on comparative anatomy, teratology, and cognate subjects are very instructive, although in some points many anatomists will not be found to accept his conclusions in their entirety. Dr. Mackay's researches on the arteries of vertebrates are well known to, and appreciated by, every scientific teacher. We must, however, dissent from his description of the aponeuroses of the transversalis and internal oblique muscles. We are prepared to allow that the description in our textbooks is inadequate, but we cannot admit that either Braune's or Dr. Mackay's account of the sheath of the rectus abdominis is invariably correct. Henle's and Hesselbach's bands, although often present, cannot always be made out, and the posterior part of the sheath below the semilunar fold of Douglas is often very ill defined, and certainly not formed, as a rule, by the aponeurosis of the transversalis muscle, as stated by Braune. Dr. Young has largely dealt with the mechanism of the joints and limbs; he has also contributed some valuable notes on abnormalities in the arrangement and development of the intestine. There are many excellent plates, by means of which the articles are adequately illustrated.

New Inventions.

A NEW AMBULANCE STRETCHER.

THIS stretcher has been designed by Mr. M. J. Darke, one of the officers of the Mission to Deep-sea Fishermen, and forms a part of the equipment of the cruising hospital now afloat in the North Sea. The transport of sick or injured men from one ship to another in a northern fishing fleet is a matter often attended with considerable difficulty, especially when a heavy sea is running. The patient has to be removed from the cabin of a trawler and brought on

deck; he has then to be lowered into the smack's boat and carried to the hospital ship or to the steam carrier. Hence arises great difficulty in getting the patient from the boat to the larger vessel—a difficulty that is very considerable in a stiff breeze. Finally, the man has to be placed in very nearly a vertical position in order that he may be lowered through the companion of the steamer or the main hatch of the cruising hospital. In such transport everything must

be done by hand; tackles and davits are worse than useless, and the stretcher employed must be one that will hold the man securely in almost any position. The present stretcher consists of a framework of lancewood with short handles and rope grommets, placed as shown in the illustration. The canvas body is of tanned navy flax; the breeches and straps (which are inseparable from the bed of the stretcher) are of the same material. The stretcher can be used in any ordinary boat and in any sea in which a boat can live, and can be hoisted on to the deck of a large ship by davits or by a single whip from the yard-arm. It can be hoisted or lowered in the upright position, and in that position it is depicted in the woodcut. The stretcher has been severely tested in the North Sea, and has proved to be invaluable. In one recent case a man broke his thigh on board a trawler. A heavy sea was running at the time. The doctor of the hospital ship boarded the trawler with the sea stretcher, and, having secured the patient to it, adjusted the fracture. The man was conveyed in a smack's boat to the cutter, lowered in a vertical position into the cabin, and was not removed from the stretcher until, after steaming 250 miles, he reached the London Hospital. He states that "he never had a bit of pain all the way." It is evident also that the stretcher would prove most useful in carrying injured or helpless persons through narrow doorways, or into railway carriages, or up and down narrow staircases, since it can be tilted or lifted sideways or placed on end without the occupant being disturbed.

COVERED CUP FOR NURSES.

WE have received from a correspondent a specimen of what is called the "Covered Cup for Nurses." This is made in the form of a teapot, which can only be filled from below; it is recommended that a cork be placed in the spout, so that the contents of the vessel may be shut off from the air and falling dust of the ward and kept free from taint, as well as warm for a longer period. It is suggested that this will prove of great use in the long night hours of those on duty, especially if the case is an offensive one. Mr. Jenkinson, of Princes-street, Edinburgh, is the maker. We must, however, draw our correspondent's attention to the fact that such teapots are well known and of old fashion both in England and Japan. We think, however, that the pattern has gone out of date, and the present proposal as regards special use is of value.

OUT-PATIENT WORK IN GENERAL HOSPITALS.

To the Editors of THE LANCET.

SIRS,—My attention has been drawn to a paragraph in your leading article on the out-patient system in THE LANCET of the 2nd inst. I am there quoted as having stated that the inspection system "had excluded 50 per cent., notably in the special departments." As this quotation does not, from misunderstanding doubtless, represent the exact state of affairs, I trouble you with a few words of explanation. It is quite true that the special departments were reduced in the first year of the system to more than the extent noted, and have since been well under control. But the reduction does not apply to the large total number of general out-patients in attendance, but simply to the number of cases selected from the total for thorough investigation. Of these something under 50 per cent. are rejected. It would be a waste of time to make elaborate inquiries about the great mass, their social position being easily recognised by a skilled observer; and with regard to these, the only object to be kept in view is to eliminate from them, as far as possible, cases chargeable to the neighbouring unions.

I am, Sirs, your obedient servant,
 London Hospital, Whitechapel-road, E., WM. J. NIXON,
 March 8th, 1889. House Governor.