

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. 1.30; Dental, M. W. F., 9. Throat and Ear, F., 9.30. *Operation Days.*—M., 3; Th. 2.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. Wed. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Chelsea.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30, and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W. 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th. 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1, S., 2; (Obstetrical), W. 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F. 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th. 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M. 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu., S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of Rectum, males, W., 8.45; females, Th., 8.45. *Operation Days.*—M., 2, Tu. 2.30.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45, o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electrotherapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W. 2.30.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, except Sat., 2; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, M. Tu. W. Th., F., 1.30; o.p., daily, except Sat., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30. *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu., F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—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.

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

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication. CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

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

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with Duplicate Copies.

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

QUERIES.

F.R.C.S. asks to be referred to a convalescent home at the seaside where surgical cases can be received and treated. Would a paying patient be taken in?

A. J. H. asks for particulars as to any home for incurables where a man suffering from epilepsy can be received by votes or otherwise.

DELTA asks: 1. In Scotland, to whom do you apply to be appointed a district medical officer under the Factories Act?

2. Where can I get a list giving districts or sub-districts with their areas?

ANSWERS.

E. H. H.—As a copyright convention exists between this country and Germany, it would obviously be illegal, as well as discourteous, to publish a translation from a German work without permission from the author.

BOOKS ON HORSES.

A CORRESPONDENT writes: Among the best books on horses is the *Manual of Equine Medicine*, by Gresswell, published by Baillière, Tindall, and Cox, of which a second edition has just been published. There is also an excellent textbook of equine medicine by Professor Robertson issued by the same publishers. This is the adopted textbook at the Royal Veterinary College.

THE HISTORY OF INFLUENZA.

DR. E. L. LEES.—There is a chronological survey of epidemics of influenza from 1173 to 1875 in Professor Hirsch's *Handbook of Geographical and Historical Pathology* (New Sydenham Society's Translation, vol. 1, p. 7). The epidemics in England are included in this list. Probably the best account of such epidemics is to be found in the *Annals of Influenza* by Dr. Theophilus Thompson. We understand that a new edition of this work with additions has been prepared by Dr. E. Symes Thompson, and is now in the press (publishers, Percival and Co.).

INTERNATIONAL MEDICAL CONGRESS, BERLIN.

NOTTING HILL MEMBER.—The information which our correspondent asks for has been given more than once in these columns (see particularly JOURNAL, March 22nd, p. 689). Full particulars as to programme, etc., may be obtained from the General Secretary of the Congress, Dr. O. Lassar, 19, Carlstrasse, Berlin, N.W., or from Mr. G. H. Makins, 2, Queen Street, Mayfair.

NOTES, LETTERS, ETC.

ERRATUM.—In the recent fellowship examination in the Royal College of Surgeons in Ireland reported in the JOURNAL of April 26th, Dr. R. Glasgow Patteson should not have been described as belonging to the Army Medical Service.

FISH AND LEPROSY.

DR. J. G. WALLACE-JAMES (Haddington) writes: In looking over a rather rare book the other day, *Health's Improvement*, 1655, by Muffet, a member of our profession, I noticed among a great number of hints as to various kinds of food, the following:—"Hot salmon is counted unwholesome in England, and suspected as a leprous meat." This I consider is of great interest at present when leprosy is so much to the fore, and when fish is more than suspected as the cause of that disease.

F.R.C.S. ENG. EXAMINATION.

"PLUCKED" sends some observations on the choice of textbooks for candidates, implying that the manuals which were recommended in a reply to "Surgeon, Bengal Medical Service" (JOURNAL, April 19th, page 933) would hardly be considered sufficient in the opinion of a teacher at a London medical school. If a candidate, who has been for some time in general or special practice, can devote two or three hours daily to practical work at a medical school for a month or six weeks before examination, he had best brush up the necessary

amount of "bookish theorick" from a comparatively elementary manual; heavy standard treatises will simply confuse him. On the other hand, the mere study of textbooks alone, elementary or advanced, will never ensure the passing of any candidate; hence every man who has long been away from the "schools," and cannot find time to work for a few weeks in a dissecting-room or laboratory runs a great risk of rejection at the Fellowship examinations.

