shut out gas altogether or to do the same when going down a long hill); (2) a lubricator (!) to cylinder which could not be set to drop oil; (3) a catch to lid over works which would not keep lid shut; (4) chain, "made in Germany," which very soon stretched and became useless; (5) the valve admitting benzoline to carburetter is utterly useless, consequently the supply has to be regulated by tap from tank and indicator inspected every few miles, otherwise the "automatic" valve will very soon stop the car altogether, by either not supplying fast enough or by supplying too fast, and flooding carburetter; and (6) the ball bearings are only such as are used in this country for bicycle work, though the car, without two people in it, weighs something over 9 cwt. These balls want constant watching. Early in my possession of the car I ran it, unknowingly, some miles with a broken ball. Result, loss of services; consulting engineer summoned from town ten miles distant; cab hire to pay while car in dock; and bill from engineer £8 10s. Certainly the car is sold "with a guarantee." But it is a guarantee which practically means nothing and which legal advice represents as "not good enough to fight on."

As I know that very many of our profession have been and are seriously considering the propriety of setting up a motor vehicle and doing away with the expensive stable-yard, I have not hesitated to write at length. I may add, "with all its faults I love it still," and I am still driving mine every day. To summarise: (1) If the medical man lives within a mile or two of a competent engineer; (2) if he lives within a mile or two of cycle or motor works; (3) if he is fond of engines and machinery and can manage small fixings for himself; (4) if he lives within half a mile of a cabstand; (5) if he does not take his car more than a mile or so from a railway station; (6) if he has conveniences in his town for getting his batteries re-charged, or can do it himself from primary battery—£3 extra—(on no account let him touch the "tube-ignition" business, at all events without increasing his insurance); (7) if he will see personally that every bearing is kept properly oiled and every grease-pot is properly filled; and (8) if he does not live in a hilly country—he will find a motor-car a great convenience and a great saver of time and fatigue and, perhaps, of money. My car will climb any hill, but where hills are constantly recurring it would be a painfully slow conveyance. To enable prospective purchasers to form an idea as to the amount of outside help required—and this is a very important point—I append a list of dates when I have had to employ outside help since the beginning of July. The wheels *must* come off once a month regularly, otherwise a damaged ball will soon play havoc with wheels and axles. I should say that I had run the car some 300 or more miles prior to the date first mentioned.

July 11th.—Changed battery.
 " 12th.—Wheels off; ball broken; new asbestos joint.
 " 23rd.—Chain came off.
 " 24th.—Chain adjusted by engineer.
 " 25th.—Front wheel to works; split cone.
 August 4th.—Brake catch broken.
 " 11th.—Changed battery.
 " 12th.—Chains came off.
 " 14th.—Ditto; new chains (English).
 " 22nd.—Countershaft off, squeaking.
 " 29th.—Changed battery.
 Sept. 15th.—Water-tube repaired, leaking.
 " 16th.—Changed battery.
 " 20th.—Ditto.
 " 20th.—Chains adjusted.
 " 21st.—Car to works, ten miles off, sundry repairs.
 " 22nd.—Ditto. New belt. Had been in a bit of a puzzle here. Car would not take high-speed belt. Found at last that carrier did not carry slow-speed belt off working pulley, consequently on putting on fast speed I was industriously trying to run the car at two speeds at the same time—with unsatisfactory results.
 Oct. 3rd.—China insulator worked loose; just managed to get car home. New insulator.
 Oct. 8th.—Changed battery.
 " 10th.—Exhaust spring eased.
 " 17th.—Changed battery; cells out of order.

Many of these troubles will, no doubt, grow less frequent with increased experience. Meanwhile any medical man who is prepared to diagnose and treat these troubles as they arise will find a motor-car a great convenience.

I am, Sirs, yours faithfully,

HARRY LUPTON, L.R.C.P. Lond., M.R.C.S. Eng.
 Stratford-on-Avon, Oct. 23rd, 1899.

To the Editors of THE LANCET.

SIRS,—I was away from home at the time your annotation on my letter in the *Autocar* appeared or I would have written myself. Mr. Seyd has, however, pointed out the

error. It is quite correct that the new car has improvements which I have added to mine—i.e., Connolly's tyres and, I believe, English chains. I find on working it out that the cost per mile has been one penny and a fifth, or, including breakages—i.e., axles, &c. (not due to "steeple-chasing")—one penny and three-fifths; anyhow, under twopence. I have found the car very reliable and have only twice been unable to drive it home from causes which were not my own fault.

I am, Sirs, yours faithfully,

Oct. 24th, 1899.

A. CHARPENTIER.

"WHO PAYS LUNACY FEES?"

To the Editors of THE LANCET.

SIRS,—I think that there are some errors in your editorial note to a letter on the above subject in THE LANCET of Oct. 21st, p. 1125. I have never received an order made by a magistrate for a fee to be paid by the guardians. The practice for many years in the union of which I have a district was for the relieving officer to issue an order, marking it "Lunacy," and this was paid (in the event of the patient being certified a lunatic) with the quarterly accounts, the amount being 10s. 6d. Within the last 12 months, however, an alteration has been made, and now the relieving officer hands me the fee, 10s. 6d., taking a receipt, at the time of examination and removal.

As far as I know, the usual fee for examining and certifying pauper lunatics is 10s. 6d., and unless a medical man is called in by the relieving officer or receives an order from a magistrate his claim for fees, usually £1 1s. upwards, would be against the relatives of the lunatic.

I am, Sirs, yours faithfully,

Brentwood, Oct. 22nd, 1899.

J. R. WHITE, M.B. Dub.

* * It has always been the practice, even prior to the Lunacy Act of 1890, that the clerk to the guardians can only pay the medical man's fee on receipt of the justice's order. The justice or magistrate usually signs this with the other papers brought to him by the relieving officer, who takes it direct to the clerk to the guardians. That is probably why our correspondent has never seen these orders, but without these the clerk cannot pay the fee. It is very undesirable that the medical man's fees should be paid through the relieving officer. The clerk generally pays them quarterly when one practitioner is employed for most of the cases. But our correspondent's most serious misapprehension is comprised in the words which he encloses in brackets. The medical man's fee is for "*examining and reporting*" on a case of alleged lunacy, not for certifying him or her as a lunatic. Whether he reports the patient to be sane and he is discharged, or insane and he is removed to an asylum, matters not at all, the fee is payable all the same. Finally, as regards the amount of fee for pauper cases or for cases which "for the purposes of this Act may be deemed to be pauper," it rests entirely with the justice to order whatever remuneration he may think fit. The usual sum, as we have said, is one guinea but it varies from half a guinea to two guineas. Possibly our correspondent has misapprehended the lunacy procedure in his union, but if not the matter should be inquired into.—ED. L.

NAPPER'S FLYING HOSPITAL.

To the Editors of THE LANCET.

SIRS,—My attention having been drawn to a paragraph in THE LANCET of Oct. 21st referring to Sir John Furley's hospital train I wish to state that the idea of converting railway carriages into moveable hospitals for use in time of war or of epidemics originated with my husband (the late Albert Napper of Cranleigh, Surrey) during the Franco-Prussian War. This you may learn on reference to the *Engineer* of Sept. 16th, 1870, which gives a description, with illustrations, of "Napper's Flying Hospital" and "Napper's Ambulance." Owing to want of funds my husband could not start a full-sized hospital, but a working model was on view in 1878 and following years at the United Service Institution in London, and I still have the model and all his plans for the same.

Without in the least wishing to detract from the credit