do their work without remuneration or reward, and general practitioners are many of them so slow to seek or encourage consultative advice that true *consultations* are extremely rare. Hence it happens that, with a few solitary exceptions, the men who thrive pecuniarily and are satisfied are those who know best how to appeal to the public, and who best cultivate the art of advertising themselves, even though it be at the risk of some distrust on the part of their own brethren. The profession does not hear much of this side of hospital doctors' lives in London, for where is the man who will openly tell you that he is not getting on, or who will boldly admit that he has not taken a single fee for many months? Could the truth be told, the profession would stand amazed at the insignificance of the purely professional incomes of hospital doctors here in London, and at the utter inadequacy of their incomes, even for the bare necessities of life. Cutting sections and showing fragments of your departed patients at the Pathological Society may do much for scientific progress: neither pastime does much for bringing in the means of living. When, therefore, Dr. Paget Thurstan and others write and speak of a system which *makes* the hospital doctor and *breaks* his less fortunate brethren, they do so in ignorance of the real pecuniary condition of one important branch of the profession, the so-called pure consultants in London, supposed to be ever flourishing on the plethora of their guinea or two guinea fees. No, it is not the hospital doctors who *break* the general practitioner; and if the general practitioner desires to raise his income, let him look for and find the means of improving it nearer home. If combination be necessary towards this end, by all means combine; but, above all, do away with the practice of underselling each other, which cannot be otherwise than harmful to the whole profession. Let it not be forgotten, moreover, that the system of *hard work and no pay* which prevails in this rich metropolis amongst hospital doctors demands as much reform as the system of "hard work and poor pay" against which Dr. Paget Thurstan has raised his voice. "Consultants," he says, "are to family doctors almost precisely as barristers are to solicitors." There is much aptitude in this comparison. The briefless barristers who swarm in the law courts have their exact counterpart in the feeless consultants who herd together and who look so cheery and contented in the regions round about Cavendish-square.

I am, Sirs, yours truly,

June 15th, 1887.

A HOSPITAL SURGEON.

To the Editors of THE LANCET.

SIRS,—Dr. Paget Thurstan has sent you a letter, very valuable in pointing out some great abuses, but ending in so miserable and hopeless a manner that it becomes simply a jeremiad. To me the very blackness of the present condition of general practice is the most hopeful of signs. It is always darkest just before the dawn, and it is the monstrous nature of the abuses to which we are subject which will infuse energy and method into the amœboid mass of general practitioners, and show that they have both brains and mouths, not to mention pens. The most powerful agent at our command is the press, and I believe we shall always find the medical journals more especially willing to aid us in gaining proper respect for the position and remuneration for the services of the medical practitioner. We must have *combination*. *Cela va sans dire*. We do not require a trades' union which shall fetter individual discretion, but combination to protect us from the encroachment of gratuitous treatment and the contract system as applied to people able to pay ordinary fees. That is the question in a nutshell. Hospitals, clubs (including friendly societies' associations), and dispensaries, free or provident, must be regulated in the interests both of the general public and the profession. The Council and Corporations will do for us absolutely nothing unless by means of pressure from without. Like Coriolanus, "alone we must do it," but "alone" for us means an army of over 10,000. We want leaders in this reform, and you, Sirs, with your influential organ, which can both form and lead the opinion of the profession, ought to be our leaders. Free us from the nightmare of the clubs and hospitals, and we can protect ourselves. Dr. Thurstan says the upper and middle classes pay fairly. Some of them do—some of them are club patients. It ought not to be possible that they can obtain medical advice for a shilling a quarter.

The chief requisite reforms seem to be:—1. That admis-

sion committees shall investigate the circumstances of all patients receiving gratuitous advice, or semi-gratuitous advice, by means of provident dispensaries, clubs, and friendly societies' associations. 2. That a certain scale shall be fixed from time to time to guide these committees in the exercise of their duties. 3. That amongst the working-classes the ready-money system should be encouraged by a system of small fees. 4. That provident dispensaries should be instituted over the whole country by a national movement for the poor of the working class. 5. That for parish appointments some uniform system of payment should be provided.

I cannot agree with Dr. Thurstan as to payment by shilling fees for paupers. It would involve a heavy burden upon the ratepayers in populous districts. Parish patients are (or ought to be) destitute, as far as means of procuring medical advice is concerned; and if it be necessary to provide for the class above them by provident dispensaries, it would be palpably unfair to tax the local rates with fees for their attendance which would be in excess of the average obtained from the provident patients.

If the above five reforms were insisted on, the medical profession would become more honourable and unselfish in its internal dealings, as well as in its relation to the public. THE LANCET has the power of passing these or similar measures by bringing the subject persistently and repeatedly before the profession and the public, and to THE LANCET I trust chiefly to accomplish this very desirable result.

I am, Sirs, yours truly,

J. B. PIKE,

May 23rd, 1887.

