

Correspondence.

"Audi alteram partem."

"IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION."

To the Editors of THE LANCET.

SIRS,—My attention having been called to a paragraph in THE LANCET of Nov. 17th, in which I am reported to have made, at the annual dinner of the Irish Medical Schools' and Graduates' Association, certain comments respecting qualifications for hospital appointments, I shall feel obliged if you will allow me to state in your columns that such comments are wrongly attributed to me, as I did not make any allusion to the subject.—I am, Sirs, yours faithfully,

J. W. HULKE,

President of the Royal College of Surgeons of England.
Lincoln's-inn-fields, London, W.C., Nov. 29th, 1894.

* * The account in question was furnished us in the ordinary course by the secretaries of the Irish Medical Schools and Graduates' Association, from whom we have also received a copy of the following resolution, which was unanimously passed at a meeting of the Council on Wednesday last and sent to Mr. Hulke:—

Copy of Resolution.

"Although, according to the recollection of the majority of the members of Council who were present at the dinner on Nov. 10th, the notice of the speeches published in the medical papers was in substance correct, the Council of the Irish Medical Schools and Graduates' Association nevertheless feels bound to accept Mr. Hulke's disclaimer, and regrets the misunderstanding that has arisen." ED. L.

"THE PAY SYSTEM AT THE GREAT NORTHERN CENTRAL HOSPITAL."

To the Editors of THE LANCET.

SIRS,—The position taken up by the medical staff of the Great Northern Central Hospital would, perhaps, be justified if it were clear that the pay wards will be, as intended, for the reception exclusively "of persons a little above the poorest class." Where, I would ask, is the guarantee in the regulations recently initiated for the admission of pay patients that this will be the class of persons admitted? What is to prevent persons of any class and of any income claiming admission as "persons of limited means"? That is the elastic term chosen to define the class of patients in the regulation sheet. Of course, it is easy to say that there is an understanding to the effect that the house committee will rigorously scrutinise the credentials of candidates for admission. No doubt they will—at least, just now—perhaps for a year or two, or as long as the present attitude of the medical profession generally makes such a strict scrutiny politic. But what will happen in a few years, when the present excitement on the subject has subsided—when there is nothing to appeal to for the guidance of the committee but the printed regulations as they now stand? Then, I venture to predict, the Committee of Management will be led into a different course by a prominent member of that body, who recently stated, with admirable candour, his opinion on the subject to a conjoint meeting of the medical staff and the non-medical members of the governing body. My colleagues at that time will remember that the opinion of that gentleman was that members of a much higher class than those "a little above the poorest" should have the benefit of the pay wards, and that he instanced himself as a fair sample of those admissible. This view was not controverted by any of the non-medical members of the committee. What chance, however, has the hospital of steering clear of the dangers indicated in your able editorial article when such opinions as these are openly held by members of the governing body? These opinions may be kept in abeyance for a time, but when the present publicity subsides they will again bud forth and bear fruit to the detriment of the hospital, and especially of the

medical staff. As a member of the staff at the conjoint meeting above referred to, I proposed that the regulations for the admission of pay patients should be made much more stringent, but I was not supported by my then colleagues, either at that meeting or at a subsequent medical committee meeting.

I am, Sirs, yours truly,

W. SPENCER WATSON, F.R.C.S.

Henrietta-street, Cavendish-square, W., Nov. 28th, 1894.

"THE AMOUNT OF MEMBRANE IN DIPHTHERIA AS AN ELEMENT OF PROGNOSIS."

To the Editors of THE LANCET.

SIRS,—I am glad to see the insertion of Mr. Lennox Browne's letter in THE LANCET of Dec. 1st, as I think the local signs of this disease most important, especially the appearance of the throat and the quantity of the diphtheritic membrane and its situation. I happened to precede Mr. Browne in the late debate, and particularly stated that I could not go with Dr. Donald Hood in the opinion he gave, and, as the result of his experience, that it is a mistake to estimate the danger of the attack or its probably fatal result by the amount of the membrane. I mentioned in my speech—and am glad to have the opportunity of recording in the pages of THE LANCET, which is so widely read by general practitioners—that I have always found that if there was any extensive true diphtheritic membrane on the fauces, and especially if it spread to the posterior nares, with much exudation from the nostrils, the gravity was greatly increased and a fatal result generally followed, and, indeed, this result by authors we have been taught to respect; *ergo*, the opinion from so able a physician as Dr. Hood that the amount of the membrane was of no consequence would be likely to tend to the under-estimation of the gravity of the case. I also called attention to the local symptoms of the diagnosis of diphtheria, and mentioned as of some value (with other signs), in determining the nature of the disease, a swelling or tenderness of the glands of the lower jaw (the submaxillary).

We can hardly over-estimate the importance of the recognition of diphtheria; every sign that leads to the correctness of diagnosis had its value, for the tubes exhibited by Dr. Abraham, and used extensively in New York for diagnosis, were even thought by experienced speakers to be of questionable or of negative value and would in no way exclude the possibility of the diphtheritic nature of the disease.

I am, Sirs, your obedient servant,

Dec. 1st, 1894.

FREDERICK H. ALDERSON, M.D.

P.S.—I am able to confirm Dr. Campbell Pope's experience that one of the chief factors of diphtheritic culture is dampness of soil. I was in practice a decade previous to Dr. Pope (before the main drainage) and when diphtheria was very prevalent in Hammersmith of a far more severe type than the present epidemic, and the immunity from the disease that the author spoke of the first ten years he was in practice I attribute to the excellent main drainage and the dryness of the subsoil, which undoubtedly reduced the diphtheria mortality very considerably.

"THE POSITION OF THE THEORY OF EVOLUTION."

To the Editors of THE LANCET.

SIRS,—Newton was asked one day *why* he walked when he felt inclined to do so, and *how* his arm and his hand moved responsive to his will. He answered that he did not know. "Well, at least," pursued the inquirer, "you, who know so much about the gravitation of the planets, surely can tell us the reason for their turning in one direction rather than in the other"; but again he answered that he did not know. Those who have read Mr. Norman Lockyer's meteorite theory are aware that the known laws of gravitation will not answer every question in celestial mechanics; indeed, if I remember well, astronomers have been forced, in attempting to solve the mysteries of nebular transformation, to invoke the existence of laws of motion opposed to prevailing views of gravitation. Dr. Walter Kidd asks Professor Huxley to conciliate evolution and ethics (I see no other weighty point in his letter), and because this distinguished scientist acknowledges the