Rifle: 3rd Volunteer Battalion the King's (Liverpool Regiment): John McMullen, M.B., to be Surgeon-Lieutenant. 2nd Volunteer Battalion the East Lancashire Regiment: Surgeon-Captain T. Milne, M.D., resigns his commission, also is permitted to retain his rank and to continue to wear the uniform of the Battalion on his retirement. 1st Volunteer Battalion the King's Own (Yorkshire Light Infantry): William Kitson Clayton, gent., to be Surgeon-Lieutenant. 2nd Volunteer Battalion the Duke of Cambridge's Own (Middlesex Regiment): The resignation of Surgeon-Captain H. G. G. Wilkins, which appeared in the *London Gazette* of March 24th, 1896, is cancelled. 1st (Inverness-shire Highland) Volunteer Battalion the Queen's Own Cameron Highlanders: Surgeon-Lieutenant J. Macdonald, M.B., to be Surgeon-Captain. 18th Middlesex: Surgeon-Captain H. Baldwin resigns his commission.

VOLUNTEER INFANTRY BRIGADES.

South Wales Brigade: Surgeon-Lieutenant-Colonel C. P. Skrimpschire, 1st (Brecknockshire) Volunteer Battalion the South Wales Borderers, is appointed Brigade-Surgeon-Lieutenant-Colonel.

ARMY AND INDIAN MEDICAL SERVICES—COMPETITIVE EXAMINATIONS.

The following are the lists of successful candidates for Commissions in the Medical Staff of Her Majesty's Army and for the Indian Medical Service at the recent examinations held in London:—

ARMY MEDICAL SERVICE.

	Marks.	Relative marks under old scale.
G. E. F. Stammers	3018	3159
C. F. Wanhill	2845	2681
W. E. Hudleston	2345	2606
M. P. Corkery	2254	2402
L. Addams-Williams	2215	2346
M. M. Rattray	2209	2195
F. J. Gaine	2102	2336
J. H. Power	1979	2199
R. E. Phillips	1959	2177
E. W. Bliss	1934	2138
W. E. P. V. Marriott	1926	2139
T. H. M. Clarke	1907	2076
J. G. Berne	1804	2005

INDIAN MEDICAL SERVICE.

Marks.	Marks.
A. A. F. McArdle	3005
J. M. Woolley	2988
C. A. Lane	2903
W. H. Kenrick	2740
T. B. Kelly	2595
C. H. S. Lincoln	2560
G. A. F. Sealy	2546
J. A. Hugo	2526
R. Bryson	2418
E. F. E. Baines	2391
R. H. Price	2383
C. H. Watson	2366

MAIDSTONE COMPANY VOLUNTEER MEDICAL STAFF CORPS.

Ninety-four members of this Company attended the encampment with the Regular Forces at Gosport from the 1st to the 8th inst., Surgeon-Captain C. Pye Oliver, M.D., commanding. The members of the Transport Branch were marched to Colewort Barracks, Portsmouth, daily for a special course of instruction by the Army Service Corps, while about thirty of the other members were detailed daily for duty in the Station Hospital with the Medical Staff Corps. The instruction given at both the barracks and the hospital was of a very beneficial character and much appreciated by the members. On Friday Surgeon-Major-General E. C. Markey, C.B., Principal Medical Officer, Southern District, inspected the Company in marching order and expressed himself well pleased with the work done. Referring to his own past services he remarked that the young officers now in the Army Medical Service might hope to some day have the assistance and help of the Volunteer Medical Staff Corps, which he himself should have been glad of on more than one occasion.

Surgeon-Major-General James Jameson, M.D., Director-General of the Army Medical Department, has been appointed, with the Queen's sanction, a Knight of Grace of the Hospital of St. John of Jerusalem in England.

ON Wednesday afternoon next, Aug. 26th, there will be at the Chemists' Exhibition, Argyll-street, London, a special display of articles in which medical men are interested.

THE Middlesex Hospital has received a donation of £500 from Baroness de Hirsch.

Correspondence.

"Audi alteram partem."

