with regard to them." But your readers will see at once that the opinion of Mr. Carter, the expert on the Medical Acts, does not coincide with the actions of Mr. Carter, the Member of the General Medical Council, for on dipping into the minutes of the General Medical Council we find that Mr. Carter was present at the meeting on Dec. 2nd, 1895, when the Council woke up from its long sleep of thirty-six years and resolved; "That the Council instructs its Penal Committee to inquire into cases of persons offending under Section 40 of the Medical Act, 1858, and where it sees fit to instruct the legal advisers to proceed against such persons."¹

It is quite possible that Mr. Carter may consider it a worthy line of reply to say that on that occasion he voted not for the suppression of unqualified practice, but for the sole and academic purpose of stopping people saying that they had a diploma when in fact they had none. If he should take this line then more will follow, and we shall perhaps discover why, with all his clearness of ocular inspection, he fails to see more than about fifty sections in an Act which actually contains fifty-five.

In conclusion, Mr. Carter says as regards the views of Dr. Drage and myself on the serious evils produced by the improper powers of the President of the Council that "it is impossible to come to close quarters with the balderdash." Mr. Carter has, I am afraid, no very real desire to "come to close quarters" on the subject of Sir Richard Quain's actions; in fact, at present his only method of fighting for his chief is to fling some mud and then to run away. He need not complain to your readers that the report of my paper in the *Times* was "condensed" (though, by the way, perfectly accurate). The full text will very shortly be published in the *British Medical Journal*, and I will take care that he receives a copy. I challenge Mr. Carter to then refute, if he can, my statements and quotations, which I submit convict the President of essentially and personally despotic acts, and the "authority" for which is in part to be found in the standing orders, which are of such a character, offering as they do every opportunity of injustice and partiality, that Mr. Carter cannot be credited with a useful ten years' service, on which he is inclined to plume himself, since he has done nothing to reform the regulations under which he is content to "work."

As regards his final appeal, no one can dispute the completeness with which Dr. Glover, Dr. Woodcock, and Dr. Drage "are qualified by education, by experience, and by professional and social position to hold their own among the colleagues in whose deliberations they will take part."

I am, Sirs, yours faithfully,

London, Aug. 12th, 1896.

VICTOR HORSLEY.

THE MEDICAL MAN AND PRESCRIBING.

To the Editors of THE LANCET.

SIRS,—The numerous complaints constantly appearing in THE LANCET and elsewhere about the financial outlook for medical practitioners are very distressing, but is not the trouble the natural outcome of our own pride and folly? By our fancy for prescription writing we teach other people how to cure our patients and then cry for what we have thrown away. In France, where the medical man is not permitted by law to do more than write a prescription, the evil is still more acute. The average Frenchman realises that he gets his remedy from the druggist, and as far as possible goes to him direct to avoid two bills. The better the medical man and the more useful the prescription the less is the chance of the patient's returning, though the druggist may see him frequently for months. A year or two's residence in France has convinced me that the position of the druggist is there far more tempting financially than that of the practitioner. France teaches yet another practical lesson. There the poor prospect for the average medical man and the cheapness of a medical education cause the professional ranks to be filled from a lower stratum of society than in England. This result is inevitable and is very obvious to anyone who, like myself, has graduated in both countries. Inasmuch as a medical man needs a social as well as a medical education, it is very important that a medical career should still remain sufficiently attractive financially to appeal to the youths of our own better-class

families. While English invalids armed with one another's prescriptions are treating themselves, medical men who miss their visits had better pass their spare time reconsidering the wisdom of teaching patients to go elsewhere. If prescriptions were sent by the medical man direct to the druggist and kept back by him patients would be better treated and less perverse, the medical man would be more often visited and be more in touch with his patients, and the druggist would again become a dispenser, as he was meant to be.

I remain, Sirs, yours faithfully,

D. W. SAMWAYS, M.D. Camb. and Paris, D.Sc. Lond.
Mentone, Riviera, Aug. 11th, 1896.

"SUNBURN" BY THE ROENTGEN RAYS.

To the Editors of THE LANCET.

SIRS,—With reference to the letter from Berlin in your last issue respecting the "Sun-burning" action of the Roentgen rays upon the skin, it may interest your readers to know that Dr. Robert L. Bowles, read a paper before the Camera Club, on March 12th, on "Roentgen Rays and Reflected Solar Light." He found that reflected luminous or photo-chemical rays, as well as the "x" rays, penetrate the human skin into the deeper tissues beneath, and produce great and important changes. That it is light, and not heat merely, which causes sunburn he proved by the following facts. In Alpine climbing, the sun on snow burns more quickly than on rocks or heated valleys, although the heat necessarily must be occupied in melting the snow and thus becomes latent. Glass and iron workers, though exposed to a much greater heat than is experienced on a sunny snow slope, do not become sun-burned. Professor Tyndall when experimenting with the electric light at the North Foreland Lighthouse was more sun-burned than in any Alpine snow, although there was no snow or heat at the time. Dr. Bowles' conclusions were: that heat *qua* heat is not the cause of sunburn; that it is most probably caused by the violet or ultra-violet rays; that these are modified by snow and by altitude; that sunburn, snow-blindness, and sun-stroke are caused by the penetrating effects of luminous and actinic rays; that rays from the electric light produce the same effects as rays reflected from snow; that various pigments, chiefly those containing red and yellow, stop or alter reflected luminous rays; that freckles, which are the milder effects of luminous rays, stop the penetration of those rays through the skin; and that the sometimes very serious inflammatory changes in sunburn and "summer eruptions" are due to the penetration of reflected luminous rays through the skin to the deeper tissues beneath. His observations lead him to conclude that the "x" rays are modifications only of ordinary light and that their further elucidation must go hand in hand with a further inquiry into the profound changes caused by reflection.

I am, Sirs, yours truly,

WILLIAM RUSHTON, L.D.S. R.C.S. Eng.

Harley Street, S.W., Aug. 10th, 1896.

UGHT PATIENTS SUFFERING FROM TYPHOID FEVER TO BE SENT TO FEVER HOSPITALS?

To the Editors of THE LANCET.

SIRS,—Now that the fever hospitals are so overcrowded and new ones of gigantic size are being built, regardless of cost, at the ratepayers' expense, it is extremely important that only suitable cases should be admitted. Long ago it was proposed by Dr. Wilks to call enteric fever "enterica," with the object, I believe, of preventing the general public looking upon the disease as a "fever" which was infectious and needed to be isolated in "fever" hospitals.

It is now generally admitted that the faeces alone are the source of infection from typhoid fever and that these when quite fresh are probably innocuous. I have heard three reasons given why patients suffering from enterica should be admitted to "fever" hospitals: 1. In a "fever" hospital the bed-clothes and all other articles liable to be contaminated with faeces are better cleansed than at ordinary general hospitals, as the nurses are better instructed how to disinfect them and there are better appliances for so doing. The answer to this is that all general hospitals should be provided, and probably are provided, with suitable apparatus

¹ Minutes of General Medical Council, 1895, p. 153-4.