

others are trying to make capital out of it. I shall feel obliged if you will give me your opinion, as all books I have referred to say the course I took was the correct one.

\*.\* In certain conditions, such as the case related presents, it is not wise to persevere too forcibly to detach the whole placenta at once. The very circumstances that lead to the abortion are likely to be attended by undue adhesion. Wait and watch should be the rule. If hemorrhage recur, ergot may be tried according to routine rule; if not stopping, injections of hot water and dilatation to facilitate detachment of placenta come into use. But so long as any placenta remains, rest should be observed. This the patient neglected.

#### NOTES, LETTERS, ETC.

##### INCOME TAX.

THE INCOME TAX REPAYMENT AGENCY (25, Colville Terrace, W.) write: In consequence of the numerous questions which have been asked us, directly or indirectly, after each letter of ours that you have published, Mr. Chapman has, in his new edition of *Income Tax, and How to get it Refunded*, added (page 29) a special section for doctors, telling them what deductions they are allowed to make from their gross income. It is a most important addition, for our experience has shown us that there is scarcely a medical man who is not greatly overtaxed and does not pay considerably more than he would do if he went the right way to make out his returns. We can boast that scarcely one of our clients in the profession has not either obtained a refund or got a reduction in assessment; often they get both. We know as a fact that, in the month of May alone, the Inland Revenue issued upwards of 20,000 post office orders for refunds, and we take credit to ourselves for a goodly number of these, either directly or indirectly. Another little book we strongly recommend is Lawrie's *How to Appeal against your Rates*. Armed with these two books no person should be over-taxed or over-rated. Mr. Chapman has also published another useful handbook, *Inhabited House Duty*.

##### AN APPEAL.

We desire again to call attention to the appeal printed on April 14th (p. 817) to enable a medical man of good position, who has been reduced to destitution through no fault of his own, to buy a small practice and make a living for himself and wife. Contributions may be sent to Dr. Farquharson, M.P., Migvie Lodge, Porchester Gardens, W., or to Mr. Marmaduke Shield, F.R.C.S., 20, Stratford Place. Subscriptions have been received from Sir William Jenner, Sir James Paget, Sir Joseph Lister, Sir Andrew Clark, Sir Prescott Hewitt, Sir Spencer Wells, and others. Since the last insertion of this appeal, the following subscriptions have been received: Dr. Francis Waring (Brighton), £1 1s.; Mr. Bernard Roth, £1 1s. Further subscriptions are still needed.

##### A SOURCE OF INFECTION.

M.D. writes: Although my notes upon "A Source of Infection" were not intended to initiate a discussion upon antiseptics in midwifery, but to point to a possible hidden source of infection, I see, from the JOURNAL of June 16th, Dr. A. D. Macdonald has adversely criticised my remarks. My answers to his strictures are: first, when I say I used the "strictest antiseptic treatment," I mean it. Although I do not happen to prefer your correspondent's favourite drug (iodine), and although my conception of antiseptic midwifery is not embodied even in the free use of any single antiseptic, yet I flatter myself I carry out in every labour case the strictest antiseptic treatment. I do not feel myself called upon to state *seriatim* what these are, but I may mention the methods I adopt are partly those I carried out when resident accoucheur in a large maternity hospital, and partly those gained by experience and a careful study, not only of new drugs, but new methods. Secondly, your correspondent attempts almost to point the finger of scorn when he insists that, had the syringe been disinfected, there would have been no case of puerperal septicæmia, that the space of the JOURNAL would not have been uselessly occupied, and that he would not have had to write pointing out my waywardness. To this I reply that the syringe was disinfected thoroughly before using it. Moreover, I did not begin intra-uterine irrigations until the disease had commenced. Thirdly, Dr. Macdonald advocates the return of the syringe to the chemist, to be given out on loan to other women in childbed, and says: "The syringe, I hold, should have been purified by iodine and perhaps also by corrosive sublimate." Why also by corrosive sublimate if iodine is the antiseptic? If Dr. Macdonald has not faith in iodine alone, why does he advise me to trust it? An antiseptic is either effective or it is a sham. Fourthly, I frankly admit I would rather expose myself to the charge of insisting upon even a working man spending 1s. 6d. or 2s. in purchasing a syringe for no other purpose than destroying it, than burden my conscience with the doubtful economy of sending out on loan any instrument which has been used in a case of puerperal septicæmia washed with two separate antiseptics, evidently suggesting my faith in neither.

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#### BOOKS, ETC. RECEIVED.

- Saggio Sulla Scienza della Patologia Generale e sull' Accordo della Speculazione col Naturalismo, per R. Toriadora. Parte Prima. Napoli. 1888.  
 Igiene degli Organi Vocali, di Sir Morell Mackenzie. Traduzione Italiana, del Dr. F. Masci. Napoli. 1888.  
 The Textbook on Surgery—General, Operative, and Mechanical. By John A. Wyeth, M.D. London: Swan Sonnenschein, and Co. 1888.  
 On Diabetes and its connection with Heart-disease. By Jacques Mayer, M.D. London: J. and A. Churchill. 1888.  
 Home Nursing. By E. H. Margery Homersham. London: A. S. Mallett, Allen and Co.  
 Nerve Prostration and other Functional Disorders of Daily Life. By Robson Roose, M.D., F.R.C.S. London: H. K. Lewis. 1888.  
 On the Treatment of Acute Rheumatism with special references to the Use of the Salicylates. By Donald W. C. Hood, M.D. London: Harrison and Sons. 1888.

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