collodion cap to crack. If desired, the cap may be strengthened with a coating of rubber solution, with Unna's zingelatin, with a thin layer of cotton wool, or with strips of rubber adhesive plaster. After a week or days the cap is forced up one-eighth of an inch by the growth of the hair. It can then be gently stripped off, bearing on its under surface the firmly adherent stumps of diseased and healthy hairs. If it can not be stripped off without causing much pain its removal may be rendered easier by inserting a pair of scissors and snipping some of the hairs. The ringworm hairs are twisted and irregular as they were on the scalp, and some of them are turned white, presumably from the action of the ether in the collodion. The process may be repeated as often as necessary. An objection to the treatment is that collodion is somewhat costly, but no doubt cheaper substitutes, such as rubber solution, may be found.

Scarlet Fever in London.

For some weeks the officials of the Metropolitan Asylums Board have been coping with one of the most serious outbreaks of scarlet fever which has occurred in London for some years. It is now thought that the outbreak has passed its maximum stage, though according to the last report over 100 patients have been removed from their homes in one day. There are now under treatment in the fever hospitals 4,228 cases. The disease is scarlet fever in 3,404, diphtheria in 685 and typhoid fever in 138. Scarlet fever is prevalent in all parts of the metropolis.

Correspondence

Medical Reciprocity.

DALLAS, TEXAS, Oct. 5, 1905.

To the Editor:—The student of European history, no doubt with an amused smile on his lips, has frequently read about the ridiculous and petty conditions that existed in Europe, especially in Germany, in bygone centuries. A number of small principalities and duchies existed then along the Rhine and in the German empire, and with incredible jealousy and hostility those petty monarchies watched over their prerogatives and rights and surrounded themselves with a barrier of tolls and taxes that made trade and travel only too difficult. The Napoleonic wars, the revolution of 1848 and the German-Austrian war of 1866 swept those little principalities away and in their stead we find a German nation, a united German empire. Before the emancipation of Alexander the Second, the Russian peasants were tied to the soil, to the place of their birth, and the Russian Jews, even at the present time, with certain exceptions, are kept within a certain district, the so-called "pale" of Russia. The American people are proud, and have a right to be proud, of their country, of the vast progress it has made and of the success of the doctrines promulgated by its founders. Every artisan or every mechanic, every tradesman, born in Alaska or Florida, whether he has worked in Maine or California, under the privileges granted him by the Constitution of this country, has a perfect right to leave his abode, to go wherever he pleases and to start his work again, without interference from any authority.

This rule, however, does not seem to hold good for the medical profession of the country. The restrictions placed by the different state boards have practically made the physician a slave to the place and state he happened to locate in. There is no denying that these restrictions were well meant and were made for the benefit of the people and for the benefit of the honorable and honest members of a noble profession. While they were drawn apparently to protect the public against the importunities of the quack and the itinerant vendor of medicine and to protect the better educated, better trained part of the profession from the vast army of ill-prepared, untrained graduates of third-rate colleges, these rules work untold hardships on a number of good, honorable members of the profession. It is a difficult matter for a physician to settle in a new locality when broken-down health, lack of congeniality, of scientific instruction and a number of other factors compel him to take this step and to commence work again in a strange community. At the outset he is confronted with the difficulty of an examination before a state board. The demands of active practice, the strenuous life the physician leads, the demands of his family and the financial part of his practice, in the course of years,

have made him forget the exact number of blood corpuscles to the square inch, or the exact origin of certain nerves or muscles, or the different effects of certain drugs which have become obsolete. Yet that very same man has, perhaps, lived and worked in a community for many years as a respected and beloved physician. He may have helped to build up a city and have been a useful member of society; in short, he may have been a good man in every respect. Still, should he decide or be compelled to change his place of abode, he is confronted at the outset with the insurmountable barrier of an examination before a state board.

The situation is extremely unfair. A physician in Germany can change his location from West Prussia to Bavaria without any trouble; a physician practicing in Ems in summer may practice in Italy or the Riviera during the winter; but let any physician, let us say from Mississippi, visit a summer resort in Colorado or Michigan and dare to prescribe for a friend or acquaintance, would not the state board swoop down on him and haul him into court? Ours is one country, with one language, and those measures of protection, originally well meant, are certainly an injustice to and a burden on many physicians.

Many progressive and enlightened members of the profession have already mentioned this anomalous condition in the medical press of this country, and the efforts of some state boards in accepting certificates from certain states as an exchange of courtesies, is, indeed, a step in the right direction, but there is still plenty of room for improvement. In my opinion, a physician who contemplates a visit to some health resort for a month or two should be allowed to practice there on a temporary license. A physician who is compelled to go to another state should be permitted to practice if he produces a properly signed certificate of his county and state society, like a church letter attesting his moral and professional qualifications.

William Osler, in his Farewell Address (*THE JOURNAL OF A. M. A.*, Aug. 9, 1905, page 366), says: "A few months ago a man who is registered in three states, an able, capable practitioner of twenty years' standing, a hard student in his profession, a physician who has had charge of some of the most important lives of this country, had to undergo another examination for license." What an anomaly! What a reflection on a united profession!

EMILE ARONSON, M.D.

The Proportion of Night Labors.

DAVENPORT, IOWA, Oct. 14, 1905.

To the Editor:—In *THE JOURNAL* of this date you refer to White, who considers the idea that a majority of labors terminate at night as probably fallacious and suggests a further consideration of statistics.

In the *Medical News*, Sept. 12, 1891, Dr. G. W. H. Kemper recorded the statistics of 1,000 consecutive cases, 13 of which were twins, the hour of two births not recorded, leaving a total of 1,011 births. Dividing the day into six-hour periods beginning at midnight, there were in the first 291, in the second 267, in the third 222, and in the fourth 231 births, being an excess of 33 in favor of the night hours.

Of the 250 consecutive labors of which I have kept notes 81 terminated in the first quarter of the day, 68 in the second, 43 in the third and 58 in the fourth, being an excess of 28 in favor of the night hours.

In both series there is a decided maximum between midnight and 6 a. m., and I believe that it will be found that this generally holds good.

C. H. PRESTON.

"The Mosquito Theory in Text-Books."

PHILADELPHIA, Oct. 16, 1905.

To the Editor:—The criticism of Dr. McCaw [*THE JOURNAL*, Oct. 7, 1905, p. 1100] is correct, and I am very much obliged to him for calling my attention to an obvious oversight, which escaped me in the revision, owing to the pressure of many duties. I wish also to thank Major Kean, surgeon, U. S. A., for noting the error to me simultaneously. The profession has been good enough to call for a new printing, which is in progress, and I have taken this opportunity to make the necessary correction.

J. H. MUSSER.

* We feel sure that our correspondent is misinformed as to these statements.—EDITOR.