the baker, the dressmaker, the draper, the landlord, the tailor, and other tradesmen. The objects of the Act would have been more fully accomplished had it empowered local authorities to grant a moderate fee to any licensed practitioner who attended a case of confinement in circumstances precluding any hope of any other recompense. The present Government seems inclined to pass enactments to ameliorate the condition of the masses, and if any of its measures would make it impossible for anyone to spend in drinking, betting, and smoking the money that should be spent in supplying himself or herself and dependents with the necessaries of life the above Act and many others would never have been required. Until restrictions are put on these three bad habits, so that no one could spend more than a certain amount on either of them—the amount allowed to be limited to income and obligations—all other ameliorative measures will be comparatively useless. Slavery has been abolished in the British dominions, but there are still a great many people who would be better to be still in slavery under a kind master. They are quite unworthy of their freedom and cannot enjoy it properly, and if the present Government passes restrictive measures to prevent these unworthy people from injuring themselves, their dependents, or the community generally, then others who need no such restrictions should cheerfully acquiesce in the new arrangements for the sake of their weaker brethren. It is hoped and expected that Parliament, soon to assemble, will put restrictions on these three great evils.

I am, Sir, yours faithfully,

JOHN B. HUNTER, M.D., O.M. Glasg.

Paisley, Dec. 28th, 1907.

PS.—It is certainly an outrage on humanity and a disgrace to civilisation that a poor woman in labour cannot command skilful attention in her dire distress.

THE MEDICAL INSPECTION OF SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—I should be much obliged if your readers in other parts of the country would favour the medical profession with information as to how their county councils are going to carry out the medical inspection of school children. Are they going to appoint whole-time medical inspectors specially for this purpose or are they going to intrust the work to be done to general practitioners? It appears to me that the claims of the latter are being overlooked in the matter and that the county councils, in appointing a special staff wholly for this work, are embarking on an expensive method. The inspection is one which, in my opinion, will require great tact, and in this the knowledge of the local practitioner would be invaluable.

I am, Sir, yours faithfully,

Dec. 28th, 1907.

GENERAL PRACTITIONER.

A PERSONAL EXPLANATION.

To the Editor of THE LANCET.

SIR,—Will you permit an old correspondent whose first contribution appeared in your pages more than 50 years ago to make a personal explanation? A few weeks ago, in sorting some papers that had accumulated, I came across a circular or report from the Antivaccination Society. Glancing over it I saw a list of correspondents of the society in foreign parts. To my extreme disgust I found my own name published as the New Zealand (or Auckland) correspondent. My only correspondence with the society during the 34 years I have been in this colony was to answer an application from the secretary, who asked me whether I would allow extracts from a paper on Compulsory Vaccination which I had read here before our branch of the N.Z. Institute to be published by the society. My reply was that they might reprint the whole paper (which was not a long one) if they liked, but that I would not allow extracts to be made. I have never had a reply to this. My object in refusing to allow extracts was that I knew they would pick out certain cases of vaccinosyphilis which I had seen in the days of arm-to-arm vaccination, and not reprint the statement I made that no one who had seen a bad case of confluent small-pox would hesitate about preferring the risks attendant on vaccination to the risks of incurring such a disease as small-pox. But as small-pox has never been epidemic here I see no necessity for enforcing vaccination.

I may mention that as physician of the small-pox hospital in Port of Spain, Trinidad, during the epidemic of 1871-72, I saw two cases of confluent small-pox both of whom had had confluent small-pox before in the severe epidemic. One I had had under my own care, the other one was seen in the hospital by the medical man who had attended him in the first attack. These cases are given in my little work on "The Pathology and Treatment of Small-pox," published in 1872. I have had to bear a good deal of odium on account of my opposition to compulsory vaccination, and some people have treated me as a heretic about vaccination. I am perfectly orthodox on the subject and always have been.

I am, Sir, yours faithfully,

R. H. BAKEWELL, M.D. St. And.,

Surgeon-Captain (retired) Army Medical Staff.

Auckland, N.Z., Nov. 10th, 1907.

THE POWER OF LOCAL AUTHORITIES TO PROVIDE HOSPITALS.

To the Editor of THE LANCET.

