mean to go on now; indeed," said he, "I have called before the meeting, as I do not wish our friends to know I have asked you to nominate me," at the same time producing a nomination paper, on which I said, "I cannot do that; it would be inconsistent for me to do so, as I have publicly recommended Foster, Glover, and Wheelhouse." He replied, "I do not see that you cannot nominate me and still vote for your friends. I want your name." I again strongly objected, but on his stating that it would not be publicly known that I had nominated him, I reluctantly assented. At this conversation no regret was expressed by me that my letter to you of the 30th had been reprinted, and was in process of circulation, for the reason that the merest tyro in electioneering proceedings should be aware that when once a letter has appeared in a public journal, it is competent for anyone, whether friendly to the candidate or not, to deal with such letter as he or they may think fit, so long as the text is quoted correctly. At the subsequent meeting of the Council, no objection was raised to my having written such a letter, nor any insinuation made that I had abused my position as President in writing it, or had written in the name of the Association, as Mr. Balding's and Mr. Cornwall's letters would appear to infer. If such insinuation had been made, it would at once have been indignantly repudiated by

Yours obediently,

JOSEPH ROGERS.

Montague-place, Russell-square, Nov. 16th, 1886.

To the Editor of THE LANCET.

SIR,—I have just received circulars in the name of the British Medical Association, accompanied by the card of one of the secretaries to the Metropolitan Counties Branch, advocating the candidature of Messrs. Foster and Wheelhouse for the General Medical Council. I protest against any such use being made of the influence of the Association generally, or of that of its branch secretaries individually, as a cheap form of advertisement; it is undignified, and, as all the candidates are members of the Association, it is manifestly unjust. It is not a question of the Association candidates as against non-associationists, but of consultants *versus* general practitioners.—I am, Sir, your obedient servant,

Old Burlington-street, W., Nov. 16th, 1886. GEORGE STOKER.

* * Our correspondent is in error in stating that all the candidates are members of the Association.—ED. L,

THE BRIGHTON MEETING AND DIRECT REPRESENTATION.

To the Editor of THE LANCET.

SIR,—I withdrew my amendment at the Brighton meeting and seconded Dr. O'Connor's proposal, and was astonished to read the account in the journal. Sir Walter Foster immediately left the chair without putting the resolution. It was unnecessary to do so, as the meeting was so evidently in favour of it. No one could anticipate the attempt now made to throw doubt on the result of the vote. It was understood by all present that the Association was pledged to neutrality. Mr. Ker states that his committee carried out Dr. Dolan's idea of a *plébiscite*. Surely not. I proposed taking the vote of over 12,000 members of the Association. Mr. Ker and his friends took a vote of 340, most of whom were members of the Council or friends of those who started the provisional committee. A vote from such a committee was a foregone conclusion as regards the independent candidates. Out of the 340 I should like to know how many actually voted. I remain, Sir, yours truly.

Halifax, Nov. 15th, 1886.

T. M. DOLAN, M.D.

To the Editor of THE LANCET.

SIR,—As my name appears in THE LANCET of the 13th inst. in a letter from Mr. Ker in connexion with what he alleges took place at the recent Brighton meeting of the British Medical Association, with reference to the selection of candidates for direct representation on the General Council, will you allow me to state my very *distinct* recollection of what actually occurred at the general meeting on August 11th? Dr. Carter moved that three names be selected by the Council; after some discussion on this point, Dr. Dolan proposed an amendment which was practically a

dilution of Dr. Carter's motion, to which so much opposition was shown by those present that Dr. Carter withdrew it *on the ground that the general feeling was against his suggestion*. Dr. Dolan's amendment then became the substantive motion before the meeting (which at this time numbered at least, if not more than, two hundred members), and as an amendment to it, I moved that the Association take no action whatever in the matter. This proposal was received with an outburst of cheering by those in the body of the hall. Dr. Dolan thereupon withdrew his resolution *in order to second my amendment, which was immediately unanimously carried*. The Chairman, Sir W. Foster—not Dr. Withers Moore, the President—said "That settles it," and the meeting then broke up.

Mr. Ker states that my amendment was not seconded! Assuming for a moment that this was so, *why* did Dr. Dolan withdraw his resolution? I remember reading, a few days after the meeting, the *British Medical Journal* report to which Mr. Ker refers. It struck me as being very meagre and not strictly accurate.—Yours faithfully,

Nov. 15th, 1886.

BERNARD O'CONNOR.