DIRECT REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—May I ask for the privilege of saying that I feel proud and grateful for the high honour the practitioners in Scotland have done me in being twice chosen as their direct representative on the General Medical Council, and that I mean most respectfully to solicit their suffrages again? There will be time enough to state at length my views on medical politics before the vacancy occurs in the representation. Meantime I may be allowed shortly to explain that I have always been in favour of an increase of popular representation on the Council, and that I am against any legislation which would open a door to a new order of midwifery practitioners, and that I shall (as I have hitherto done), if elected, do my best to discourage all trade pandering to clubs and medical aid associations.

I am, Sirs, yours truly,
Dingwall, Scotland, Aug. 18th, 1896. WILLIAM BRUCE.

To the Editors of THE LANCET.

SIRS,—I take it for granted that the vast majority of those Members of the Royal College of Surgeons of England who have passed into the age of reason have already made up their minds to vote for Dr. Glover and Mr. Walter Rivington as their direct representatives upon the General Medical Council. We still, however, require a suitable third candidate; for although we are solicited for our suffrages by some four or five other members, yet I hope I may say without offence to either of them that their turn has not yet come and that they can well afford to wait at least a little longer. Our third candidate should be a gentleman of assured professional position, of mature judgment, of experience, of leisure, of tact and courtesy, and, above all, one who is innate with the principle of ethics in its widest and its etymological sense—in short, a true-born gentleman. There are, no doubt, many such amongst those who, having passed the burden and heat of their professional day are now enjoying the *otium cum dignitate* to which they are justly entitled, and who, thus relieved from the worries, cares, and distractions of busy practice, are now able to consider calmly, deeply, and justly the varied needs and tendencies of medical life and progress at the present day. To most of us several such names will probably occur, but, without being invidious to any of the others, I would venture to suggest as a most eligible candidate Mr. Joseph White, F.R.C.S. Edin. If this gentleman would do us the honour of coming forward I doubt not he would, as in the case of Dr. Glover and Mr. Rivington, command an overwhelming majority of our votes; and in those three gentlemen we should, I venture to think, be well and worthily represented on the General Medical Council.

I am, Sirs, yours obediently,
JOHN INCE, M.D. St. And.,
Her Majesty's Indian Medical Service (retired).
Swanley, Kent, Aug. 17th, 1896.

"THE GENERAL MEDICAL COUNCIL: CRITICS AND CANDIDATES."

To the Editors of THE LANCET.

SIRS,—The importance of a correct understanding of the powers and duties of the General Medical Council will, I trust, afford me an excuse for endeavouring to reply to your correspondents of last week.

I think my friend Dr. Alderson underrates his personal influence as much as he overrates that of the Council or of any single member of it. I feel sure that the chief impediment to satisfactory legislation on medical subjects arises from the imperfect way in which these subjects are apprehended by legislators; and that, as I suggested in my former letter, it should be our business to "educate our masters." We are so familiar with the questions at issue that we are apt to lose sight of their complexity, and to

suppose that truths which are obvious to us must be obvious also to the rest of mankind. This is far from being the case; and the profession has at present no organisation by which the truths in question can be brought home to the comprehension of the public. In the absence of organisation something may at least be attempted by individual effort, and a man of temperate and sagacious mind, who comes into personal contact with his parliamentary representative, may reasonably hope to succeed in inducing that representative to regard medical matters from the point of view of the profession itself. Would it not be worth while for Dr. Alderson to try the experiment, and to ascertain whether General Goldsworthy might not from the first be an interested and receptive listener, and ultimately a convert to the opinions submitted to him? For the success of any such endeavour it would be essential to avoid the error of under-estimating practical difficulties, and the teacher should regard an abuse as a giant to be circumvented rather than as a dwarf to be overthrown.

Dr. Alderson's views about a physical examination fail to convince me, and I think he will see on reflection that his proposal would not work. There must be persons of greater and of less efficiency in every calling, the differences being due to variations sometimes in physical and sometimes in intellectual capacity. How would it be possible to draw the line? Among eminent medical men lately deceased I am able to call to mind two who suffered from defective hearing, but who nevertheless won and held high positions, and rendered admirable service to hospitals, to pupils, and to the public. A youth who is heavily handicapped by physical defect will be likely to avoid the profession of medicine, and we have all seen instances in which a slight defect has been an incentive to effort and has wrought far more than its own compensation. And, with regard to the far more important question of mental defect, what board could be trusted to say that a lad aged eighteen might be a soldier, a sailor, or a clergyman, but that he was just a little too stupid to be a doctor? I hope Dr. Alderson may be prevailed upon to reconsider his opinions upon this part of the question.

