

my Rover bicycle has run 4000 and odd miles and has not cost a penny for repairs.

I do not agree with all of Mr. Lupton's summaries—e.g., (1) this is partly true; (2) there is now a cycle repair place in most towns; (3) certainly it is of no use having a motor unless one is fond of machinery, and can manage small engineering matters—similarly no man should keep a bicycle unless he can repair a puncture and use a spanner; (4) this is quite unnecessary, a bicycle is advisable; (5) is absurd (I have been many miles from home and from a railway station; in September I went with a friend on a 170 miles tour to Chichester, Arundel, Worthing, Brighton, Horsham, Dorking, and home without a hitch); (6) I have four secondary batteries and when one pair is exhausted I send it to London to be charged; (7) quite so, no trouble at all; (8) I question whether the car would be slower than horse traction. One can go down a hill in a motor-car at any speed.

With regard to the list of "outside helps," I think that most automobilists do all these repairs themselves. I know several and we rather pride ourselves on doing these little engineering exercises "on our own." At some time or other I have had most of these troubles, but have set them right myself except the "organic" ones, such as water-tube broken, insulator, &c., which have not occurred. Of course, it is obvious that if one had an engineer in to adjust chains, re-packing, &c., the expenses would very soon run up, just as with a bicycle and its slight repairs and adjustments. It must be remembered that if one has horses one employs trained and skilled (?) men who are accustomed to the vagaries of the animals, but very few automobilists go to the expense (25s. per week) of a motor driver. Many men drive a motor themselves with no previous experience or knowledge of, or liking for, machinery and are disappointed with the results.

Personally I hate horses and all my life have been interested in and have dabbled in machinery, and I have found my experiences of engine-rooms more or less useful in "diagnosing and treating" the functional disorders of my car's internal arrangements. As Mr. Lupton says, the car wants looking after, of course; so do horses or a bicycle. But I confess that I enjoy seeing to my car and I have spent many happy hours on my back underneath it. I have just done a day's round of over 30 miles easily, in wet and mud, and the car was quite fit to go out on the next day as early as usual. What would one or two horses be like, to say nothing of the man? For a man who only needs one horse a motor-car would be of no advantage, but where two or three horses are needed a good motor-car is, in my opinion, infinitely better and more economical. My car does more than two horses could do and does it more easily.

I am, Sirs, yours faithfully,

Nov. 7th, 1899.

A. CHARPENTIER.

STUDY LEAVE FOR COLONIAL MEDICAL OFFICERS.

To the Editors of THE LANCET.

SIRS,—Since the question of study leave has at length begun to receive the attention which it has long deserved may I be allowed, as a member of a service not usually included under the heading of "The Services," to bring forward a few points bearing on the importance of regular study leave amongst a large body of medical men, some working in colonies and some in protected States and generally known as the Colonial Medical Service? Contrasting as one must the value to the empire of the lives entrusted to our care from time to time as medical officers with the value of the life of the soldier in the ranks, without desiring in the slightest degree to detract from the debt which we all owe to our gallant "Tommy Atkins," no one can deny that the civil medical officer has at times the fate of a district, a State, or even a whole settlement, depending in very great measure on his skill and training. Writing, as I feel it my duty now to do since this matter has not evoked the interest of those of my seniors in the profession and in this service, practically 8000 miles from specialism and the facilities of learning, forgetting with the ardent help of a tropical sun and humid atmosphere the anatomy, physiology, and pathology of our "lecture days," ignorant of, or seeing darkly through, the papers, new surgery, medicine, midwifery, bacteriology, and therapeutics, one cannot but acknowledge that after six years of a district surgeon's life in the East neither his faculties nor his knowledge are in a condition to be of the

utmost possible benefit to his patients. Then, again, incomplete establishments, an exceedingly heavy fare, small salaries compared with other branches of the civil services and local companies, heavy expenses of living and departmental economy, leave regulations, and the time lost in the voyage (24 days), all tend to prevent, and in point of fact do prevent, the spending of vacation leave—some cases even of long leave—in the pursuit of knowledge and the renewing of past facts. I would therefore beg to impress upon, or rather to remind, the powerful ones in our profession at home that the Colonial Medical Service should not be forgotten in any discussion regarding such a vital necessity as study leave, and, furthermore, of the fact that we now have at the head of our colonial affairs a broad-minded and sympathetic Secretary of State.

I am, Sirs, yours faithfully,

P. N. GERRARD, M.D. Dub.,
District Surgeon, Vlu Selangor, F.M.S.

Oct. 6th, 1899.

"THE INFECTIOUS DISEASES (NOTIFICATION) EXTENSION ACT."

To the Editors of THE LANCET.

SIRS,—Please accept my best thanks for your further information in THE LANCET of Nov. 4th respecting the greater efficiency of the Infectious Diseases (Notification) Extension Act over the Huddersfield Notification Clauses, and I am bound to admit that in the respect you mention the efficiency of the general Act is greater than the local Act, but in practice it does not appear, as the medical men notify us of every case, whether or no it arises during the 30 days or not, and we act upon, and pay for, such notification accordingly. Undoubtedly this is not quite in accordance with the strict letter of our Act but this is the principle that is adopted and therefore our practice in this respect is the same as that of the general Act.

I am, Sirs, yours faithfully,

Health Office, Huddersfield, Nov. 4th, 1899.

E. G. ANNIS.

ECTOPIC GESTATION.

To the Editors of THE LANCET.

SIRS,—I hope it will not be out of place if I trouble you with an explanation of the meaning and uses of the term "ectopic." I observe that its exact and full meaning is often misunderstood. Thus, in the Sydenham Society's Lexicon: "Ectopic gestation is Barnes's term for extra-uterine gestation"; also I find in Ribemont-Dessaigne's work, 1894: "Gestation extra-utérine, dite encore gestation ectopique." The like error recurs in almost all recent references to extra-uterine gestation. The full meaning of a word is often the condensed expression of a series of facts culminating in a scientific theory. This applies to the word ectopic. Thus, in my work, "On the Diseases of Women, 1878," I first adopted the term "ectopic" as more accurate and comprehensive than the old term "extra-uterine," pointing out that "some gestations, as those taking place in the lower segment, and in the cervical canal of the uterus, and in the wall of the uterus, are abnormal and ectopic, but are not strictly extra-uterine."

The term is closely linked with the new theory of placenta prævia which I first sketched in 1847 (THE LANCET), and which I demonstrated in my Lettsomian lectures before the Medical Society of London in 1857¹ and in many subsequent memoirs and works by abundant physiological and clinical evidence. I described the division of the uterus into three zones: (1) the upper or fundal zone, the normal and safest seat of gestation; (2) the middle or equatorial zone, also a seat of gestation and comparatively safe; and (3) the lower zone, the seat of dangerous "ectopic" gestation. I defined the division of the upper from the middle zone by a line—the upper polar circle. The equatorial zone is divided from the lower zone by the lower polar circle—i.e., by "Barnes's boundary-line." My discovery of the line of demarcation between the lower zone and the equatorial zone was the outcome of extensive clinical work. The subsequent recognition of this line by Bandl and other disciples of the German school was no doubt suggested by my work, and confirmed by the study of a few frozen sections of women

¹ In the library of the society is a drawing showing this description of the uterus.