DILATATION INSTEAD OF THE SUPPORT OF THE PERINEUM.

DR. R. CREWSDON BENINGTON (Medical Tutor University of Durham College of Medicine) writes: The dilatation of the perineum during labour is a practice advocated by the ancients, and frequently mentioned by writers of all ages—Ætius and Avicenna, "versus os sacrum reprimendo perineum." Heister (1750) says: "It may be proper to lubricate them with butter, oil, or other emollient substance, and then to dilate the parts with the hands and fingers, as we shall presently declare more at large..... by pressing with one hand upon the abdomen of the mother, and by dilating the parts and pressing back the os coccyx with the other." Again he says: "Pass the hand, first anointed with oil, into the vagina in order gradually to dilate the parts, and press back the os coccyx strongly at the instant when the pains and throes of the mother exert themselves, by which means the delivery very often happily succeeds." "It is to be observed," he adds in a footnote, "that the labour pains are seldom absent when the hand is thus introduced, where its stimulus is usually sufficient to excite them."

I imagine there are few practitioners but have tried by some manoeuvres of this kind to aid dilatation and facilitate delivery at some time of their career, but I think the practice is not one which will commend itself after trial. To be of service, stretching the perineum must be effected before Nature herself has undertaken the process, and it is, therefore, an attempt to forestall Nature. The amount of dilatation which can be effected by digital stretching, "short of giving pain," I believe to be ineffectual in preventing rupture. That by digital manipulation the perineum may be dilated to a certain extent no one will gainsay, but rupture occurs when the dilatation has exceeded the bounds of normal dilatability, and that we can by any digital manipulation short of giving pain distend the perineum to the extent that the presenting foetal part can do under the influence of uterine contraction, I for one am inclined to deny. Those cases which appear to have benefited by this treatment are those, I believe, which would have done perfectly well if left alone, and, in fact, are successful in spite of the treatment.

Without enumerating the various conditions which may aid the production of rupture, it may be sufficient to classify them into two, precipitate and retarded labours. A close adherence to dogmatic rules can only lead to disaster. Each case must be treated on its own merits. In precipitate labours, preventing bearing down efforts, directing the patient to cry out, the inhalation of chloroform, the administration of chloral, or the pressure of presenting part backwards I think are more scientifically indicated, and in prolonged labours, where the pressure of the presenting part is such as to be likely to lead to destruction of tissue, the timely use of the forceps.

Lastly, whilst I concur with those who believe that those who neglect the perineum will have fewer ruptures than those who support it, I equally deprecate manipulative dilatation, which I consider one of the worst forms of "meddlesome midwifery," and I wish to call attention to Dr. Berry Hart's remarks, in which, speaking of the extension movement, he remarks: "I deny in toto that the chin leaves the sternum, and I hold that this fixation of the occiput and descent of the sinciput is not the best or normal mechanism. The best mechanism to avoid tear is for the occiput to lead, for the head to be driven, only a steady movement of translation, any rotation upon a biparietal axis so taking place as to favour occipital dipping, and never dipping of the sinciput." Then follow rules for prevention of rupture based on this mechanism, the principle being pressure with the right thumb in front of anus in axis of outlet, thus hindering descent of the sinciput, and favouring descent of the occiput.

SURGEON-MAJOR EDWIN FAIRLAND, A.M.S. (Dover) writes: In reference to Mr. Trestrail's note on this subject in the JOURNAL of May 3rd, I, after twenty-five years of practice and much obstetrical experience, say that, in my opinion, his system is absolutely correct. Invariably I have adopted the practice, using much olive oil in the process, and never have had a rupture. This result may not, of course, be wholly attributable to the system, but I can have no hesitation in declaring that in many cases the danger was averted by the gradual expansion of the parts before the pressure of the advancing head caused the strain to be felt. Meddlesome midwifery is bad, but Nature needs assistance at times, and at no time more than in a rapid case when the gradual dilatation of the outlet by the head itself has been imperfectly performed. In these cases the systematic dilatation advocated, and carried out with judgment, is especially valuable.