I turn to Professor Horsley, who appears to me to be suffering from an acute attack of what I may venture to call "morbus criticorum"—a malady of which the chief symptom is the intense dislike of the critic to be criticised. His letter is liberally sprinkled over with uncomplimentary verbiage which I think I can afford to disregard, but he goes on to say that I "insult my brethren the general practitioners." I utterly deny and repudiate the accusation. I was a general practitioner for eighteen years, have had large and varied experience of the shoes incidental to that division of the profession as well as of the points at which they pinch, and have the most complete possible sympathy with all who now wear them. I challenge Professor Horsley to find in my letter a single word or phrase which, read in connexion with its context, insults anybody; and I call upon him as a man of honour, when he has failed to find such word or phrase, to withdraw his injurious imputation as publicly as he has made it. He next says that I "misinterpret the terms" of the Act of 1858; that I "indulge myself by styling, without offering reasons, the views of Dr. Drage and himself as balderdash"; and that being "only the representative of the Apothecaries' Hall" I am "not responsible for my utterances." It would surely be useless to "misrepresent the terms" of an Act which anybody can read who pleases, but, as this is by far the most important of the accusations brought against me, I will deal with it before considering the others.

As regards Section 40 of the Medical Act, it visits with a fine not exceeding £20 any unregistered person who shall be convicted of wilfully and falsely taking and using any title which implies that he is registered. It casts no duty of prosecuting upon the Council and leaves it open to anyone to institute proceedings for the enforcement of the clause. The Council has no more power or duty in the matter than Professor Horsley himself, or than any other private citizen, but, like any private citizen, it is at liberty to set the courts in motion. For many years, and for valid reasons, the Council declined to be a prosecuting body, but it has lately thought fit to take proceedings under Clause 40 in one or two instances, mainly, I think, in order that the familiarity of its legal advisers with the questions at issue might assist in obtaining convictions at the hands of unwilling magistrates, and so might lead to the establishment of precedents. Clause 42, which gives the penalties to the Council, and so

would do something towards paying the expenses of prosecutions, is inoperative in the metropolis, in which a large proportion of the cases occur, being overridden by the Metropolitan Police Act. I do not think it would be proper for the Council to devote more than a small amount of money to the prosecutions in question, which can now be undertaken successfully by anyone who is aggrieved.

Professor Horsley says that I "wish apparently to convey that the Legislature in 1858 extended its 'recognition' as far as the tacit approval of quackery." He is perfectly correct. With the substitution for the word "quackery" of the words of the Act itself—namely, "unqualified practitioners"—he states exactly what I do wish to convey and what is the simple truth. Professor Horsley must remember that the Act of 1858 was passed when he was hardly of an age to take any deep interest in legislation, whether medical or general; whereas I had not only been six or seven years in practice, but had been writing pretty continuously for medical journals, and had therefore been favourably situated for knowing the history of the Act. Repeated attempts were made to obtain the insertion of clauses for the punishment and repression of "unqualified practitioners," but neither House of Parliament would listen to them, nor do I believe that they would listen to similar clauses now. In 1858 few surgeons in London had a larger practice among the governing classes, the Legislature, and the persons who constitute what is called "Society" than the elder Hutton, the "bone-setter," and I well recollect a member of Parliament laughing at one of the proposed prohibitory clauses, and feeling that he had sufficiently demonstrated its absurdity when he said—"Why, it would stop Hutton!" The governing classes of England have always encouraged quackery, both within and without the profession, and they always will encourage it until they are taught better; so that it is incorrect to say that, "in the opinion of the Legislature," quacks should be classed with "thieves and murderers." The opinion of the Legislature must be gathered from its enactments; and these, so far, have made no attempt to class quacks in the indicated manner.

