

Registrar-General is totally inadequate, of course, for any tabulation of trades which is to give an accurate computation of the wage earned by those trades. There is no necessity either for Professor Pearson to thus mishandle the Edinburgh statistics, and as for his group of porters, a messenger is not a porter. It is interesting to notice that he carefully abstains from explaining in your columns the far more glaring case we gave of the railway porters, which he represented to be nine in number, although only two exist in the Edinburgh statistics. The reason is this—from his letter to the *Statistical Journal* it would appear he concocted his nine railway porters by jumbling together anybody who had anything whatever to do with a railway; and he even admits that his "railway porters" varied in wage-earning rate from a guard who earned 45s. a week to a porter who earned 14s. a week and tips. Can any one pretend for a single moment that this is scientific statistical examination of the wage-earning capacity of different trades and sections of the community? The proof of our position is that our estimations obtained by keeping strictly to the Edinburgh facts gave the same results as the Edinburgh Verification and Wage Table, results which are in absolute opposition to Professor Pearson and Miss Elderton's. As we showed on January 14th, this is due to their having created statistics where real data did not exist. A very good example of this is his belated attempt in his last letter to support his and Miss Elderton's theory that the reason why the children of alcoholic parents have such a high death-rate is not so much that there are any toxic effects of the alcohol present in the offspring as that they die from accidents directly caused by the drunkenness of their parents. If statistics are selected in which no information is given concerning the actual cause of death, naturally any theory can be bolstered up. Professor Pearson therefore endeavours to meet our police statistics in which precise cause and mode of death is given in each instance, by quoting the returns of the Registrar-General. We have shown in a letter sent to the *Times*,<sup>2</sup> that these returns are worthless for the purpose to which Professor Pearson applies them, except in one single particular, that is, "overlying." As we show in our book, *Alcohol and the Human Body*, alcoholism has a direct causative relation to this accident. In the Registrar-General's returns, which Professor Pearson quotes in his letter without the slightest qualification, the remainder of the deaths from suffocation are put down as due to "otherwise." As this, of course, has no meaning whatever, one-third of Professor Pearson's figures are useless for his purpose, but that, as we have seen before, is no hindrance to his quoting them. Our point now is that to use such figures to make statistics is to execute what Professor Pearson rightly calls a "fabrication." Even if we took the overlying cases at the fullest possible estimate, the proportionate number of instances that would have occurred in the population to which the Edinburgh Report refers would be less than one. This completely confirms the conclusion we drew from the more minutely analysed police returns. Taking the view that we do that alcohol is a great national evil, if, as Professor Pearson asserts, we were only regarding this question from that point of view, it would make no difference whether the parental alcoholism killed the children by negligent accidents or by toxic consequences. What we did show on January 14th was that Professor Pearson and Miss Elderton, endeavouring to minimize the toxic effects of the drug, invented, without the slightest inquiry into the facts, a theory that the higher death-rate was due to accidents. We have therefore disproved, first, this gratuitous hypothesis of Professor Pearson and Miss Elderton; and, secondly, we have shown reason why further research should be made into the general physical condition of the children of alcoholics.

In conclusion, we observe that Professor Pearson intends to produce from his apparently unlimited financial resources a pamphlet purporting to be an additional answer to our paper of January 14th, just as his and Miss Elderton's first memoir purported to be an inquiry into parental alcoholism.

<sup>2</sup> The *Times*, for reasons which may be well understood, has suddenly closed the correspondence after publishing Professor Pearson's last letter.

We have no doubt that the one will be as incorrect as the other.—We are, etc.,

London, W., Feb. 7th.

MARY D. STURGE.  
VICTOR HORSLEY.

\* \* \* In the note on the pamphlet published by Professor Karl Pearson in *Questions of the Day and of the Fray*, published in the *JOURNAL* of November 12th, 1910, p. 1545, it was said that it appeared to us that "the assailants of Professor Pearson have been somewhat over-hasty." It is now abundantly clear that this epithet was ill chosen, and we regret that the expression was used. In the longer article published in the *JOURNAL* of June 4th, 1910, p. 1367, on the "First Study of the Influence of Parental Alcoholism on the Physique and Ability of the Offspring," by Miss Elderton and Professor Pearson, after stating that they held that "parental alcoholism, bad housing, and other environmental evils do not produce large effects upon the next generation," we pointed out that "Even if these views merited universal acceptance—as to which we express no opinion—it would still be our duty to strive at least as hard as at present for the amelioration of environmental conditions. Hunger, filth, and alcoholic excess may not affect the intelligence and physique of the rising generation, but, beyond all question, they materially affect the health and happiness of the generation in being." It appears that this warning might have been even more strongly expressed.