DR. S. A. L. SWAN (Surgeon Gifford Works and Hospital) writes: I can cordially endorse Mr. Trestrail's observations as to the value of dilating instead of supporting the perineum during labour. In a series of seventy-four confinements, of which eighteen were primiparæ, I have carried out this method, and have not had one of those bugbears of the obstetrician, a "split perineum."

If this treatment be commenced during the latter end of the first stage, and carried out during the second stage of labour, combined with preventing the extension of the head when passing the vulva, laceration is almost impossible. It is not sensible to the patient if practised during a pain, and I have always found it to stimulate the contractions of the uterus.

MR. S. O. EADES (Ipswich) writes: Mr. Trestrail's remark in the JOURNAL of May 3rd, p. 1009, on digital dilatation of the perineum, must commend itself to those who adopt this method during the passage of the child's head. At one time I rigidly adopted the time-honoured practice of supporting the perineum; but, in spite of every care and attention, the perineum ruptured, and had to be sewn up in one out of every seven cases as occurred to me, that is, in primiparæ, and cases necessitating use of forceps. During the last two years or more I resorted to digital dilatation instead of support of the perineum, and, from the results obtained, am convinced of its usefulness. Is it not a fact that a ruptured perineum is often neglected and treated by some as if it were a mere coincidence? Experience will fully confirm that digital dilatation, if more practised, will in a great measure obviate this mischief, which all obstetricians more or less dread.

1 Transactions of Edin. Obst. Soc., vol. xii, 1887.

DR. P. Z. HEBERT (Berners Street, W.) writes: I have always in my practice adopted the plan of dilating the perineum instead of supporting it, and during about twenty years of private practice I have never had one single case of rupture of the perineum. The method that I have adopted differs somewhat from that suggested by Mr. Trestrail. I do not attempt to dilate during the pain, nor do I commence to dilate so early during the progress of the labour as Mr. Trestrail apparently does; but if I apprehend any danger of rupture, particularly in primiparous cases, I wait until the head of the child nears the perineum, and then, at the expiration of each pain, when the head begins to recede, I press back the perineum with a view to cause the thin edge of the skin forming, or about to be formed, to blend into a thick mass with the tissues of the perineum, and sometimes I hold the perineum in that position for a few minutes, when this does not cause any reaction, to bring on what I may call spurious pains. In this manner a great deal of the dilatation is effected in the length of the labia instead of directly at the point of the raphé of the perineum, but during the pains I allow the head to press on the perineum, which I may press back at the beginning of the pain if the urgency of the case appears to require a more rapid dilatation, yet I never allow the fingers to remain between the head and the perineum when these are brought forcibly in contact by the labour pains. When the tension on the perineum is great I frequently use sweet lard or oil to it, which softens the parts, and, I think, by rendering the skin and tissues more flexible, lessen the danger of rupture.

DR. ALEXANDER DUKE, F.K.Q.C.P.I., etc. (Ex-Assistant Master Rotunda Hospital) writes: Having read Mr. Trestrail's remarks on the above subject, I beg to say that I recommended this proceeding several years ago, and which, I may remark, is not what Mr. Trestrail recommended in a previous paper on the subject. He states in that paper that he used *continuous* extension (the italics are his) but he has now adopted *my plan*, which was, and is, intermittent dilatation or extension *during a pain*, and which is alluded to in Parvin's *Obstetrics* as my plan, page 410. The idea struck me while a student acting as assistant to the late Dr. James Idell, physician accoucheur, Steevens's Hospital, and having made trial of it, and finding it successful in every case, when done in time, I published a short description of my mode of proceeding in the Dublin medical press, as afterwards in the JOURNAL. The following is an extract from my paper:—

"The best preventative treatment of laceration I know of, and of which I see no description in the textbooks on midwifery, is the following. When I find the head fairly engaged in the pelvis, and advancing, however slowly, with each pain, I take my seat by the patient's bedside, and, having first washed my hands, I lubricate my left thumb or the first two fingers of my right hand, and introduce either into the vagina, and, at the onset of a pain, draw back the perineum gently but firmly towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort, I thus tire out the muscular structures, and produce sufficient relaxation for the head to pass. The drawing back of the perineum produces no additional pain as it is done during a uterine contraction," etc.

