doctrine of "Apostolic Succession," with the difference that on this principle the Church ensures the undoubted merit and high position of the members upon whom honour is conferred. In the case of the companies, however, there is no such guarantee; the most popular member socially and the man who knows best how to dine well is generally pushed to the front. That the Apothecaries' Company happens to be represented on the General Medical Council by so able an advocate of its peculiar claims as Mr. Brudenell Carter is quite an accident, and the power behind him is practically represented by the votes of probably five electors, more or less, and of the value of their judgment and capacity for selection we know but little. Dr. Rentoul will be able to enlighten the Council and the profession upon this matter, for Mr. Carter will find in his new colleague an expert in knowledge of all the *little ways* of the "close corporations." Mr. Carter assures us that direct representation is now removed from the range of practical politics. I would remind this gentleman that it is but a short time since this was said of the Parliamentary franchise, and he may be perfectly satisfied that universal direct representation of the profession upon the General Medical Council will be adopted in the near future, for the Statute of Limitation has no place in such matters—I am, Sirs, yours faithfully,

Old Trafford, Dec. 22nd, 1896. JAMES BRASSEY BRIERLEY.

THE EIGHTH INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY: PUBLICATION OF TRANSACTIONS.

To the Editors of THE LANCET.

SIRS,—I beg to inform you that the Transactions of the Eighth International Congress of Hygiene and Demography held at Budapest in September, 1894, are now ready for publication, and the remaining seven volumes will be sent out early in January, 1897. As many members might have since changed their residence, I would feel greatly obliged if you would kindly publish this note in your valuable periodical in order that members might be able to send in their addresses in time to the Editor (Dr. Sgmd. de Gerlőczy, St. Rochus Hospital, Budapest). An extra copy of the Transactions will be also sent to you for your own use.

I remain, Sirs, yours obediently,
Budapest, December, 1896. Dr. GERLŐCZY (The Editor).

THE REPORT OF THE ROYAL COMMISSION ON VACCINATION.

To the Editors of THE LANCET.

SIRS,—A weak result of a weak-kneed Commission, or as you better, certainly more Parliamentarily, put it, "Once more we have to point out that the omission to recommend re-vaccination as an administrative duty constitutes the one great flaw in the very valuable deliverance of the Commissioners." It would be well, if vaccination is to be saved to us in its whole utility, for some sound-minded member of the profession, with good time on his hands and living near the British Museum, to work through, from the time of Jenner's stupendous discovery, a dozen newspapers—say six London and six provincial ones—and to give the public in cheap pamphlet form quotations from each newspaper for each year, especially those with reference to the delight of the public in the gradual diminution of the effects of small-pox—viz., mortality, loss of noses and eyes, and general pitting of the faces—also noting the reports from foreign countries which show equal delight in the use of vaccination and, as the years went on, the value of re-vaccination. Injury from vaccination—such as erysipelas and syphilis—I take it, would be avoided if no vaccination was made except from calf vaccine supplied by Government or their recognised agents, or possibly, by public vaccinators—in this latter case with lymph only *once* removed from calf. I say, "possibly," because I have reason to believe from my small experience that vaccination with calf lymph sometimes fails and that vaccination only succeeds when humanised calf lymph is used.

I would say let Parliament make vaccination and re-vaccination compulsory, and each for the first time to be made with calf vaccine; on failing to repeat with calf

vaccine; but on second failures that once humanised calf lymph should be used. I am, Sirs, yours faithfully,
Canterbury, Dec. 25th, 1896. PUGIN THORNTON.

"THE NEW SYDENHAM SOCIETY'S MEDICAL LEXICON."

To the Editors of THE LANCET.

SIRS,—Mr. Kesteven's letter on the slow rate of publication of the New Sydenham Society's Medical Lexicon deserves some attention from the council of the society. I attended the last annual meeting of the society and urged that an attempt should be made to conclude the Lexicon before the close of the century. There was not a large meeting of members, only about half a dozen being present; but this, I am informed, is the usual number who attend on such occasions. The society has a president, 16 vice-presidents, 32 members of council, 1 treasurer, 3 auditors, and 1 honorary secretary, but none of these officials were present and no one could explain the slow rate of progress in the publication of the Lexicon. The chairman, however, promised to forward a strong representation of the wishes of the meeting that some effort should be made to bring the publication to a conclusion.

I am, Sirs, yours faithfully,
Carlisle, Dec. 23th, 1896. HENRY BARNES, M.D. Edin.

"ALLEGED ARSENICAL POISONING."

