MEDICAL MEN AND MIDWIVES' CASES.

To the Editors of THE LANCET.

SIRS,—As this is a subject which particularly affects general practitioners I hope you will allow me to make a few remarks on the very extreme views set forth by various gentlemen at pp. 1446 and 1447 of your last issue. During a period of 25 years devoted to general practice my almost invariable reply to casual midwifery calls has been an expression of regret that my regular engagements prevented me from attending such cases, as absence at one of them might make me unable to fulfil my obligations to those who had both moral and legal claims on me. In adopting this course I have also been influenced by the belief that septic infection occurs with unusual frequency in these chance cases, and I do not think it fair to expose regular patients to that increased danger. It would appear to me that gentlemen who are so ready to attend casual midwifery must either have very little other work, or must be placed in such a position that they are seldom called upon to carry into practice the principles they profess.

I am, Sirs, yours faithfully,

HENRY GEO. DIXON.

Canonbury-square, N., Nov. 25th, 1901.

DEGREES FOR LONDON MEDICAL STUDENTS.

To the Editors of THE LANCET.

SIRS,—I beg to thank you for the sympathetic remarks contained in the leading article on "Medical Students and the London Schools" in THE LANCET of Nov. 23rd, p. 1425. If it was the universal opinion of all the leading physicians and surgeons in the capital of this empire that London students were under grave disabilities in 1886, surely the decision of the Crown was come to under some misconception of facts. Further, if disabilities existed then they are accentuated in the year 1901, the result being that the professional value of the College pass diplomas is approaching the vanishing point owing to the ever-increasing number of provincial universities. I submit that London with its 5,000,000 inhabitants, equalling that of Scotland with its four universities, should have at least one pass degree in medicine. I would point out that diplomates educated in Birmingham are admitted to the final examinations of the Birmingham University. Surely the Crown, being the "fountain of justice," would be only too ready to reconsider its decision of 1886 and give a verdict in favour of the students of its great capital more in keeping with the overwhelming evidence of the justice of our plea of being equitably dealt with.—I am, Sirs, yours faithfully,

FREDERICK W. COLLINGWOOD.

Wimpole-street, W., Nov. 21st, 1901.

THE OVERLOADING OF HORSES.

To the Editors of THE LANCET.

SIRS,—If you have space to spare I should like to supplement your humane remarks on this subject by calling attention to the sufferings of horses engaged in works where deep excavations are made, such as sewage, railway, and foundation works. The horses employed in removing the soil are first jagged by the bit in backing and then strained to their utmost in dragging heavy loads up a steep gradient of soft or slippery material. It would be well if inspectors of the Society for the Prevention of Cruelty to Animals were to visit the kind of works indicated.

I am, Sirs, yours faithfully,

Weymouth-street, W., Nov. 22nd, 1901. CHAS. W. CHAPMAN.

THE PHARMACEUTICAL SOCIETY:
GENERAL MEDICAL COUNCIL
ELECTION.*To the Editors of THE LANCET.*

SIRS,—Our attention has been directed to Dr. Robertson's address published in your issue of 16th inst. The suggestion that the Pharmaceutical Society only prosecute doctors and not chemists is unjustified. We presume that Dr. Robertson

had in mind the recent prosecution of a doctor for an offence against Section 17 of the Pharmacy Act of 1878. It is true that under this section of the Statute no chemist has yet been prosecuted in Scotland, but it is important to note that the prosecution against the doctor in question is the *first* directed in Scotland against a medical practitioner. Chemists, being specially trained in the selling of scheduled poisons, comply with the letter of the Statute. Moreover, as the chemists are all day engaged at their shops personally supervising their business, offences against Section 17 of the Statute within chemists' premises are practically unknown and not likely to occur. In doctors' shops, however, our experience leads us to say that the precautions attendant upon the sales of poison provided by Section 17 of the Pharmacy Act are not so carefully observed. This is caused, no doubt, by the facts: (1) that so many unqualified dispensers are employed by medical practitioners to conduct their shops; (2) the medical practitioners do not give their entire time and attention to the conduct of their shops as chemists do; and (3) doctors owning shops as a rule prefer that their names should not be on the label of articles sold in their shops, and their unqualified dispensers have neither the proper experience nor training to enable them to know what the provisions of the Statute demand. In this connexion it is of importance to note that the requirements of the Pharmacy Statutes and the conditions to be observed in retailing or dispensing scheduled poisons form no part of the curriculum for the medical practitioners' qualification, whereas they constitute one of the most important subjects of the chemists' qualifying examination.

We are, Sirs, yours faithfully,

P. MORISON AND SON,

Solicitors in Scotland to the Pharmaceutical
Society of Great Britain.

4, Bank-street, Edinburgh, Nov. 22nd, 1901.

RASH AFTER TONSILLOTOMY.

To the Editors of THE LANCET.

SIRS,—As the appearance of a non-specific rash following operation for removal of tonsils and adenoids is somewhat unusual, although a number of instances have been recorded, the following case may be of interest.

I recently removed adenoid growths and enlarged tonsils from a boy, eight years old. Two days later the patient's chest, abdomen, back, and limbs were covered with a well-marked papular eruption. The face, hands, and feet were not affected. The rash caused no irritation and there was no rise of temperature or other constitutional disturbance. The eruption disappeared entirely in a couple of days and was not followed by any desquamation.

I am, Sirs, yours faithfully.

Kew.

H. W. HENSHAW.

* * The value of our correspondent's communication would have been much enhanced if a few additional particulars had been furnished. Although the rash appeared after the removal of some adenoids and enlarged tonsils, yet we are hardly justified in ascribing it to the operation unless we are able to exclude other possible causes. For instance, the following questions might reasonably be asked:—Were any drugs administered? What anæsthetic was given? Had any change been made in the diet?—ED. L.

THE DIRECTION OF HAIR ON THE
HUMAN ARM.*To the Editors of THE LANCET.*

SIRS,—Many practitioners are engaged at present in the somewhat wearisome process of revaccination, and I would suggest an interesting matter for study in connexion with the numerous hairy arms met with among young adults which may somewhat enliven the work. With the naked eye or a lens it is easy to trace the hair-streams which are found at and about the insertion of the deltoid, a region which must at the present time be very familiar to most of us, and it must be admitted that the course taken by these hair-streams is singular and suggestive. It is hardly possible to suppose a simian ancestor of man from whom he can have inherited that singular slope of hair which is found on the upper arm of the young adult and which may easily be