Correspondence.

"Audi alteram partem."

THE CROWN VACANCY IN THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—I feel I am asking a great favour to be allowed to add a few words to the leading article on the above subject in your last issue, but our case is urgent, and therefore beg to be allowed to point out its urgency. Everybody must agree that the two classes needing representation are the dentists and the general practitioners, but I venture to think the former have the greater claim, and for the following reasons. The general practitioner is already ably represented in the person of Dr. Glover, while the dentist has nobody to speak with authority on his behalf. No period of time can add to the dentists' claim, because it is as urgent now as it has always been.

In 1878 when the Dentists Act was passed Sir John Tomes advocated the appointment of a dentist, and yet in twenty years one has not been appointed. At the present time the question of the dental curriculum is under consideration and the advice of a dentist would be of inestimable value in arriving at a conclusion. That one-sixth of the cost of the office is borne by the Dental Fund appears to be an additional reason for such an appointment. A careful search through the Medical and Dental Acts shows that without an additional Act of Parliament the number of the General Medical Council cannot be increased and it is therefore only possible for a dentist to be nominated by the Crown. It surely is not justice for the Dentists Act to be administered by the General Medical Council when there is nobody on the Council able to speak with authority and experience on behalf of its interpretation. The gentleman suggested by the British Dental Association as the Dental Representative would certainly add lustre to that already distinguished body, the General Medical Council.

I am, Sirs, your obedient servant,

MORTON SMALE.

April 12th, 1898.

Dean, Dental Hospital of London.

NEW DRUGS AND PREPARATIONS.

To the Editors of THE LANCET.

SIRS,—It is a remarkable fact that sixty years ago, when we had great faith in drugs and used them largely, they were very few and simple and that now, when we trust much more to nature, hygiene, and nursing, we are inundated with them so that samples of new drugs and preparations are becoming quite a nuisance. Almost every day the post brings me one or more of them, with pamphlets and testimonials, and a request that I will test them by prescribing them for my patients. I must have received hundreds of samples in the last few years and have never prescribed one of them, but I have quite a museum of these curiosities at the Surrey Dispensary, where they are kept unopened. As interesting specimens of nomenclature I may mention cotoine, migrainin, amydol, lycetol, nosophen, neboline, gelanthe, terrol, coumarin, eikonogen, eugenol, gallonal, glutol, loretin, terpinol, cosmoline, ozokerine, kreachyle, urecide, psonal, and seng. As these things are very seldom prescribed of course the dispensing chemist does not stock them, so that when they are prescribed he has to purchase them in quantities much larger than he requires and, as many of them are never prescribed a second time, the surplus represents so much money lost. For example, I know a chemist who had a prescription in which cotoine was ordered; he had to pay 30s. for an ounce of it, used about a shilling's worth, and lost 29s. by this one prescription. When physicians prescribe such things I think they should supply the chemist with the samples they have received from the wholesale houses, otherwise they are impoverishing a class of men already poor enough and who are very much underpaid for their education, skill, time, and trouble. Then, as I said, we are asked to test all these new preparations. Now, to test any one of them fairly and scientifically we should require a ward of at least 20 beds and 20 typical cases of the disease it is said to cure;

we should then give the preparation to 10 patients, treat the other 10 without it, and compare results. If all the samples we receive were thus tested we should have to give up practice and devote every hour of our lives to the work. I hope the new Pharmacopoeia will give us all the drugs and preparations new and old that we can possibly require so that we need never prescribe anything outside of it. Physicians' prescriptions would then be simple and intelligible and chemists would not lose money by dispensing them.—I am, Sirs, yours faithfully,

D. HOOPER, B.A., M.B. Lond.,

Physician to the Surrey Dispensary.

Trinity-square, S.E., April 1st, 1898.

"SICK AND OBSTETRIC NURSES BILL."

To the Editors of THE LANCET.

SIRS,—In your review of this Bill on page 953 of THE LANCET of April 2nd, 1898, you ask: "Suppose a voluntary nursing association were to adopt this Bill, would such an association obtain the assistance of the relieving officers and would the relieving officers investigate cases and make reports to the voluntary association as they would to their board of guardians?" My reply to both queries is an emphatic negative. It is distinctly laid down in Clause 5, sub-clause c, "that in order to make due provision for the sick and parturient poor and their children it shall be incumbent upon boards of guardians, in default of other authority, to adopt and carry out the provisions of this Act in their respective unions and to vote the necessary funds or to make grants in aid to voluntary nursing associations to meet the expenses of the provisions of this Act." And this provision is worked out in Schedule D on the basis of the local nursing association to which the Richmond board of guardians already contribute with the sanction of the Local Government Board. Under Clause 8 relieving officers would, of course, report to their boards, who would issue "the orders" to the three classes of poor persons specified therein, and under this clause the fees would be the same as under the consolidated orders, with mileage extra, but the fees and contributions under a nursing association would be as contained in Schedule D.

I may repeat that the intention throughout the Bill is the establishment of voluntary nursing associations on the lines of those already existing in various parts of the country. Assistance by way of subsidy is only claimed for those that would not be self-supporting. You may not have noticed that Mr. Gerald Balfour announced in the House of Commons recently that he hoped to be able to introduce "a Bill to enable boards of guardians in Ireland to subscribe to nursing institutions for the benefit of the sick poor in their districts." This is a direct and opportune acknowledgment of the principles of my Bill from an unexpected quarter.

The Bill, as you say, may not "wholly meet the case," but of the Bills now before the profession it is the *only* one that attempts to provide for the needs of the "sick and parturient poor," the others being taken up with the registration of midwives, which, according to the promoters, is quite a different question and by no means intended to meet the urgent wants of "the poor."

I am, Sirs, yours faithfully,

East Sheen, April 9th, 1898.

ALEXANDER MCCOOK WEBB.

THE EPIDEMIC OF MEASLES.

To the Editors of THE LANCET.

SIRS,—The hope that the public will learn from the present epidemic of measles the gravity of the disease so well expressed in your leading article of March 26th I can fully endorse from an epidemic I experienced in 1894. In November and December of that year an outbreak occurred in this town. The power of it can be readily understood from the following facts. My practice was one of three, and I attended, independently of the other practitioners, 157 cases, and I had 13 deaths in the two months, the population of the entire parochial area being only just outside 3000. The Christmas was a most melancholy one, and one not easily forgotten, 7 children had been buried the Sunday before Christmas day and several were lying dead then. Every day, and nearly all day, the church bell was tolling for deaths or funerals. I attribute the high mortality of this