dency to exclude" these diseases, but seem to think that the admission of students to the hospitals of the Asylums Board may compensate for this drawback. If the regulations I saw last year regarding the attendance of students at these hospitals continue in force, I make bold to doubt whether many students can be attracted to avail themselves of this privilege. I find that students are now required by the English Conjoint Board to produce, besides various certificates from their general hospital, evidence of instruction by a teacher of vaccination, and of attendance at a fever hospital and a lunatic asylum, as well as at an eye hospital if the general hospital possess no special eye department. This conjures into the mind's eye a picture of the student, already harassed by frequently recurring examinations and constant attendance at lectures, classes &c., for certificates, further wasting his time in a weary tramp from one (special) institution to another in search of yet more certificates. In fact, Sirs, students are so pestered with examinations and official preparation for them that they cannot be expected to devote their time to any other thing, and as they are not likely to be set down to the diagnosis of cases of diphtheria and small-pox in the examination room, they will pay but little attention to such diseases.

The causes of want of skill in diagnosis of infectious diseases are, then, besides abolition of pupilage—first, the growing unpopularity of private assistantship, to some extent favoured by multiplication of junior hospital appointments; second, the elevation of success at examinations to the first and almost only place among objects to be aimed at by the student; and last, but not least, the unhappy increase of special hospitals, instead of increase of special departments and wards of general hospitals, fruitful of many abuses, but of none more disastrous than its narrowing influence on the education of students. The remedy for this and other evils is to be found in a radical change in medical education and hospital organisation. We have got on to a bad road, and every further step involves us more deeply among the stones and mire.

I am, Sirs, yours obediently,
Derby, Aug. 10th, 1892. G. H. MILNES, M.D. Cantab.

* * Pressure on our space has obliged us to omit the opening paragraphs in this letter, in which Dr. Milnes laments the passing of that portion of the Notification Act which throws the duty on the medical practitioner.—ED. L.

To the Editors of THE LANCET.

SIRS,—Kindly allow me to call your attention to a case which may be of some interest to the medical profession. The facts are these:—

On July 29th a lad, John Weston, aged sixteen, was brought to me at the Queen's Jubilee Hospital by the mother, suffering from diphtheria, for which I duly filled up the notification form and at once handed it to the secretary of the hospital, requesting him to attend to it immediately. The secretary at once telephoned to the Metropolitan Asylums Board, Norfolk-street, Strand, giving them the full particulars of the case, and inquired whether he should "forward the notification as usual," being told in reply, "No, hand it to the nurse when she calls for the case." This was done shortly after. On Aug. 4th a letter was received from Mr. J. E. Cooney, the medical officer of health for Fulham, stating that no certificate had been received, and in reply to which I requested the secretary to say I should be happy to send a duplicate if desired, notwithstanding the fact that the notification had been sent direct to the Metropolitan Asylums Board as directed by them. Mr. Cooney's reply to my letter was a police court summons taken out before Mr. Curtis Bennett. The summons was heard to-day, when Mr. Curtis Bennett held that by handing the notification to the secretary of the hospital I was disobeying the Act and imposed a fine upon me of 10s. and costs. It is thus held that a medical man is compelled to either post or deliver the notification himself in person, and failing to do so is responsible. I contended that, having handed the notification to the secretary, a responsible hospital official, who, acting rightly or wrongly, but at all events according to the directions of the Metropolitan Asylums Board, handed the notification to a Metropolitan Asylums Board nurse, my duty of "sending" was properly carried out. As a matter of fact, at the time of certifying I left my clinique to hand the secretary the notification at once, so that no time might be lost, and I can-

not help regarding the action taken as being discourteous, especially after my offering to send a duplicate notification if desired.

I am, Sirs, yours truly,
RAYNER D. BATTEN, M.D., B.S. Lond.
Finsbury-circus, E.C., Aug. 12th, 1892.

SCARLET FEVER.

To the Editors of THE LANCET.

