

colour of the surrounding skin. He said this dressing would remain with the same appearance all day, whereas he had found that all other materials he had before tried began to curl up at the edges after a time.

I may add that had I been in his company and ignorant of his condition, I should, at the completion of his toilet, never have suspected that there was anything on his face beyond the disfigurement produced by an old healed lupus, whereas there was a red, raw, and nodular sore of the size of a florin, on the nose and cheek.

ERRATUM.

In the report of the Leeds and West Riding Medico-Chirurgical Society, which appeared in the JOURNAL of April 16th, Dr. Churton is said to have described "cases of double and of fetid empyema, in which the pus came from dilated bronchi." It should have been "cases of double and of fetid empyema; and cases of apparent empyema in which the pus," etc.

EARLY PATERNITY.

M.D. writes: A case has recently come under my notice of sufficient physiological and medico-legal interest to deserve notice. A young woman was sent to me for examination, and it was evident she was pregnant. She confessed it, and was brought face to face with her paramour; they both confessed that the woman had led him astray, and allowed him to have intercourse at least a dozen times. The present age of the father is 13 years and 3 or 4 months, and as quickening had taken place at the time of my examination of the woman, the lad could have scarcely attained the full age of 13 at the time the intercourse took place. The boy, I may say, is well developed as regards the generative organs, but is this not an unusually early age for the development of the procreative functions?

* Instances of precocious puberty are of by no means rare occurrence, but, so far as we are aware, procreative capabilities have never been proved hitherto at so early an age as in the present case. The earliest recorded case up till now has been a case where a boy, aged 14, succeeded in impregnating a girl of the same age.

STIFFNESS OF THE GREAT TOE IN MALE ADOLESCENTS.

MR. H. B. BLACKBURN writes: Mr. Lucy describes cases common enough. Nothing can be added to what he attributes as the cause, which is undoubtedly backward pressure, from the toe not being allowed to slide forward sufficiently, from shortness of the foot or shallowness of the toe thereof. His treatment, also, is the only one suggested by surgery or common sense, namely, rest until the acute inflammation of the joints has subsided, and properly-made boots afterwards.

Such things as corns, bunions, and the above painful and deforming conditions, should be unknown, depending as they do on easily preventable causes. Ready-made boots should never be worn—by the young, at all events. No adult who has gone to the trouble and slight additional expense of having a last made for his boots will regret it. The last may be altered from time to time by slight additions of leather, and eventually a perfectly-fitting boot may be obtained. The last should be made by obtaining perfect measurements and perfect shape of the foot. He who is being measured should stand on one foot to get its shape and size, as in walking; the bootmaker should trace the shape with a pencil on a paper on which the patient stands.

There is likely to be permanent upward inflexibility, or, anatomically speaking, want of extensibility, with deformity from osseous thickening in these cases. Indeed, with no very long continuation of the cause, such an event may be expected.

I cannot say I have much faith in the external application of iodine, though in all cases of this kind it is sure to be used. The whole treatment is rest for the time and change of boots permanently.

POST-GRADUATE COURSE DURING THE ANNUAL MEETING.

A. B. C. writes to suggest, in view of the meetings of the British Medical Association at Dublin in August, that a post-graduate course of lectures should be delivered at the Rotunda Hospital daily, and extending over a fortnight, or thereabouts. The hour of lecture might be so arranged as not to interfere with the sectional meetings.

THE PHYSICAL EDUCATION OF GIRLS.

DR. RAYNER W. BATTEN writes: There are two points in Dr. Fielden Howard's letter which call for notice. In the first place he very gently blames me for not "meting out a measure of justice" to one particular institution. If he will refer to my paper he will see that I expressly stated that I would "not even allude to some very honourable exceptions;" had it been my purpose I could have named some high schools in which the physical training is nearly all that can be desired; but it would clearly have been most unjust on my part to have done so.