SIR.—The answers to the questions put by "J. S." in *THE LANCET*, of Dec. 21st, 1907, p. 1793, seem to me to be as follows:—

1. The education authorities have power compulsorily to acquire sites for their hospitals, because the provision of these hospital and vacation school sites, &c., is by Section 13 of the Education (Administration Provisions) Act, 1907, included in the powers and duties of a local education authority under Part III. of the Education Act, 1902. For the purposes of Part III. of the Act of 1902 land may be taken in one of three ways: (a) by agreement under the agreement sections of the Lands Clauses Consolidation Acts, which Acts are expressly incorporated in the Elementary Education Act, 1870, c. 75, s. 20 (1) (unrepealed); (b) under the School Sites Acts (Elementary Education Act, 1870, c. 75, s. 20, last clauses unrepealed); (c) "Otherwise than by agreement," that is, compulsorily under the Land Clauses Consolidation Acts.

2. With regard to the question of employing qualified medical practitioners I think that the education authority can employ any suitable person, whether a qualified medical practitioner or not. There is no provision in the Act. Section 136 of the Public Health Act, 1875, gives the local authority power in cases of any formidable epidemic disease to "appoint and pay such medical or other officers or persons and do and provide all such matters and things as may be necessary for mitigating such disease, or for superintending or aiding in the execution of such regulations." Although that section only applies in case of a formidable epidemic, yet we may draw the inference that as the local education authority has authority to establish hospitals it has the power to appoint any qualified nurses, or, in fact, any suitable person to look after them. In the case of a small-pox hospital the Local Government Board has not objected to the medical officer of health acting as medical superintendent, but it considers, in view of the duties which he has to perform as medical officer of health, that it would be undesirable that he should reside in the hospital.

3. I think that the treatment need not be free, for the education authority has power under the Elementary Education Act, 1870, c. 75, s. 3 (still unrepealed), to charge pupils for education in their elementary schools any sum not exceeding ninepence per week per scholar, consequently the authority would seem to have the power of charging for medical attendances when the parents are capable of paying.

4. The authority does not appear to have the power to admit to such hospitals the children of ratepayers who do not send their children to the elementary schools, for Section 13 specially mentions children attending elementary schools.

5. I think that the local education authority may, with the approval of the Board of Education, supply free of charge spectacles and surgical appliances under s. 13, subs. 1 (b) of the Act of 1907. I think that the words, "the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition," confer such power.

6. I am of opinion that the authority can decide that the child requires spectacles and that the parent can afford to pay for them, and if the child comes to school without spectacles the authority can refuse it admission and prosecute the parent for not sending it to school, as such a rule would

be reasonable. (See the case of a verminous child in THE LANCET, Nov. 9th, 1907, p. 1342.)

I am, Sir, yours faithfully,

Dec. 28th, 1907.

A LAWYER.

THE NEEDS OF LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—In the controversy now proceeding with regard to the allied, but by no means identical, subjects of the title of "Dr." and degrees for London students of medicine it is as well to endeavour not to confuse the real issues. There is, on the one hand, a demand that the degree of "M.D." should be in some way brought within the reach of all those who are of average mental capacity and have studied medicine sufficiently to pass a qualifying examination. There is, on the other hand, the demand that all those who have passed any qualifying examination should be entitled to assume the prefix of "Dr." With regard to the former, what we desire to know is, What are the impediments which prevent all London medical students from matriculating at the University of London? When these are clearly set out it will be easy to consider what modifications can beneficially be made in the existing regulations. The second demand is quite on a different footing. It seems that the public has made up its mind that a university education is of advantage in a doctor and prefers to go to those who have obtained the stamp of "M.D." Those who have not obtained this stamp therefore declare that they are at a disadvantage and that they must be allowed to pretend that they have obtained the coveted stamp by placing the title "Dr." before their names. This appears to be a distinctly dishonest expedient, and the dishonesty is not lessened by the fact that the word "doctor" is the recognised popular term for a medical man. A solicitor does not put on his brass plate "Solicitor J. Jones," but "Mr. J. Jones, Solicitor." There would presumably be no objection to a doctor who was not a member of a university similarly putting "Mr. E. Smith, Doctor." I venture, however, to prophesy that this would not satisfy the claimants for the title "Dr." Yet if it does not, it seems clear that what they desire is not to be known as doctors but to be falsely reputed to have obtained a university degree. While, therefore, there is every reason to endeavour to facilitate the entrance of students of medicine at the London and other universities, there is none for altering the present arrangements by which the M.D. degree is obtainable only by members of a recognised university. Nor does there seem any reason to complain that London has but one university, so long as that university embraces many constituent schools scattered over the metropolitan area, at which there is plenty of room for medical students.

I am, Sir, yours faithfully,

Dec. 29th, 1907.

VERAX.

To the Editor of THE LANCET.