SIRS,—A short time since I received a statement from Mr. Munro, the sanitary inspector of the Enfield Board of Health, on the results obtained from supplying the eucalyptus disinfectant for inunction in fifty-four cases of scarlet fever amongst the poor in houses where there were other children. Directions were given for the inunction to be carried out as advised by me in my paper on Disinfection of Scarlet Fever, and although some of the mothers did not do it efficiently because the children objected to the smell, forty-three of the primary cases were not followed by a second. In the other eleven three occurred on the sixth and seventh days after the first, and were most probably infected before the use of the disinfectant; the other eight occurred from two to eight weeks after the first. Most of these may have been infected from other sources, as an epidemic was then prevailing, and all of them occurred after the disinfectant was discontinued. The above shows a percentage of twenty fresh cases occurring in houses within eight weeks where the eucalyptus was used, but with little medical supervision. At Nottingham Dr. Boobyer stated lately that in 100 primary hospital cases 23 per cent. additional cases occurred in the houses from which they were removed within three weeks; and for every 100 home cases treated, nearly 60 per cent. additional ones occurred. The superiority of this imperfect trial of disinfection by eucalyptus inunction is thus shown to be 40 per cent. better than any other form of house disinfection and 3 per cent. better than that obtained by prompt removal of the cases to hospital and the disinfection of their homes. If the Enfield cases were limited to those that occurred within four weeks after the first (as there was one at five weeks' and two at eight weeks' interval) then only 14 per cent. of additional cases occurred, or 9 per cent. better than under the present system of removal; and if the three already infected cases are also excluded, the fresh cases are reduced to 9 per cent. From all the reports that I receive from medical men who carefully carry out this method of disinfection on the cases and on the children that have been exposed to the infection it is seldom that a second case occurs, and from my own experience a second case does not occur except in those already infected.

I am, Sirs, yours faithfully,
Teddington, Aug. 15th, 1892. J. BRENDON CURGENVEN.

ANTHROPOLOGY FOR MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—I am glad to see Mr. H. Havelock Ellis suggests, in conformity with a resolution of the recent Congress on Criminal Anthropology, that anthropology should form a part of the professional training of medical students. From my twenty years' connexion with anthropological work I am convinced that anthropology would be a popular subject with medical men if they were taught its objects and methods when they were students. There is a great deal of good work being done by medical men which is practically lost to science for want of a central organisation to which it can be referred for examination and publication; and there is a good deal of work being done which is comparatively useless from a lack of elementary knowledge as to the methods, objects and work already done. The need for coördination in anthropological inquiries is shown by the unexpected, and I must add the improbable, results of Dr. Warner's inquiries into the prevalence of physical defects in children in different strata in society. His observations show a higher percentage of defects in the selected, well-nurtured and well-cared-for upper classes than among the poorer classes, whose children are subject to rickets, scrofula, bad or insufficient food and bad sanitary surroundings, results quite opposed to those obtained by the Anthropometric Committee of the British Association, as shown by its final report (drawn up by myself) published in 1883. Mr. Havelock Ellis refers to

various existing institutions where medical students might be taught elementary anthropology, but none of them are available for the purpose at the present time. A few years ago I drew up a scheme for such a school and submitted it privately to some of our leading anthropologists, but I received no encouragement; and later, when the laboratories at the Examination Hall of the College of Physicians and Surgeons were being organised, I suggested that room should be found for an anthropometric laboratory, but to no purpose, as in the present state of medical science it is useless to place the study of the whole living human being in rivalry with the study of a blood-corpuscle, a nerve cell or a bacterium. The museum of the College of Surgeons would be an ideal place for anthropological teaching, as Mr. Ellis suggests, but the present conservative council of the college is not likely to provide such instruction without a good deal of pressure from without. The Anthropological Institute is a learned society which is engaged in collecting and publishing the work of experts, and has no convenience or staff for giving elementary instruction; while the laboratory at South Kensington is rather a collection of models and new inventions which require the hand of the inventor to set them in motion. What is immediately wanted is a scheme showing the relation of anthropology to medical science. Mr. Ellis thinks anthropology would help the students of insanity and other diseases of the nervous system, and this is among the chief uses it has been put to; but it would be of still greater use to the students of public health, especially that branch of anthropology dealing with measurements which is known as anthropometry. Medical men are more immediately concerned with the variations of the complexion, of the senses and of the physical proportions of the body in civilised races and their relations to the conditions under which different classes live, and all these variations can be, and ought to be, defined by measurement; but prehistoric and antiquarian anthropology and the details of the habits and customs of savage tribes are only interesting indirectly to them as travellers or practitioners abroad. Criminal anthropology, about which we have heard so much lately, is based on measurements of healthy, and it may be degraded, but not diseased, individuals, and a comparison of them with other classes of society, especially the class from which they come. (Dr. Clouston, by the way, was in error when he said recently in Edinburgh that no attention had been given to the classes from which criminals come, as he will find if he consults the various reports of the Anthropometric Committee.) It is of little use, therefore, to write papers and make speeches on the desirability of including anthropology in our medical education to lecturers and examiners, who have already too much work on their hands to admit of their entertaining any change if they can possibly avoid it. What is wanted is that Mr. Havelock Ellis, Dr. Clouston and others, who have come to see the importance of such an addition to the medical student's studies, should draw up a scheme of what they want teaching, and submit it to the authorities most likely to carry it out. They must also be prepared to say what part of the curriculum can be omitted to make room for this new subject. Mr. Ellis suggests that botany might be left out, but botany has long since disappeared from the medical schools, and it should be, I think, the anatomy and physiology courses which should make room for anthropology. Might not sufficient time be carved out of that which is at present devoted to microscopic work? The student certainly should be taught that it is a whole living being, and not an infinite fragment of one, that he has to deal with in practice.

