

fits any form of water-closet, and is patented in France and other countries.—*Gaillard's*.

THE American Laryngological Association is holding its sixth congress in Philadelphia. A laryngological association, my dear, is, we take it, an association of larynxes. And a larynx is—well, it is the active principle of your “Adam’s apple;” the larynx lives in your neck, third floor front, between the tongue and the trachea; it has nine cartilages, and looks like an old garden hose gone to seed. And its uses are—well, you know when a little mouse runs across the floor? Well, your larynx is what you use then. “Climb on the table with it?” Great Scotland, no! Who ever heard of climbing up on a table with your larynx? No, girl; you “holler” with it. That’s what you do with it, and no foolishness about it, either. And this American Laryngological Congress, we suppose, is organized to devise some means whereby to supply a new India Rubber copper-lined larynx for the star-eyed goddess of reform, she having shrieked hers wide open and split it down the back when Morrison fell.—*Burlington Hawkeye*.

THE COLLECTION OF REFUSE.—The Vienna authorities have recently adopted a new method of collecting refuse that one would think cannot fail to commend itself to our own governing bodies, although whether they will find imitators amongst us is quite a different matter. The new Vienna method is based on the assumption that infective matter is not unfrequently mixed with dust, sweepings, and rubbish, and that by transporting such rubbish on open conveyances there is at least a possibility of disease being disseminated along the route of conveyance. The method consists in having all refuse put into barrels provided with tightly-fitting heads. These barrels are then collected, carted away to the proper locality, emptied, disinfected, and then returned. In order that every household may keep his own, the name and address of the owner are painted on each barrel. The Vienna authorities are making a valuable experiment, and if it proves successful and not too expensive, other municipalities will not be long in following so good an example.—*Medical Press*.

THOSE who have read—and who has not?—Warren’s “Diary of a Late Physician” can hardly have forgotten the picture he there gives of the early struggles of a young physician in London. It is interesting to compare his by no means wholly fictitious account with that which Dr. Charles J. B. Williams has lately published of his personal experience. During the first ten years (1830–1840) of his establishment as a physician in London his expenses exceeded his receipts at an average of £600 a year. In 1840 the scale began to turn in his favour. In 1848 his professional income amounted to £3,600. Between 1853 and 1857, when he was in the fullest private practice, it varied from £4,000 to £7,000 a year. It never exceeded the latter amount. He adds, “My largest receipts, handsome as they were, did not equal those of fashionable physicians of olden times, nor of the two or three special favourites of the present day.” In this connection one may note that the gains of a fashionable physician in Rome in Juvenal’s days were equivalent to about £5,000 a year.

UNCOVERING AT FUNERALS.—This practice is often highly prejudicial to the health of mourners, who may have many living persons dependent upon them, and who are exposed by the custom to actual risk of life, or at least to a very great chance of being seized with temporary indispositions, which are certain to cause them unfair and needless inconvenience. The depression of spirits under which the chief mourners labour at these melancholy occasions, peculiarly predisposes them to some of the worst direct and indirect effects of chill; and even when any person is at a burial out of respect to the deceased, with whom he has had none of the deep sympathy due to relationship or intimacy, the risk of his catching cold is considerable, as a visitor of this kind has often walked some distance, or travelled in some carriage by rail or road. A duty of this kind is often pressed upon a medical man; and in his case the risk is great, and the result of any consequent illness often very serious. It is, however, very difficult to break old customs without giving offence; and perhaps the best thing to do, under the circumstances, is for the mourner to wear a skull-cap, or to raise his hat as little from his head as possible, as both these subterfuges appear to be conventionally permissible.—*British Medical Journal*.