term usually applied to this condition, conveys a fairly good idea of the nature of the change, although not of its etiology. The nucleus of the gall-stone, which is at first soft, is formed from the aggregation of these prematurely shed and abnormally evolved cells on which the hard substances of the calculus are subsequently deposited. This view of the origin of the associated lesions appears to me more in accord with the known facts than that which ascribes the origin of the cancer to the "irritation" caused by the presence of the calculus. I have looked through Dr. Simpson's admirable essay "On the Origin of Gall-stones in the Insane," but am surprised to find no reference made as to the condition of the mucosa of the biliary passages. I think it is impossible to insist too strongly upon the fact that gall-stones are determined by *local*, rather than by general, derangements.

With regard to the relative frequency of gall-stones in the cancerous, of 281 cancer necropsies analysed by me in which no hepatic or gastric cases are included, gall-stones were present in 18, or in 6.4 per cent.; 181 were females, with gall-stones in 14, or in 7.7 per cent.; and 100 were males, with gall-stones in 4 cases. Of 777 necropsies—mostly on adults—at the Manchester Infirmary, Dr. Brockbank found gall-stones in 34, or in 4.4 per cent.; of 228 necropsies on females they were met with in 18, or in 7.9 per cent.; and of 542 necropsies on males in 16, or in 2.9 per cent. It would thus appear that the cancerous, like the tuberculous and the insane, are more prone to gall-stones than the generality of the population of corresponding age and sex, although in a less degree. Of 44 female breast cancer necropsies there were gall-stones in 7, or in 16 per cent.; of 79 uterine cancer necropsies gall-stones were present in 5, or in 6.3 per cent.; and in 52 necropsies for cancer of the tongue and mouth in males gall-stones were met with in but a single case.

I am, Sirs, yours truly,

Preston, Oct. 17th, 1896.

W. ROGER WILLIAMS.

PUBLIC VACCINATORS AND THE POOR-LAW SUPERANNUATION ACT.

To the Editors of THE LANCET.

SIRS,—In Rutherglen's work on the Poor-law Superannuation Act, 1896, it is considered that public vaccinators do not come within the provisions of the Act, as they are not officers of the guardians, but serve under contract, which contract may be determined on either side by giving twenty-eight days' notice. Do you consider the above construction of the Act to be correct? If it should turn out to be so it will, in my opinion, be very hard upon a large number of public officials who are appointed by, and act under, the guardians, and all of whom, I believe, to be under the same contract as regard remuneration, and who will, I understand, be excluded simply because their official title (public vaccinators) has been omitted under the head of officers.

I am, Sirs, yours faithfully,

H. CULLIFORD HOPKINS,

Oct. 19th, 1896.

Public Vaccinator, Bath.

THE DIFFICULTY OF OBTAINING INFORMATION FROM THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—A few days ago I applied to the Registrar of the General Medical Council to ascertain if a certain gentleman was qualified because I could not find his name in the Register, and I thought it possible it had been added since its publication. I was anxious to know whether it would be correct to associate myself with him in consultation or otherwise, for although it is generally held that we are blameless for meeting a man who professes to be qualified it has always seemed to me to be a duty to the profession and the public to ascertain the genuineness of such qualifications. The reply I received was an "inquiry form," and I could not quite make out why I should be put to the unnecessary trouble of re-writing my queries on a form until I perceived the following footnote:—

"The Registrar may supply information in regard to registration provided only that he should deem it consistent with his duty to do so. In case the Registrar should think fit to supply the required information he will forward it on receiving from an applicant the above form, duly filled up, together with the prescribed inquiry fee of 2s. 6d. The information thus furnished may be used as evidence, in accordance with the subjoined section of the Medical Act (1886)."

To answer me would not have involved so much trouble as sending the form. It appears, then, that this wealthy body, which expends vast sums of money on its meetings, whose most important duty is to regulate the behaviour of the profession, refuses to answer a question which will assist in improving that behaviour unless it is applied for a second time on a form and accompanied by half-a-crown. I maintain that when the General Medical Council thus throws obstacles in the way of our obtaining information it thwarts the detection of offenders. It is their duty to afford every facility to anyone who will take the trouble to ask for information and not to discourage the few who are willing to write for guidance; in any case the paltry fee of half-a-crown should not prevent them answering a question which may assist in the prevention of the abuses they profess to abhor.

Now that the election is in the air perhaps some of the would-be representatives will take this matter up.

I am, Sirs, yours faithfully,

Kidderminster, Oct. 20th, 1896.

J. LIONEL STRETTON.

DO WE WANT A MEDICAL TRADES-UNION?

To the Editors of THE LANCET.

SIRS,—In view of the coming election to the General Medical Council we have heard and seen so much of politics that an outsider might imagine the science of medicine was complete and that we were only awaiting the settlement of various social questions to bring about our millennium. When wind and tide are so strong one can but sail with it; at present every ship sails as if safety could only be reached in the harbour of unionism; though even in that, to us, unknown refuge there may be rocks and shoals and heavy harbour dues—breezes there are sure to be, worse than the risks of the open sea. Personally I have no faith whatever in the efficacy of unionism to bring about the millennium of the medical profession; at any rate, not if it be at all like that trades-unionism which we see around us in other walks of life, and from what one hears and reads there appears little difference. Perhaps by a process of words unionism may be compared to *esprit de corps* or patriotism; as well might cant be called religion. Practically a trades-unionist's action is about as often guided by a sense of *esprit de corps* as a convict's good behaviour is by a love of doing his duty.

A trades-union is a number of labour units combined so as to be able to deal on equal terms with capital; when capital holds all the power and labour is helpless against it this is excellent and properly worked may be of great benefit to labour. But are the conditions the same in our profession, and do we need the same help? If we had it, would it benefit us in the same way, and would not medical unionism be liable to the same abuses as trades-unionism? I think the conditions are with us very different. We pride ourselves on being a learned and a generous profession and on having individual independence, although all are actuated by a common desire to do our utmost for the good of mankind. And we profess to influence and guide the public, not by the force of unanimity or the persuasion of numbers, but by the intrinsic value of our work, the truth of our teaching, and the influence of each individual. It would be contrary to tradition to look for help to the weight and force of combined members, and it would be a damaging admission of weakness; our loss of independence would soon tell on the whole body, and such is the practical influence of unionism on the unit that we should be in danger of becoming like the children in a barrack school. There is no doubt a strong and deepening prejudice in this country against trades-unions, and if there are detected in us their taint and aroma we shall lose collectively in public esteem more than will be compensated for by any individual material gain.

Supposing we had a complete medical union would it not be liable to the same abuses as present-day trades-unions, whatever might be its rules and regulations? In the first place, many of those who possessed any independence of character would only become members under compulsion and for the sake of peace in the profession and not from any belief in the advantages to follow or from any regard for the association; and owing to the not altogether to be regretted apathy of the profession in medico-political matters an energetic and noisy minority might very probably obtain the power to rule the majority, and with that petty spirit which usually dominates trades-union movements they might tyrannise