To the Editors of THE LANCET.

SIRS,—Dr. Murrell has written his letter¹ under a misapprehension. I stated that the fabric to which he refers contained approximately $\frac{1}{100000}$ th of a grain of arsenic per square yard. In this I was supported by Mr. W. Thomson, who found the same proportion. This is only one part in 1,300,000 of the fabric. Hence Dr. Murrell's criticisms on what he supposes I said fall to the ground. Every point to which he refers was fully before the court—the delicacy of the tests for arsenic and for determining its amount when admixed with organic matter, the proper doses when taken by the mouth, and the influence of inhalation upon the dose.

I am, Sirs, yours faithfully,
Guy's Hospital, Dec. 29th, 1896. THOMAS STEVENSON.

"THE TRAINING OF NURSES IN RELATION TO REGISTRATION."

To the Editors of THE LANCET.

SIRS,—If you had waited to hear the other side of the story your correspondent has told you you would have found that the feeling of discontent to which you refer as arising among the members of the Royal British Nurses Association is limited to a small minority. The facts are these. A proposal was laid before the council of the association in July last to admit *properly trained and qualified* mental nurses into the association. This matter was referred to a committee of the council who reported strongly in favour of the proposal, and the report was unanimously adopted. Now before the details have even been discussed by the executive committee a letter has been sent out signed by Sophia Wingfield, protesting against the admission of "*untrained asylum attendants*" as members of the association, and stating that once the "*asylum attendants* are admitted as registered members of the corporation of trained nurses the public will have no means of protecting themselves against untrained persons." This is not the case. The proposal is that none but mental nurses of not less than three years' training in a hospital or asylum for the insane with not less than forty beds shall be admitted to registration, and it will be necessary for each nurse to possess the certificate of the Medico-Psychological Association for proficiency in nursing. This certificate can only be procured after a rigid curriculum of instruction and practical tuition and training in the nursing of the sick and insane now carried on in every hospital and asylum in the kingdom under the direction and practical instruction by the medical staff and attendance upon courses of lectures and demonstrations followed by stringent

¹ THE LANCET, Dec. 26th, 1896.

examinations inferior to no examinations for hospital trained nurses—nay, vastly superior to many.¹ These are the nurses it is proposed to admit to the register as a distinct class with a separate department in the register, a separate and distinct badge, and to be enrolled as M.N.R.B.N.A.—that is, mental nurses of the association—to distinguish them from the purely hospital trained nurses. It is for the protection of the public that this proposal is brought forward. No nurses are more urgently required than those specially trained and educated to nurse mental cases. The ordinary hospital trained nurse will not, and could not if she would, undertake them; and it is by placing all those who are worthy of the confidence of the public upon the published register of the association that the public will be enabled to ascertain whether they are properly trained and qualified for their work.

The royal charter of the corporation especially provides for them "to affiliate to themselves or amalgamate with themselves or enter into any arrangements for wholly or partially working in conjunction with any person or any body of persons, corporate or unincorporate, formed for all or any of the purposes for which the corporation themselves are formed or for any purposes analagous or corresponding thereto. As a matter of fairness to those highly qualified mental nurses and of justice to the public it is proposed to place them on the published register of the association.

I am, Sirs, your obedient servant,

T. OUTTERSON WOOD, M.D. Durh.,
Member of the Executive Committee and of the Registration
Board of the Royal British Nurses Association.

Margaret-street, W., Dec. 26th, 1896.

* * Our remarks on Dr. Wood's explanation, which appears to us entirely satisfactory, will be found in an annotation dealing with this subject.—ED. L.

"GUAIACOL AND CREOSOTE IN PULMONARY PHTHISIS."

To the Editors of THE LANCET.

SIRS,—Some of your readers may be glad to know that a considerable reduction has been effected in the prices of carbonates of creosote and of guaiacol, so that it is now possible to prescribe them in cases where formerly the cost was prohibitive. A letter appears in THE LANCET of Dec. 19th, 1896, from Dr. Jones-Humphreys which calls for a few remarks. I am pleased to see that he is able to confirm my statements as to the value of this group of remedies; but I think he fails to prove a "specific action" of guaiacol on the kidneys in albuminuria. No doubt it has an action on some kinds of albuminuria, as his own case shows. But this action is probably indirect and depends on the destruction of some other irritant; and it would be unsafe without more evidence to conclude that the drug will be equally useful in albuminuria, say, after scarlet fever. The formula which he gives will answer well when small doses of guaiacol are prescribed; but such a mixture would have to be taken by the pint in some cases, which would be inconvenient, to say the least. There are few remedies with a wider range of dosage, and the best dose in each case is very much a matter of experience.—I am, Sirs, yours truly,

F. R. WALTERS, M.D., M.R.C.P. Lond.
Welbeck-street, W., Dec. 28th, 1896.

HOSPITAL REFORM ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—At the request of the Hospital Reform Association Dr. W. Knowsley Sibley and Dr. Ernest Snape have kindly undertaken to make a report on the special hospitals of the metropolis. The association will feel grateful if the officers of these institutions will afford them facilities for making their report as complete as possible.