#### HYDROTHERAPY.

SIR,—We feel it our duty to protest against the depreciatory tone of an article on hydrotherapy appearing in your issue of January 7th. We believe that such an article is calculated to discourage the general body of the profession from paying due attention to a method of treatment for which, when properly conducted, there is in many instances no satisfactory alternative. We think, too, that it may tend to check the flow of subscriptions to our mineral-water hospitals.

It is certain that patients who have derived benefit from hydrotherapy will continue to seek its aid and will advise their friends to follow the same course. But if they ascertain or are led to believe that hydrotherapy is undervalued or imperfectly understood by the medical profession in Britain they will be disposed, more and more, acting on their own initiative, to place themselves in the hands of unqualified persons in this country, or to proceed to the Continent, where balneology is recognized as an independent and indispensable branch of the science of therapeutics.

While associating ourselves with the writer of your article in deprecating the exaggerated claims put forward by some zealots we protest against the statement that in the scheme of management of a modern spa the various baths and hydropathic (*sic*) applications are regarded as a secondary though essential element.

True as this relegation of hydrotherapy to a secondary position may be for a limited number of resorts, the names of which will readily occur to any one versed in crenotherapy, it is the reverse of true when applied to the majority, whether in Britain or on the Continent.

We demur, moreover, to the suggestion that hydrotherapy has become, in the older countries of the world, a therapeutic method within the compass of the leisured and moneyed classes only. The inaccuracy of this statement is shown by the fact that in 1909, at three English spas alone, in addition to out-patients there were admitted to the wards 5,779 patients of the poorer classes, sent from all parts of the country; while at one spa no less than 35,327 mineral water baths were given at the bathing establishment belonging to the charity.

While there are other passages to which we take exception, we prefer to refrain from further comment, but would state our position affirmatively, as follows, adopting the words of a recently published monograph on spa treatment:

That for one group of patients the benefit received from spa treatment accrues entirely, and not merely in great part, from change of surroundings and habits. But a sufficiently radical alteration in the manner of life could not always be induced in this class of patients, save by the compelling influence of the ritual associated with mineral water treatment. That for a second group of

patients benefit is derived from all the resources of a spa, but in proportions not capable of definition.

But it must be added, and with equal emphasis, that there is a third and a very large group in which the strictly balneological procedures constitute the primary and preponderating factors necessary for successful treatment.—We are, etc.,

A. F. STREET.  
ALBERT MOUILLOT.

By Resolution of the Council of the Section  
of Balneology and Climatology of the  
Royal Society of Medicine.  
London, W., Feb. 2nd.

SIR,—My attention having been called to an article in your issue of January 7th, may I be permitted, as chairman of the board of management of the Royal Bath Hospital and Rawson Convalescent Home, Harrogate, to correct a statement made by the writer of hydrotherapy, on page 35, to the effect that such treatment is only within the reach of the moneyed classes.

This Royal Bath Hospital was founded in the year 1824 with the special object of providing means whereby the poorest classes throughout the United Kingdom and Ireland might benefit by a course of the Harrogate waters and baths. The charity has increased in popularity to such an extent that in 1889 the present handsome new building capable of treating 100 patients at one period was opened, and in the course of every year upwards of 1,200 patients, all of the indigent or lower working-class section of the community, receive free of charge a three weeks' course of the said Harrogate treatment for gout, rheumatism, eczema, and similar troubles.

The greatest precautions are taken to prevent any abuse of the charity. No patient or any near relative of a patient is permitted to subscribe the smallest sum towards the cost of treatment. I have personally, or in my occasional absence my deputy has, an interview with every patient presenting a recommendation form duly signed by a subscriber and countersigned by the patient's own medical attendant, and unless the evidence of such patient's inability to pay for medical attendance and the cost of baths and lodgings is very clear, we are obliged to decline admission.

As a proof of the extent to which the advantages of this institution are appreciated by the suffering poor throughout England, Scotland, and Ireland, I may say that for many weeks each year there are upwards of 200 cases awaiting admission in addition to the 100 patients in the hospital.

In view of these facts, I think you will agree with me that the statement to which I have taken exception is somewhat misleading, and trusting you will excuse my addressing you at such length,—I am, etc.,

Harrogate, Feb. 2nd.