I fear that the real head and front of my offending is to be found in the good old English word "balderdash." A grammarian would tell Professor Horsley that my phrase, "this balderdash," referred to the collective antecedent which comprised Dr. Welsford's paper, as well as Professor Horsley's and Dr. Lovell Drage's observations. I did not know that Professor Horsley had himself contributed a paper, and inferred from the report that he and Dr. Lovell Drage had spoken in a discussion. I had before me an alleged wastefulness of opportunities, the reality of which I did not admit, but for which Dr. Welsford, who believed in it, offered one explanation, while Professor Horsley and Dr. Lovell Drage offered a different one. What was I to make of critics who were unable to agree among themselves? The disputable allegation, and the mutually destructive explanations, taken together, constituted "balderdash," a word which means, simply and precisely, "a confused statement," and with this balderdash, as presented in a condensed form in the report, it was impossible to come to close quarters. When Professor Horsley sends me his promised paper I will endeavour, if time permit, to do complete justice to its merits. In the meanwhile I have not attempted to defend Sir Richard Quain, who stands in no need of being defended; and if I have "thrown mud," an act of which I have not been conscious, it is at least certain that I have not "run away." When, if ever, I do run away, it will be from an adversary possessing greater skill in dialectic than Professor Horsley has hitherto displayed.

One word more. A small error in controversial writing is as unsightly as a ragged button on a Court dress. I am not the representative of "the Apothecaries' Hall," which is, indeed, an ancient and interesting building, but which is not referred to in the Medical Acts. I am the representative of the Society of Apothecaries, a chartered corporation whose licentiates in medicine, when the Act of 1858 was passed, constituted about forty-nine-fiftieths of the practitioners of England and Wales. This proportion has been reduced by the competition of other licensing bodies; but the licentiates of the Society are still very numerous, and it is droll to see the self-constituted champion of "general practitioners" endeavouring to discredit the representative of the corporation from which so many of them have obtained their medical qualification. I, at all events, am content with my position, and I am not aware of anything in the Standing

Orders of the Council, or in the charters or constitution of the Society, which relieves its representative from "responsibility for his utterances."

I am, Sirs, yours obediently,
Aug. 17th, 1896. R. BRUDENELL CARTER.

To the Editors of THE LANCET.

SIRS,—It is a pleasure to find that the old Toryism which once was the ornament of England is still existent and has found expression in Mr. Brudenell Carter's letter upon the General Medical Council. He has done me the honour to criticise a statement that I have made to the effect that the history of the Council is one long story of wasted opportunities, and that its failure is due to the fact that it is not representative of the medical profession, and he wishes me to substantiate the same. With regard to the first point, it is notoriously difficult to prove a negative except by showing the absence of a positive, and I may ask Mr. Carter to say first what the Council has done. In his letter he has kindly given what he considers to be the proud record of thirty-seven years of the work of the Council, which consists in the following results: (1) the increase of the medical curriculum from four to five years; (2) the steady elevation of the standard of the preliminary examinations; and (3) the partial prevention of the employment of unqualified assistants, by which I suppose Mr. Carter refers to the fact that the Council has pronounced covering to be infamous. I do not think that Mr. Carter has done the Council justice—it surely has done a little more work than he represents. But taking his figures, no one can fairly contend that it is a very noble record after thirty-seven years, during which time the medical profession has contributed something like £200,000 towards the maintenance of this somewhat inactive body.

Turning to the things left undone by the Council I may point out that certain duties are imposed upon the Council by the Medical Act of 1858. First comes the general supervision of medical education. Power is given to the Council under the Act to compel all examining bodies to bring their examinations up to a standard which shall be considered to be satisfactory by the Council. Failure in this respect entails the penalty that the qualification in default shall not confer any right to be registered under the Act. How has the Council performed this duty? Are there no back doors to the medical profession? Is there no refuge for the poor chronic who fails to pass the moderate test exacted, say, by our English licensing bodies? Had we any doubt as to the answer, we have but to turn to the minutes of the Council to read therein of the sordid disputes which have gone on in the sacred chamber between rival diploma-granting bodies, when we should learn that an examination has to be not only inefficient, but appallingly inefficient, before the Council will take notice of its irregularities. One respected member of the Council has recently stated that the desirable one portal system was not adopted because the universities and colleges were unwilling to resign their rights. The history of the Council, which is mainly composed of representatives (like Mr. Carter's) of these bodies, shows how tenderly these vested interests have been cherished. To them all other rights are subordinated. Unfortunately in the present day we do not care an iota for the vested interests of corporations; we demand efficiency and we look in vain to the Council to enforce it. The second duty is the maintenance of a professional ethical standard, as defined in Sections 28 and 29 of the Act. It will be apparent to anyone who will read these sections carefully that absolute power is given to the Council over all registered practitioners. These sections were, however, a dead letter until the Medical Defence Union goaded the Council into doing their duty. It is, however, a body hard to move. After much exertion it was induced to pronounce covering to be infamous, but it refused to save the public and the profession from such a grave evil as the Medical Aid Association system. By its recent decision it would appear to decide that it is infamous to cover one unqualified person, but innocent to cover more than one. This is weird wisdom. The recent decisions of the Council with regard to the Obstetrical Society are better passed over in silence. The third duty consists in the prosecution of offenders under Section 40. (See also Sections 41, 42, and especially 43.) To every appeal that the Council would carry the Act into execution in this respect it always returned the simple, if somewhat useless, answer of *non possumus*. But at last the Council was induced to pass in December, 1895, a resolution