In the second place, writing of girls of the same college, he says, "the anaemia he [Dr. B.] speaks of is conspicuous only by its absence;" it would have been somewhat strange had it been otherwise, seeing that the anaemia of which I spoke was the anaemia of women, and not of girls. I should no more expect to find the marked signs of anaemia amongst such girls than I should the neuroses and uterine affections to which I also alluded. My argument was that the anaemia and unsatisfactory condition of health of so many women might have been prevented; that it was due largely to a faulty up-bringing; and that amongst the causes which had produced it the absence or insufficiency of wise physical training in girlhood was one of the most important.

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

Dr. Sawdon, Hull; Mr. E. Brady, Cork; Dr. Moorhead, Carrington: The Honorary Secretary of the Bath and Bristol Branch, Clifton; Dr. J. H. Galton, London; Mr. L. Jefferies, Cliftonville; Dr. R. H. Mathews, Sheffield; Dr. C. F. Moore, Dublin; Mr. T. B. Goss, Bath; Mr. A. R. Wright, Manchester; Dr. A. H. Hilliard, Aylesbury; Mr. C. H. Wells, London; Mr. J. B. James, London; Dr. R. W. Batten, Gloucester; The Secretary of the Royal College of Physicians, Edinburgh; The Secretary of the International Medical Congress, Washington; Miss M. Keightley, London; Mr. H. T. Heath, Mansfield; Sister Gertrude, Surbiton; Mr. W. H. Spurgin, Maryport; Mr. J. W. Barnes, London; Mr. H. Dixon, London; Dr. W. Murrell, London; Mr. E. S. Henson, Keyworth; The Income Tax Repayment Agency, London; Messrs. Schieffelin and Co., London; Mr. N. Humphreys, London; Dr. J. H. Parkinson, Sacramento, California; Messrs. Lynch and Co. London. Mr. S. Morris,