SIR,—Year after year one reads in the columns of THE LANCET letters from discontented individuals who wish to get an M.D. degree without working for it. The case is always the same: Mr. Smith, M.R.C.S. or L.S.A., is ashamed of his qualifications and jealous of his neighbour Dr. Jones who has gone through a much more advanced course of study and obtained the degree of Doctor of Medicine. The arguments adduced by the advocates of the "M.D. England" and repeated with such monotonous regularity are decidedly amusing and would make interesting reading did not their frequent distortion of facts and wilful misrepresentations remind one rather too forcibly of the antivivisectionist literature.

However, there are two real gems in your issue of Dec. 21st. The first is a letter signed by "Have Not," in which we find the brilliant suggestion that the University of London might "institute a degree for Conjoint men of mature age much on the lines of that of St. Andrews." Apart from the incongruity of the whole thing, there is something inexpressibly quaint in the very idea of venerable practitioners of 15 or 20 years' standing flocking on a pleasant picnic to South Kensington and returning home with an M.D. degree in their pockets. "Sympathiser" supplies the second in seriously proposing a revival of the ancient custom of the granting of the M.D. Lambeth by the

Archbishop of Canterbury. One can almost imagine the learned Primate of all England, suitably robed for the occasion, personally conducting a *viva voce* examination in medicine with the aid of the most recent edition of the "Family Physician." But seriously, such retrogressive steps as suggested in these two letters would simply be an absurdity to the intelligent, and demoralising by their conscious support of falsehood and fraud.

I am, Sir, yours faithfully,

Kensington, Dec. 24th, 1907.

M.D., M.R.C.S., L.R.C.P.

CHOLERA IN RUSSIA, PERSIA, AND TURKEY.

(FROM THE BRITISH DELEGATE ON THE CONSTANTINOPLE BOARD OF HEALTH.)

THE outbreak of cholera in Russia is now subsiding. It has not been a severe one in comparison with many that have occurred there in the past. It has, nevertheless, carried off a not inconsiderable number of victims. The total number of cases officially reported since the beginning of the epidemic on July 3rd down to Nov. 6th¹ is placed at 11,472 and that of deaths at 5493. The official returns for the six weeks preceding the date just named are set forth in the accompanying table. The figures therein contained are in continuation of those published in my preceding letters.²

The weekly totals, as given in the last line of the table, are those officially returned by the Russian Government; it will be observed that they are incomplete and do not quite coincide with the sums of the individual figures in their respective columns. It is probable that all the figures must be regarded as approximative only. In European Russia the towns and governments along the valley of the Volga have been among the worst sufferers from the epidemic, but the town of Kief has also been the scene of a serious outbreak. In Asiatic Russia the government of Tomsk and the Akmolinsk territory have been the most severely affected, and it cannot escape remark that nearly all the governments and provinces of Siberia, including the Transbaikal territory, have been invaded by the disease.

The outbreak of cholera on Turkish territory, on the road between Kars and Erzeroum, reported in my last letter, seems to have subsided rapidly. Later information states that there were two groups of Russian emigrants, both from the Caucasian province of Daghestan. The first, of 94 persons, reached the Russo-Turkish frontier post of Keutek on Oct. 22nd and left on the next day; the second arrived there on the 24th and left on the 26th. Most of the cases appear to have occurred in the second group. Only villages on the line of march of these emigrants were affected by the disease.

A death from cholera recently occurred in Constantinople. The deceased man was one of a group of Mongolian pilgrims on their way to the Hedjaz. This group had come from some portion of the Chinese Empire, by way of Tashkent and Odessa. It had taken them 45 days to reach Tashkent; thence they travelled by rail, arriving in Odessa in five days; they stayed a day or two there, took ship to Sinope, where they underwent five days' quarantine and the disinfection of their clothes and effects. It may be added that they sailed from Odessa on Nov. 5th (New Style), reached Sinope on the 7th, left there on the 12th, and arrived in Constantinople on the 13th. It was only in the night of the 14-15th that the symptoms of cholera appeared in one of them; he died 24 hours later. A bacteriological examination was made and a bacillus was isolated possessing almost all the characters of Koch's comma vibrio; the points in which it differed from the latter were that it coagulated milk and did not give the cholera red reaction. The case was treated in all respects as one of cholera; the large *khan* in a densely crowded quarter of Stamboul where it occurred was evacuated, all the other pilgrims of the same group were removed to the lazaret at Kavak, at the northern entrance of the Bosphorus, where they did 15 days' quarantine, the *khan* was disinfected, and other precautions were taken. A second case of illness occurred in the group, but clinically, pathologically, and

¹ Where not otherwise stated the dates mentioned in connexion with the epidemic in Russia are all according to the Old Style, both in the text and in the table.

² THE LANCET, Oct. 19th (p. 1119) and Nov. 30th 1907 (p. 1571).