I have also a copy of my letter written in reply to Mr. Trestrail's former letter on the above subject advocating *continuous extension* in which I state "I only use it *during a pain*," so that I may now claim priority for the idea.

SEASIDE CONVALESCENT HOME.

MR. R. CROZIER (Honorary Secretary of the Cottage Hospital and Convalescent Home at Lytham on the west coast of Lancashire) writes: Founded as this institution was, specially for the inhabitants of Lytham, there is at all times room to spare for patients from a distance. The Cottage Hospital stands in its own grounds in the vicinity of the town with a southern aspect to the sea, and is under the management of a fully trained nurse, with a staff of experienced medical men in attendance, who generously give their time to this benevolent object. The inclusive terms for those from a distance are one guinea per week.

SIX YEARS IN BED: AN APPEAL.

WILL you allow us, through the medium of your columns, to make an appeal on behalf of a distressed medical brother? Dr. C— has been for twenty years the subject of slowly advancing nervous disease, which has through the whole of that period disabled him. He has been more than six years in bed. He may live ten years yet, and his means are quite exhausted. His friends have privately done what they can for him, but his long illness has exhausted their resources. There is nothing now before him but the workhouse. He has a nurse who is devoted to him, and they live in very economical lodgings. His earnest desire is that his home may not be broken up. Some of us have known Dr. C— for many years, and can vouch for his respectability in every way, for the accuracy of the above statements, and also for the exemplary patience with which his afflictions have been borne. We shall, any of us, be glad to receive contributions from those who may incline to assist him.

JONATHAN HUTCHINSON,
J. HUGHLINGS JACKSON,
ANDREW CLARK, M.D.,
J. LANGDON DOWN, M.D.

Contributions already promised:

	£	s.	d.		£	s.	d.		
Sir Andrew Clark	...	10	10	0	Mr. Wakley	...	10	10	0
Dr. Down	...	5	5	0	Mr. Hutchinson	...	10	10	0
Dr. Hughlings Jackson	...	10	10	0					

AN APPEAL.

MR. ALFRED WOODFORDE (Plastow, Essex) writes: Allow me through the medium of our JOURNAL to make an appeal to the members of the medical profession on behalf of Mr. J. W. Danaher, surgeon, Plastow, Essex, who, I am sorry to say, has been laid aside from the practice of his profession for upwards of a year by disease of the brain and spinal cord, resulting in impairment of mind and complete paraplegia. The object of the present movement is to make some permanent provision for the family, whose circumstances are very straitened. I may mention that there are four children to be maintained, and that Mrs. Danaher has been partially paralysed in the lower limbs ever since the birth of her last child, now a boy ten years of age, whom we are endeavouring to get into the Royal Medical Benevolent College at Epsom. The Committee of the British Medical Benevolent Fund have kindly consented to head the list with a donation of £18, and Mr. Edward East, of 18, Upper Berkeley Street, Portman Square has con-

sented to act as treasurer of the fund. Contributions for the above mentioned objects may be forwarded to the treasurer, or to any of the undermentioned gentlemen, who strongly recommend and support the appeal.—Mr. Jonathan Hutchinson, F.R.S., 15, Cavendish Square, W.; Dr. Stephen Mackenzie, F.R.C.P., 18, Cavendish Square, W.; Mr. F. M. Corner, Manor House, East India Road, Poplar; Major Banes, J.P., M.P., Plaistow, Essex; Rev. R. W. B. Marsh, late vicar of Plaistow.