Chorley; Dr. Abercrombie, London; Mr. J. Gilroy, Birmingham; Dr. F. A. Davy, Poonumalee, Madras; Mr. T. J. Verrall, Brighton; Dr. W. H. Dickinson, London; Mr. M. W. Kerin, Netley; Dr. Maxwell, London; An Interested One; Mr. T. D. Cook, Torquay; Mr. E. D. Rowland, George Town, British Guiana; Mr. A. H. Benson, Dublin; Mr. Lawson Tait, Birmingham; Mr. R. Clement Lucas, London; Mr. A. M. S. Turner, Gloucester; Dr. C. T. Williams, London; Professor Annandale, Edinburgh; Mr. S. S. Rodery, Droitwich; The Secretary of the West London Medico-Chirurgical Society, London; Mr. R. T. Grubb, Harlow; Dr. Raiton, Manchester; Mr. G. F. Webb, Dawlish; Mr. A. S. Jeffries, Clevedon; Dr. Mickle, London; Brigade-Surgeon R. Waters, Allahabad, India; Dr. R. Prichard, Cardiff; Dr. F. Fox, Strathpeffer Spa; Dr. Partridge, Stroud; Dr. T. Laffan, Cashel; Dr. D. V. O'Connell, Nee-much, India; Dr. Churton, Leeds; Mr. F. W. Bell, London; Quid Rides; Brigade-Surgeon Hamilton, Dil Kooshu, Oudh; Dr. A. Hall, London; Dr. Simon Fitch, Halifax, Nova Scotia; Dr. J. H. Warren, Boston, United States America; Dr. J. K. Murray, Kendal; Mr. J. T. Gilchrist, Greenock; Dr. Ulthoff, Brighton; Dr. E. S. McKie, Wiesbaden; Dr. Styrap, Shrewsbury; Dr. Heatley, Sunderland; Mr. E. Turner, Stourbridge; Mr. H. J. Collins, London; Surgeon-General MacKinnon, London; Surgeon-Major R. H. Quill, Woolwich; Dr. McKendrick, Glasgow; Mr. G. Carter, Ilkley; Mr. E. Garraway, Faversham; Dr. Von Idelson, Berne; Mr. W. Bunn, London; Mr. A. G. Lawrence, Chepstow; Dr. B. Smith, London; Dr. Moorhead, Carrington; Messrs. Burroughs, Wellcome and Co., London; Mr. R. J. Hutton, London; Mr. Snowden, Newcastle-on-Tyne; Dr. Mouncey, Earlestone; Mr. G. B. Browne, London; The Honorary Secretary of the Nottingham Medical Society; Dr. J. A. Nealon, Runcorn; Dr. Hack Tuke, London; Surgeon-Major Galloway, Brighton; Messrs. Burgoyne, Burdighes, and Co., London; Dr. W. F. Haslam, Birmingham; Dr. J. A. Myrtle, Harrogate; Reverend J. Kirkman, London; Dr. J. W. Paton, Rockferry; Mr. Page, London; Dr. C. Bell, Edinburgh; Mr. H. P. Frankerd, Southampton; A Subscriber; Mr. T. O. Smith, Kinnetty; Mr. E. Davies, Vochriw; Mr. C. T. Kingzett, London; Mr. F. G. Turner, London; Mr. G. Holford, Bolton; The Woodhouse and Rawson Electric Supply Company, London; Messrs. Wenham and Waters, Croydon; Dr. R. Rentoul, Liverpool; Dr. Tatham, Salford; Dr. G. P. Best, Cheltenham; Mr. J. Brown, London; Dr. R. Barnes, London; Dr. G. S. Woodhead, Edinburgh; Mr. E. Hamley, London; Dr. W. H. Wright, New Normanton; Mr. J. B. Smith, London; Dr. Johnstone, Dover; Mr. W. A. Lane, London; Dr. Wilks, London; Mr. L. W. Marshall, Nottingham; Mr. G. P. Field, London; Dr. R. Drury, Birmingham; Dr. Hime, Bradford; Mr. J. Lewis, Birmingham; Mr. T. Mowat, Strathaven; Messrs. R. A. Knight and Co., London; Mr. Shirley Murphy, London; Dr. A. Colles, Wellington; Our Glasgow Correspondent; Our Manchester Correspondent; Mr. N. W. Scatiff, Margate; Dr. J. G. Brereton, Newport; Mr. A. Jackson, Sheffield; Mr. H. J. Davis, Brighton; Dr. R. E. Rouse, Brighton; Mr. T. B. Brierley, Tattenhall; Mr. A. S. B. Miller, Cambridge; Mr. W. T. Brookes, Oxford; Mr. Perry Marsh, Bristol; Mr. Holloway, London; Dr. Gustav Fischer, Jena; Dr. C. R. Illingworth, Accrington; Dr. Strachan, Sunderland; Surgeon Beever, London, etc.

BOOKS, ETC., RECEIVED.

The Treatment of Spina Bifida by a New Method. By J. Morton, M.D., L.R.C.S.Ed. London: J. and A. Churchill. 1887.

The International Journal of the Medical Sciences for April, 1887. London: Cassell and Co. 1887.

The Practice of Pharmacy, etc. By Joseph P. Remington, Ph.G. Illustrated. Philadelphia, U.S.A.: J. P. Lippincott and Co. London: Burroughs, Wellcome and Co. 1887.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE "BRITISH MEDICAL JOURNAL"

Seven lines and under	£0	3	6
Each additional line	0	0	4
A whole column	1	15	0
A page	5	5	0

An average line contains seven words.

When a series of insertions of the same advertisement is ordered, a discount is made on the above scale in the following proportions, beyond which no reduction can be allowed.

For 6 insertions, a deduction of	10 per cent.
" 12 or 13 "	20 "
" 26 "	25 "
" 52 "	30 "

Special terms for occasional change of copy during series:
20 per cent. if not less than 26 pages be taken } or their equivalent
25 " " 52 " " } in half or
80 " " 104 " " } quarter pages.

For these terms, the series must, in each case, be completed within twelve months from the date of first insertion.

Advertisements should be delivered, addressed to the Manager, at the Office, not later than noon on the Wednesday preceding publication; and, if not paid for at the time, should be accompanied by a reference.

Post-Office Orders should be made payable to the British Medical Association, at the West Central Post-Office, High Holborn. Small amounts may be paid in postage-stamps.