I am, Sirs, yours faithfully,

Cardiff, Dec. 28th, 1896. T. GARRETT HORDER, Hon. Sec.

¹ There are now about 2000 of these certificated nurses on the register of the Medico-Psychological Association, but the register is not published.

"MIRROR SPEECH."

To the Editors of THE LANCET.

SIRS,—Dr. Marcel Baudouin, whose signature is appended to a short article¹ on Dr. Doyen's unique case,² informs his readers that he himself is a born *gaucher*, and confirms an observation made some time ago in THE LANCET,³ that to many markedly left-handed persons mirror writing comes naturally. I happen to be likewise a born "kithogue," as they say in Ireland, and having now for the first time essayed the mirrorwise feat beg to add my humble testimony to that of the distinguished Vendean writer. The term left-handed is generally regarded as depreciatory; in fact, according to the dictionary, its synonyms are in English awkward, clumsy, stupid, insincere, malicious; while in French *gaucherie* is the usual word for uncouthness. From the point of view of a kithogue this philological syllepsis is a genuine grievance—an injustice foisted on the few through the overweening complacency of the majority. There is nothing essentially awkward or uncouth in making use of the left hand for actions ordinarily performed with the right. The uncouthness really exists in the eyes of the right-handed multitude, who vainly imagine that their way of doing a thing must necessarily be the only correct way. Of course, a left-handed person may be awkward, &c., but so are many of the so-called dexterous. Practically, it is advantageous to a man, and especially when he is a surgeon, to be born left-handed, for custom and prejudice compel him to exercise his right hand while nature inclines him to use the left on every possible occasion. In this way, yielding equally to both forces, he becomes ambidextrous. So far from being victims to awkwardness, &c., it will be found that kithogues are for the most part adepts in games wherein the hand takes a prominent part—such as cricket, racquets, billiards, and so on. No sooner does the cry "left hand" resound across the sward than the fielders prepare themselves for leather hunting; and, although he certainly does look uncouth, a sinistrous coachman may be trusted not to let his horses down. It cannot be denied that the complaints of the kithogues against philologists have in reality a genuine foundation. It is, therefore, high time that their sylleptic grievances should be remedied.

I am, Sirs, yours faithfully,

Dec. 22nd, 1896.

KITHOGUE.

HOSPITAL ABUSE.

(BY OUR SPECIAL COMMISSIONER.)

V.—MANCHESTER.¹

An Attack on the General Practitioners and a Defence of the Hospitals and the Consultants.

THE impression prevails that the general practitioner is the victim of hospital abuse, that his professional standard is lowered and his income very much affected by the competition of hospitals, which rob him of his patients. This, in a measure, is all true; but there are two sides to every case, and if the hospitals lay themselves open to criticism the general practitioner may be not altogether free from blame. It so happens that in commencing my inquiry at Manchester I heard more against the general practitioner than in his favour. Subsequently the arguments on the other side were brought forward, and I think the truth will best be attained by taking both in due order. My first visit was to a leading consulting surgeon of a large hospital. His opinion was very emphatic. The general practitioners were themselves the authors of much of the hospital abuse that prevailed. General practitioners were constantly sending well-to-do patients to the hospital. For instance, a person suffering from empyema was recommended to him the other

¹ Le Progrès Médical, Nov. 28th, 1896.

² THE LANCET, Dec. 19th, 1896, page 1173.

³ THE LANCET, Aug. 3rd, 1895, page 273.

⁴ The previous articles on this subject were published in THE LANCET on the following dates: (1) Sept. 26th, 1896, Plymouth and Devonport; (2) Oct. 10th, 1896, Exeter; (2 continued) Oct. 17th, 1896, Exeter; (3) Oct. 31st, 1896, St. Thomas's Hospital, London; (4) Nov. 14th, 1896, Liverpool; (4 continued) Nov. 21st, 1896, Liverpool; and (4 continued) Dec. 12th, 1896, Liverpool.