J. W. COCKERHAM.

#### QUALIFIED OPTICIANS.

SIR,—At a recent dinner of the Spectacle Makers Company Dr. Seymour Taylor is reported to recommend that people who are not rich or poor, but who belong to the great middle class, should have their refraction defects attended to by a new class of persons whom he would name "qualified opticians."

Is Dr. Seymour Taylor so out of touch with his medical brethren as not to know that numbers of general practitioners now devote special attention to refractive work for the very class who cannot afford the specialists' fees, and who do not wish to make themselves objects of charity by going to the hospitals?

Does Dr. Seymour Taylor think the class he seeks to establish more likely to benefit the public than men who have a general knowledge of eye diseases and who have also studied the subject of refraction—a subject which is by no means difficult for medical men to master, but which has many difficulties for the uneducated class which Dr. Seymour Taylor suggests should take it up?

Nobody wants Dr. Seymour Taylor to suggest at a public dinner that general practitioners are more suitable than others to deal with such cases. To suggest, however, the formation of a new class to encroach upon the legitimate work of members of his own profession is, indeed, uncalled for. He supports his contention by quoting the case of the dentists. The parallel does not hold good to-day. He ought to know that the dentists in best repute

first quality in medicine or surgery, or both, before taking up dentistry. Where is Dr. Seymour Taylor's sense of *esprit de corps* in suggesting that the employees of a trading society like the Spectacle Makers should supersede us?—I am, etc.,

February 6th.

SAVE ME FROM MY FRIENDS.

#### TUBERCULOSIS AND STATE INTERVENTION.

SIR,—Referring to further correspondence under this head in your issue of January 28th, will you allow us to add that the purpose of our recent letter to the BRITISH MEDICAL JOURNAL, which was to correct a misleading impression which seemed current, namely, that the Edinburgh Conference on Tuberculosis favoured the principle of separate legislation directed specially against tuberculosis, has been achieved.

A motion in favour of such legislation was indeed submitted to the meeting, but was lost. The resolution which was passed by the conference was definitely limited to the question of including tuberculosis in the proposed scheme of invalid insurance.—We are, etc.,

W. LESLIE LYALL, M.B.,

JAMES MILLER, M.D.,

Joint Honorary Secretaries.

Edinburgh, Jan. 30th.

#### CORONERS' LAW AND DEATH CERTIFICATION BILL.

SIR,—Feeling very strongly about the proposed amendment to the above bill and the way the duty of notifying births has been foisted on us, and wishing to emulate the example of Dr. Distin of Enfield, I obtained from him a copy of the petition (to which he got over eighty signatures<sup>1</sup>), and have been canvassing the medical men in West and South Worcestershire. Every doctor I visited signed, and many felt more strongly than I do about it, if that were possible. I got thirty-eight signatures in West Worcestershire and twenty-two in the Southern division.

In company with Dr. Holbeche, the senior man in practice here, I waited on the member of Parliament for the former division, who could not have been more considerate, and I have also had a very pleasant interview with the member for the latter constituency. They have both promised to do their best to oppose the bill unless a clause be inserted guaranteeing adequate payment by the State for viewing the dead body.—I am, etc.,

Malvern, Feb. 4th.

EDW. B. FFENNELL, M.D.

#### THE SWEATING OF DOCTORS BY THE LONDON COUNTY COUNCIL.

SIR,—I crave space to illustrate the way the London County Council treat their medical examiners.

They ask for examiners in home nursing, infant care, and first aid, and offer £1 ls. for the first twenty candidates examined, and 1s. for each one over twenty.

Till a year ago the examination took place at each school and one often did not have more than seven candidates; but when this was found out the candidates were collected at certain centres so that now one is almost sure to have twenty to examine.

There is a written paper and a viva-voce examination. I pointed out that the paper takes at least ten minutes to read and mark, and the viva-voce another ten, so the remuneration works out at 3s. an hour, without considering time expended in going and coming. The Council's own medical officer reported that he considered the fees "very meagre" and advised alteration, but nothing has been done.

A last instance of red-tape is that the Council offers travelling money "not more than first class fare." My first-class fare would have been 3s. In my statement which asks "method of travel," I put "private car say 1s." The answer comes back "none but first-class fare is allowed," and as I go in my own car I am allowed nothing for travelling expenses.

Can we not prevent them from getting any examiners till they pay them properly? The facts are beyond dispute, and are admitted; it is only because they think we are disunited, and know they cannot sweat their workmen, that they pay us below "trade union rates."—I am, etc.,

January 20th.

"UNITAS."

<sup>1</sup> BRITISH MEDICAL JOURNAL, 1910, vol. ii, p. 1656.