, Southborough; Dr. A. Carpenter, Croydon; A Candidate; Mr. Mark Judge, London; Dr. Bampton, Plymouth; Mr. G. Holmes, Southbrook; Mr. Blair, London; Mr. H. Coupland Taylor, Todmorden; Dr. Stevenson, London; Nemo; Mr. J. P. Oates, Malvern Wells; X. Y. Z.; Dr. Collie, Homerton; Mr. H. Payne, Ashton; Dr. Mahomed, London; Dr. S. W. Smith, Pershore; M. B. M. A.; Mr. Joseph Smith, Guildford; Dr. A. Hughes Bennett, London; Dr. Crichton Browne, London; Dr. J. W. Langmore, London; Mr. H. Ritchie, London; Mr. W. T. Drew, Egham; Dr. J. Styrap, Shrewsbury; Dr. Bond, Gloucester; Dr. W. Allan Jamieson, Edinburgh; Our Birmingham Correspondent; Dr. Richard Cross, Scarborough; Mr. G. Adams, Clifton; Dr. J. Whitson, Glasgow; Dr. G. Mackay, Inverness; Mr. G. Longbotham, Middlesborough; Mr. Hamilton Miller, Liverpool; Dr. C. Glascott, Manchester; Dr. R. Liveing, London; Miss McDiarmid, West Derby; Dr. A. H. Bampton, Plymouth; Mr. D. Biddle, Kingston-on-Thames; Mr. J. R. Buck, Worcester; Mr. A. Childs, Crewe; Dr. Joseph Coats, Glasgow; Mr. E. J. Halsey, Guildford; Dr. E. J. Tilt, London; Dr. J. C. Ferrier, South Norwood; Mr. Herbert Bracey, Birmingham; Dr. McCombie, Deptford; Dr. James Ady, Rangoon, India; Mr. W. Gowans, South Shields; Dr. J. Rogers, London; Dr. W. C. Grigg, London; Dr. A. H. Hassall, San Remo; Dr. John Wallis, Brentwood; Dr. Stamford Felce, London; Dr. McNaught, Newchurch; Mr. Vesey Fitzgerald, London; Mr. E. P. Young, London; Rev. Dr. Haughton, Dublin; Mr. W. E. Vaughan, Crewe; Dr. R. N. Ingle, Cambridge; Mr. F. St. George Mivart, London; Dr. McCombie, London; Dr. De Chaumont, Netley; Mr. John Furley, Sevenoaks; Mr. W. K. Parker, London; Mr. Malcolm Morris, London; Mr. R. Harris, West Bromwich; Mr. H. E. Norris, Charmouth; Dr. Acland, Oxford; Mr. Edward Smith, Bolton; Dr. J. W. Moore, Dublin; Mr. E. Bellamy, London; Dr. Dick, Colchester; Mr. J. B. Jessett, Erith; Mr. T. Blair, Leeds; Mr. Griffith Morris, Hereford; Dr. Beatson, Glasgow; Dr. Charles Davidson, Coventry; Mr. W. F. Brook, Fareham; Mr. H. Schmitzdorff, St. Petersburg; Mr. R. H. Firth, Blackburn; Dr. Greenhill, Hastings; Mr. J. E. Burton, Liverpool; Mr. E. Stanmore Bishop, Manchester; Mr. A. Harvey, Birmingham; Mr. F. Galton, London; Mr. A. H. Benson, Dublin; Mr. W. Bowman Macleod, Edinburgh; Our Dublin Correspondent; Mr. C. Anderton, Leigh; etc.

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