THE RELATION OF THE COURT OF EXAMINERS TO THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—In the report of my speech at the recent general meeting at the College of Surgeons, I am represented as advocating the representation of every medical school by examiners *on the Council of the College*. Whilst in favour of the principle of representation of schools on the Boards and Court of Examiners, as well as of election of examiners, as one of the Charters of the Irish College of Surgeons has it, "without hatred, evil will, partiality, affection, favour, or fear," I have always held the view of THE LANCET, that the Council and Court of Examiners should be separated. No Fellow or member of the Senate of the University of London is eligible as an examiner, and at the Royal College of Surgeons in Ireland examiners are incapable of being elected members of the Council, and members of the Council are ineligible as examiners. The large sum annually divided amongst the members of the Court of Examiners increased, as it will be by the operation of Sir Erasmus Wilson's bequest, will render it practicable to deal justly and equally with all the medical schools, a few of which might be amalgamated with advantage. In expressing views of this kind *en passant* at the meeting, I did so in the capacity of an entirely independent Fellow, making observations strictly relevant to the report of the Council then submitted to the meeting for criticism, because this was the only occasion on which I should enjoy the opportunity of speaking openly and without reserve. My remarks would also have been quite relevant to the more immediate matter in hand if I had added, as I intended to do, that the presence of representatives of the Members of the College on the Council was shown to be desirable by the very obvious fact that on all such questions they would be absolutely impartial.

I am, Sir, yours, &c.,

Nov. 15th, 1886.

WALTER RIVINGTON.

THE FUTURE POSITION OF THE SOCIETY OF APOTHECARIES.

To the Editor of THE LANCET.

SIR,—It is with both surprise and indignation that we hear that the Council of the College of Surgeons sent last Tuesday a letter to the Society of Apothecaries, expressing its adherence to the policy of excluding the latter body from the Conjoint Scheme. Previous to the memorable general meeting of the College of Surgeons on the 4th inst., a report was in circulation to the effect that the Council of the College would not view unfavourably such a resolution as that bearing upon the question of union with the Apothecaries' Society; and most decidedly that general meeting gave clear expression, by a vote carried *nem. con.*, to the views of the diploma-holders of the College, that it would be most detrimental to the interests of their *alma mater* should the Council still maintain its policy of exclusion. In the short interval of twelve days between the general meeting of the College and the transmission of its letter to the Apothecaries' Hall, the Council can

neither have had the time nor the opportunity to collect evidence sufficient to justify it in its latest decision. Whose are the interests the most vitally concerned in this question: those of the select body of pure surgeons who sit on the Olympian heights of Lincoln's-inn-fields in a temple raised to other gods, or the general body of the profession which has been relegated to the outer courts? A clear and sharp issue was raised, and an emphatic decision arrived at on the 4th inst.; yet the Council persists in its suicidal resolve to lift no finger to avert an impending catastrophe. When a second corporation has been permitted to grant complete and competing licences in medicine, midwifery, and surgery, within a stone's throw of the College walls, the medical profession will not forget with whom to lay the blame. At the general meeting the Council was requested to report upon this matter "at a future meeting of Fellows and Members to be summoned for the purpose at an early date." That date must be at once.

We are, Sir, your obedient servants,

WARWICK C. STEELE,

W. M. ASHTON ELLIS,

Hon. Secs. Association of Members of Royal College of Surgeons.

P.S.—With reference to our letter appearing in your last issue, we have been asked as to where communications and signatures to the petition of the members of the Royal College of Surgeons should be sent. We take this opportunity of stating that all correspondence should be addressed to us at the Western Dispensary, Westminster, S.W.

To the Editor of THE LANCET.

SIR,—I have read most carefully the accounts given by you and by your contemporaries as to the dilemma in which the profession is supposed to be placed if the Colleges of Physicians and Surgeons do not admit the Apothecaries' Society to a partnership in the Conjoint Examining Board in England. Two questions have arisen in my mind, for plain answers to which I should be obliged, as I shall be materially influenced thereby in my attitude to many of the medico-political questions which are now being forced on our attention.

1. Is not a licentiate of the Society of Apothecaries, *who has taken no other diploma*, at the present time in every practical sense a practitioner of an inferior grade? I refer not to men of thirty or forty years' standing, when the L.S.A. stood in the fore-front, and was an honoured distinction; but to him who has acquired this one qualification only during the past ten or fifteen years, and practises his profession on this diploma only. If he is of an inferior grade, why make this noise? Let us reconcile ourselves to the fact.

2. Will the representatives of the Apothecaries' Society, if admitted to a Conjoint Board, endeavour to keep up the present standard or try to lower it? If the latter, they had better be excluded, and I am not aware that anyone has argued that their admission is necessary, or even advisable, for the former object.

