Punjab, Bombay, and the united provinces were the worst affected. The disease is everywhere confined to the natives, whose attitude is admirably stoical. Preventive measures have failed, but it is hoped that the approaching fierce heat will, as usual, reduce the mortality.

The Senegambia expedition of the Liverpool School of Tropical Diseases, which arrived on the Gambia in September last, is about to leave for Senegal. Drs. Dutton and Todd have spent the last few weeks of their investigation into the cause of "sleeping sickness" at McCarthy Island, about 150 miles up the River Gambia. The bites of flies on this river are said to have caused "sleeping sickness" in a white man who recently died at the Liverpool School. So far the disease has chiefly attacked the native races.

Dr. Radcliffe, who lived in Oxford in the latter half of the 17th century, was one of the greatest benefactors the city ever had. To whom it owes the famous library named after him, and the Radcliffe Infirmary was built out of funds which he bequeathed for charitable uses. To St. Bartholomew's Hospital, London, he left £600 a year for ever.

During his lifetime the doctor was considered "near." An amusing story is told of a combat he once had with a roadmaker who called for payment for some work he had done outside the doctor's door. "How, you rascal," said Radcliffe, attempting to evade the demand, "do you pretend to be paid ? You have spoilt my pavement and covered it over with earth to hide. your bad work." "Doctor," was the man's smart retort, "mine is not the only bad work the earth hides." "You dog!" replied Radcliffe, "you are a wit; you must indeed be poor. Come in" —and paid him.

Dr. Dabbs, who was for twenty-five years closely associated with the late Lord Tennyson in the capacity of medical attendant, prints some of his reminiscences in the February number of *Vectis*. The doctor had a great admiration for the whole-hearted loyalty of the poet towards those who advised him :

"He was absolutely incapable of any sly deception as to other advice; if he did not like your treatment he said so, and in remarkably plain language. If he thought your estimate of his condition was erroneous, he asked you for your reasons, and when you gave them he put them through a furnace of criticism which was of the most biting prose and in no sense idyllic. But he was true and straight. He might not always be complimentary, but he was always a man who thought and spoke as a man."

Owing to the increase of business, due in a large measure to the introduction of their new fluid beef, "Oxo," the Liebig Company have transferred their offices to a magnificent suite of up-to-date premises, 4, Lloyd's Avenue, next door to the beautiful Lloyd's Registry building. The company's offices occupy the whole of the first and second floor frontages, and when complete will comprise one of the finest suites in the City of London. Letters, applications for Lemco Cookery Books, and all inquiries should be addressed to 4, Lloyd's Avenue, London, E.C.

## Professional Review.

AIDS TO GYNÆCOLOGY.

We have received from the publishers, Messrs. Baillière, Tindall and Cox, 8, Henrietta Street, Covent Garden, a copy of "Aids to Gynæcology" (4th edition), price 2s. 6d., by Dr. Alfred S. Gubb, M.R.C.S., Fellow of the Royal Medical and Chirurgical Society.

It is intended, we imagine, primarily for students, but, at the same time, it will also be of use to nurses who specialise in gynacological work.

who specialise in gynaecological work. The book deals with the anatomy of the reproductive organs, their functions and diseases, and pains have been taken by the author, as he tells us in the preface, to eliminate views which have been rendered obsolete by the progress of gynaecological practice, and to embody the latest contributions to knowledge.

As one of the duties of a gynacological nurse is to prepare vaginal plugs, and occasionally to insert them herself, it is useful to quote the various methods employed by the author in this connection.

"<sup>4</sup> Small bundles of iodoform or cyanide of mercury gauze (the size of a bantam's egg) are securely tied with silk or twine, the ends being left long in order to facilitate the withdrawal of the plugs; or the bundles may be attached at intervals to one long piece of string, as in the tail of a kite; a third method is to use a long strip of the gauze and pack as for an abscess cavity. Whichever sort of plug is used, it must be introduced through a speculum, and pushed well home, taking care to fill the anterior and posterior culs-de-sac. The whole may be kept in place by a Tbandage. The plugs should never be allowed to remain for a longer period than twenty-four hours."

Referring to the operation of ovariotomy, the author emphasises, not without cause, the importance of counting sponges and instruments. "The sponges and instruments should be counted before and after the operation, to ensure that nothing has been left in the abdomen—anaccident which has several times occurred, to the detriment of the patient and the discredit of the surgeon."

A condition which a nurse often hears referred to, and which she cannotal ways precisely define, is subinvolution of the uterus. We are told that "subinvolution, a term which signifies that the return of the uterus to its proper size after labour has been hindered, may follow (1) general debility, protracted labour, or the resumption of active life too soon after delivery, especially if associated with non-lactation; (2) chronic endometritis preceding pregnancy; (3) puerperal (septic) inflammation." The condition is one which it is important that nurses should know something of, because until complete involution has taken place a patient is not, as a rule, allowed out of bed. For this reason the routine practice of some lying-in hospitals to get patients up on the tenth day is to be deprecated. No nurse should take the responsibility of getting a patient up until the medical practitioner in charge of the case has satisfied himself that involution is complete.

Another point to which the attention of nurses may be directed is the difference between Pelvic Peritonitis (perimetritis) and Pelvic Cellulitis (parametritis). If they understand these points they will nurse their patients more intelligently than if they act as machines merely. This applies to the usefulness of the book as a whole to nurses; it concerns them indirectly.