I am, Sirs, your obedient servant,

CHARLES ROBERTS, F.R.C.S.

Eccleston-street, W., Aug. 15th, 1892.

THE CLOSING OF THE PUBLIC CATTLE DRINKING TROUGHS.

To the Editors of THE LANCET.

SIRS,—The confession of helplessness conveyed in the circular letter of Aug. 8th from the Secretary of the Metropolitan Drinking Fountain and Cattle Trough Association, stating that "the committee have reluctantly decided to close all their troughs in the metropolitan district for a period of two months" really publishes to civilisation the most scathing reproach on the public health sanitary arrangements of the present day. When we think that this relates

to the capital city of the nation which justly stands at the head of all nations for its sanitary appliances and regulations for the protection of the public health I feel that all sanitarians should consider themselves placed on their mettle to remove this reproach without delay. Horses and cattle will now be taken to the troughs attached to many public-houses, which, so far as I can see, are not constructed so as to afford any protection from the spread of the infectious diseases traceable to these troughs; the action therefore, of the committee of the Metropolitan Drinking Fountain and Cattle Trough Association will, it is to be feared, only tend to the spread of glanders, instead of its decrease. Having had, as sanitary officer of a large sanitary circle in India occasion to take special steps for the prevention of the spread of foot-and-mouth disease and glanders among the Government horses and cattle under circumstances which enabled me to exercise a complete supervision over these measures, I can state that, as the result of this practical experience, with a water supply such as is available in the metropolitan district, nothing is more simple than the construction and maintenance of a cattle drinking trough, at a very moderate cost, which will effectually remove the risks complained of as regards the spread not only of glanders but of foot-and-mouth and other infectious diseases. The present pattern of public cattle drinking troughs, though in some respects ill suited to meet the present emergency as regards the prevention of the spread of glanders can yet, I feel certain, by some slight alterations in the mode of admitting the water so far remove these risks as to admit of their being again soon opened. The accompanying pamphlet on the subject, describing the cattle drinking trough on which I experimented in India and which, when exhibited in London, secured the highest award, a silver medal, in the Health Exhibition of 1884, and a special certificate at the Congress of the Sanitary Institute of Great Britain in the following year, fully explains the principles I recommend, and which to a certain extent are capable of adaptation to the present public cattle drinking troughs, and would certainly reduce to a minimum the risk now so generally felt, and thus remove the necessity which has culminated in an action the full consequences of which it is difficult to over-estimate.—I am, Sirs, yours truly,

ROBT. PRINGLE, M.D., Brigade-Surgeon.

Blackheath, S.E., Aug. 11th, 1892.

THE DENTAL PROFESSION.

To the Editors of THE LANCET.

SIRS,—At the last gathering of the British Dental Association, which has just concluded its annual meeting in this city, the following appropriate remarks are reported to have been made by Mr. J. Smith Turner, ex-president: "They now had an Act of Parliament constituting them a legal profession, and they wished to take that position, not because that Act of Parliament was passed, but because they wished to educate themselves in such a manner as to entitle them to that legal position." May I venture to suggest that (1) towards gaining that desired position one of the first steps to be taken by those in authority is to put a stop to the unprofessional practice of advertising in the lay papers. The proof that many of these advertisements are injurious to the dignity of the profession and offensive to the more respectable portion of its members is the fact that they repudiate and strongly condemn them. (2) Now that the dental branch has been recognised and accepted as part and parcel of the medical profession it must conform to the rules and usages of that profession if it would gain the end spoken of by Mr. Turner. Neither physicians nor surgeons are allowed by their Colleges to advertise or do anything to lower the dignity of the profession, and although it is humiliating to witness the expedients practised by some of our own members to make known their disgracefully low charges, they are far exceeded by the trashy advertisements which outrage all professional decency, by setting forth the cheap and other advantages which this or that dentist offers to the public. Our public conveyances even are not free from these objectionable and glaring assertions—in fact we meet with them on every hand.

What would the public think of a physician or a surgeon or a lawyer who advertised that his advice, skill or drugs were the very best that could be had for the money, and if they did not give every satisfaction they would be taken back,