If the Society must be admitted solely for the sake of the penal clauses of the Medical Act, as you seem to urge, then I can only lament over the loss of many well-considered Medical Bills, and the indecent haste with which, for the sake of direct representation only—a mere will-o'-the-wisp and caucus-driven absurdity—the new Medical Act has been rushed through Parliament by our medico-politicians. The lost Bills insisted on a one-portal system, which is the best guarantee for the future of our profession; this Bill has made it impossible. Yours very faithfully,

Nov. 15th, 1886.

L.S.A. (with other qualifications).

GERMAN MEASLES.

To the Editor of THE LANCET.

SIR,—I beg for insertion of the following account of an epidemic of German measles on the ground of its being a valuable contribution to the literature of the subject, and perhaps all the more valuable as the product of the observation of one who is not medical, and therefore not obnoxious to the suspicion of bias.

A friend of mine, a clergyman, the head master of a large country school, in a letter he wrote to me a short time ago, says: "We have had a course of epidemics

lately: we began the year with mumps; the next term we had German measles; and this term we have common measles of rather a bad sort—31 cases, about half-a-dozen of them rather bad. We find that German measles is no protection against ordinary measles, but of all our cases of measles only one boy has had a second attack. Out of 105 boys 70 have had measles before; so far 69 have escaped. Of the remaining 35, 31 have got measles so far." Having lately seen a few cases of probable German measles, and being interested in the subject, as I have never had the opportunity of watching an epidemic of this disorder, I wrote to my friend for further particulars, especially inquiring as to the occurrence of measles in those who had had the German malady. I subjoin his answer *verbatim*, suppressing only names of persons and places:—

"What we had last term was said to be ordinary measles of a mild sort, but I, with great presumption, maintained that it was not, and called it German measles. When I was at — school in 1868, we had a precisely similar epidemic, and I remember that — (the doctor) called it 'spurious or German measles.' The boys were usually kept in for three or four days, and, just as in the epidemic here, none of them were ill. My reasons for believing the late epidemic here not to be ordinary measles were:—1. The boys were none of them really ill; the worst case out of forty was hardly as bad as the mildest case of ordinary measles. 2. In the majority of cases there was no cough, no sore-throat, no weakness of the eyes, no cartarrh; some few, however, of the patients had 'sneezing' for a day before the rash appeared, and when the rash came out their eyes were rather bloodshot, but not running. 3. The rash, judging from forty cases, is much smaller than the ordinary measles rash, but it is like it in form in the worst cases. (It consisted of very definite spots, round and crescent-shaped, which did not run into one another or form blotches). 4. There was none of the characteristic *smell* of measles which is always patent to my nostrils. 5. In a large number of cases the boys would not have known that they had any disorder, if they had not been on the look-out for the rash. 6. The strongest point against the complaint being measles is that the period of incubation is much shorter. This is, of course, a difficult point to establish; but the time at which the boys came in one after another pointed to this; and one boy who came to school after the term began developed the rash *four or five days* after he came back. This last point, of course, is somewhat in favour of the scarlatina theory. One or two boys also had slight sore-throat. In one or two cases the eruption was suspicious, the spots being very small, and there being some slight appearance of a blush over the chest.

"Against the scarlatina theory I note:—1. That out of the forty cases there was not one severe enough to give a suspicion of scarlatina, apart from the appearance of the rash in two cases. 2. In one of those two cases there seemed reason to believe that the rash was different, as the boy had it twice during the term, and once again during the holidays, and his friends said that he had had it once or twice before in hot weather. 3. After the epidemic was over, one boy who had had the 'German measles' eruption did actually have scarlatina; that is to say, although he was not ill and had only a slight sore-throat, he had unmistakably the scarlatina rash. It was about as mild a case as could be, but yet it was in my opinion, and in that of the doctor, clearly different and distinguishable from all the cases of what I called German measles.

"To my mind the rash of German measles is as different from scarlatina rash as the rash of ordinary measles is. I have only twice come across German measles—in 1868 and in 1886. I believe I have seen a great many cases of measles and a fair number of scarlatina. To my lay observation it is different from both. The differentia of the German measles rash, as distinguished from scarlatina rash, is that the spots are clear and definite, and slightly raised, with white skin between them; and although scarlatina rash is spotty sometimes, the spots are not definite in the same way. I remember seeing it stated in the *Saturday Review* that German measles is 'a cross between scarlatina and the domestic variety of measles.' I am told that this is an exploded theory, but there is a great deal superficially in favour of it; at any rate, the complaint has some of the characteristics of both diseases. I believe it to be a disorder *sui generis*; but you will rightly discount all that a layman has to say on these points. Out of thirty-three