LARGE FAMILIES.

THE offer of the Canadian Legislature of 100 acres of land to each possessor of eleven or more children is bringing forward a great number of claimants. Among them is a Madame Poirier. This lady has just given birth to her twenty-first child. She is only 39 years old, and married at the age of 15 years. At the age of 17 she was already the mother of three children, having had twins, an event which has happened thrice in that family. Madame Poirier is nevertheless very strong and healthy.

DIAMONDS AND DOCTORS.

ANY young medical practitioner, says the *Daily News*, who, because the population of the Cape diamond fields is large and believed to be generous, imagines that he might find here a good field for his talents, will do well to listen to Mr. John Drummond, of Styal, Cheshire.

Mr. Drummond, who has lately surveyed Kimberley with a professional eye, tells us that about two-thirds of the population of that district are medically provided for by contract, and a new settler can only hope to pick up his patients from the remaining third, amongst whom he will find Malays, Dutch, Hottentots, Chinese, Indian Coolies, and Kaffirs, who are very much readier to summon a doctor than to pay for his services. The eight thousand or so natives engaged on the diamond fields sign contracts for three months, during which they are, for perfectly intelligible reasons, forbidden to leave the camp. The excuse that they want to see the doctor would be met at once with the information that there is a hospital within the camp, with a medical attendant paid according to the number of Kaffirs under his charge. On the other hand, the white employes are associated in benefit societies which provide for the sick.

THE TREATMENT OF INFLUENZA.

DR. G. E. J. GREENE (Ferns) writes: From my experience in the therapeutics of influenza gained in the treatment of 204 cases between December 28th and February 28th, I can fully endorse the opinions expressed by Drs. Illingworth and Hanbury Frere as to the danger of using antipyrin and its congeners indiscriminately in influenza (universally acknowledged to be a very depressing affection). I am happy to say I did not lose a single patient from the epidemic or its sequelae, and I used very little medicine, and that of the simplest description, and only when complications existed; not a grain of antipyrin or of any of its allies was administered by me. I relied principally on strict hygienic and dietetic measures, and I think the results obtained sufficiently justify the course adopted.

Antipyrin does undoubtedly relieve the accompanying headache and neuralgias, but not infrequently it hastens, if it does not actually cause, death; as some cases which have come to my knowledge lead me to believe.

TO CORRESPONDENTS.

OUR correspondents are reminded that prolixity is a great bar to publication and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early insertion. We are compelled to return or hold over a great number of communications chiefly by reason of their unnecessary length.

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

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BOOKS, ETC., RECEIVED.

- A Manual of the Theory and Practice of Equine Medicine. By J. B. Gresswell, F.R.C.S., and Albert Gresswell, B.A., M.B. Second edition, revised by George Gresswell. London: Baillière, Tindall and Cox. 1890.
- On the Reappearance ("Recurrence") of Cancer after Apparent Extirpation. By Herbert Snow, M.D. London: J. and A. Churchill. 1890.
- The Palliative Treatment of Incurable Cancer. By Herbert Snow, M.D. London: J. and A. Churchill. 1890.
- The Care of the Skin in Health and Disease. By F. Augustus Cox, M.B. London: Alexander and Shephard. 1890.
- A Course of Lectures on the Growth and Means of Training the Mental Faculty delivered in the University of Cambridge. By Francis Warner, M.D. Cambridge: The University Press. 1890.
- De l'Acromégalie; maladie de P. Marie. Par J. D. Souza-Leite. Paris: Le-crosnier et Babé. 1890.
- Outlines of Practical Histology. By William Stirling, M.D. Sc.D. London: Charles Griffin and Co. 1890.
- The Anatomy of the Central Nervous Organs in Health and Disease. By Dr. Heinrich Obersteiner. Translated, with annotations and additions, by Alex. Hill, M.A., M.D. London: Charles Griffin and Co. 1890.
- A Textbook on Diseases of the Eye. By Henry D. Noyes, A.M., M.D. New York: William Wood and Co. 1890.

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