directing its Penal Committee to inquire into cases of persons offending under Section 40, and when it sees fit to instruct the legal advisers to proceed against such persons. We are breathlessly waiting the result.

Surely Mr. Carter cannot complain if I assert that a council of thirty members, of whom twenty-five are appointed by the Crown and various universities and corporations, and only five are elected by the medical profession of the United Kingdom, is not one that can be fairly called markedly representative of the medical profession.

It has always seemed a matter for regret that the Medical Act is not studied by members of the Council, who are appointed by that Act to carry it out. If they would but read it we should hear no more that the only duty of the Council is to keep a register, and that it has no power to enforce its wishes, but that of argument. Let me recommend with due respect the perusal of the Act to the members of the Council. They will find that their powers under the Act for the protection of the public and the profession, so far as medical matters are concerned, are practically unlimited. Finally, while sympathising with Mr. Carter's natural objection to an "agitation" calculated to bring to the surface many actions of the General Medical Council which have hitherto passed unnoticed by the profession, I must regretfully decline to leave off stirring to suit either his convenience or that of any other member of the Council who may desire to leave matters in their present stagnant condition.

I am, Sir, yours obediently,
Dover, August 11th, 1896. A. G. WELSFORD.

"THE RELATIVE STRENGTHS OF DIPHTHERIA ANTITOXIC SERUMS."

To the Editors of THE LANCET.

SIRS,—I have read with much interest the Report of THE LANCET Special Commission on the Relative Strengths of Diphtheria Antitoxic Serums in your issue of July 18th and the editorial comments on the subject in THE LANCET of Aug. 1st. It has been a source of surprise to us in America that so little attention has been given to this phase of the subject in Great Britain and to the necessity for the statement on every phial of antitoxin not simply of the dose of the serum, but of the antitoxin value of each cubic centimetre of the contents. These matters, as you have pointed out, are of pre-eminent importance.

In January, 1895, on the motion of Professor T. Mitchell Prudden and myself, the New York City Health Board adopted an amendment to the Sanitary Code requiring that all preparations of diphtheria antitoxic serum exposed or offered for sale in New York City should bear labels showing the strength in antitoxin of the contents as measured by some generally recognised standard of value. The result of this action has been that nowhere in America, so far as I know, have preparations of antitoxin been sold which do not conform to this requirement, although the action of the New York Health Department in adopting regulations regarding the matter has not been generally followed. Tests of the preparations of antitoxic serum on sale are made in various parts of the United States by the different sanitary authorities to determine their conformity to the strength given on their labels, notably by the Massachusetts State Board of Health and the New York Health Department. I have been much surprised by the low grade of the preparations used in Great Britain. As will be seen by the enclosed circular, so long ago as February, 1896, the New York Health Board discontinued the preparation and use of the "No. 1" and "No. 2" grades of antitoxin (Behring's standard) and added to their list three higher grades, Nos. 4, 5, and 6, containing respectively 200, 300, and 400 units of antitoxin (Behring's standard) in each cubic centimetre. The whole difficulty in the production of high-grade preparations of antitoxin depends upon the production of high-grade toxin solutions, and the latter were rendered easily possible by the method worked out in the New York Health Department Laboratories by Dr. Park and Dr. Williams and published in the first number of the *Journal of Experimental Medicine*, edited by Professor William H. Welch, of Johns Hopkins University, Baltimore. I am informed that the results obtained in New York have been confirmed by M. Martin of the Pasteur Institute in Paris, and that Kossell, of the Institute for Infectious Diseases in Berlin, has recently published an article (which I have not seen) describing essentially the same method, not mentioning, however, the