Med. Officer, Loughborough District
and Workhouse.

REFERENCE CASES UNDER THE SALE OF FOOD ACT.

To the Editors of THE LANCET.

SIRS,—Suppose a man to be accused of rape, and the medical examination of the woman to have been made promptly. Suppose in the course of some weeks the case to have come before the court, and the medical man who made the examination to state his decided opinion that a rape had been committed. Then suppose some doubt to be raised as to the accuracy of his opinion, and that the court in consequence order an examination of the woman by some higher authority. Suppose the referee were subsequently to come into court and state that he "could not affirm that the rape had been committed," and declined to give any further explanation. Would not the whole of the medical profession be up in arms against such evidence as one-sided, and calculated to frustrate the ends of justice? Why could not the referee state that, owing to the length of time which had elapsed since the crime was alleged to have been committed, his examination was worthless for the intended purpose, and that he could not form an opinion worth having, either one way or the other?

Now I will ask you in the light of this parable to read the following condensation of the complaint formulated in my letter to the *St. James's Gazette*, on which you comment in an article in THE LANCET of the 11th inst.

The Somerset House chemists who are appointed referees under the Act are placed in a very disagreeable and invidious position. Thus they are required to certify whether the condemnation of a sample by a public analyst was correct, when it very frequently happens that they are not in a position to certify either one way or the other; but instead of stating this, the wording of their certificates has commonly been that they were "unable to affirm that the sample in question was adulterated," thus leaving the magistrates to imagine that they affirmed it to be unadulterated, whereas the fact has been that from decomposition or other circumstances they could form no positive opinion on the matter. That this is frequently the case is evident from the fact that it has often been five or six weeks before the sample in dispute has reached their hands. Naturally, under such circumstances, no reliable analysis of the milk has been possible, and although the referees have attempted to avoid the difficulty by making an allowance for change in the milk according to the number of days it has been kept, it is evident that without a knowledge of the circumstances and temperature under which it has been preserved any such corrections are of a wholly worthless character. I may point out also, with every

personal respect for the Somerset House chemists, that the assumption that they are bound to give the benefit of any doubt to the defendant is not in accordance with their position as impartial referees. It is their duty to state fairly the result of their analysis, and whether from it they believe the milk to have been adulterated. If they cannot speak with certainty, they might speak of probabilities, and if they cannot make up their minds at all they should say so, and leave the course of giving the benefit of any doubt to the court in the usual manner, and not exercise the prerogative of mercy themselves. I would further point out that the example of testing for arsenic is by no means a fair parallel with that of examining milk for water. It is not the *analysis* that is the actual determination of the constituents of the milk which is difficult, but the *interpretation* of those results, with due regard to the variable composition of natural milk, and to the fact that the rate of decomposition of milk by keeping is extremely variable. If arsenic were a body liable to a certain range of variation in its characters, and liable to considerable change by keeping, a toxicologist might be quite justified in saying that he was not certain if there had been arsenic originally present, but he thought it probable. The toxicologist might with advantage add that his opinion under the circumstances was necessarily of very little value as compared with that of the man who had examined the material under much more favourable conditions. No one suggests that the Somerset House chemists should certify that a sample was adulterated unless their own analysis proved the adulteration. My contention is that when, from decomposition or other circumstances, they know their analysis to be worthless they should state so candidly, instead of contenting themselves with the statement that they are "unable to affirm the fact of adulteration." The fact is that it is unfair to the Somerset House chemists to place them in such a position. The remedy is a simple one, and consists in adopting the plan which has been in use with great success for several years past in Derbyshire, for the southern division of which county Mr. Otto Hehner is the analyst, while I am the similar officer for the northern division. In the case of either of us having a sample of milk believed to be adulterated, he sends it without delay to the other, who also gives a certificate on it, so that there are two independent analyses made of the fresh, or nearly fresh, milk. This course practically precludes all chance of error on the part of the analyst, and is a far more satisfactory way of checking him than by sending the milk to Somerset House when five or six weeks old, and when, therefore, it is quite impossible to make any trustworthy analysis of the sample.

I am, Sirs, yours truly,

ALFRED H. ALLEN, F.I.C., F.C.S.,

President of the Society of
Public Analysts.

Sheffield, June 13th, 1887.

THE IRISH MEDICAL ASSOCIATION AND THE PRACTICAL ELEMENT IN MEDICAL EDUCATION.

To the Editors of THE LANCET.

SIRS,—The annual meeting of the above body was held the other day, and though I previously invited the secretary, Dr. Chapman, to refer to the various matters of interest to provincials which I have ventilated in your columns and in those of the medical press during the year, yet no reference whatever was made in their report to them. I trust to be able to attend the annual meeting of that body next year, and I will then and there raise the question of grievances which it is the interest of the metropolitan knot who at present pull all the wires in that association to stifle. I was very much struck the other day with a remark of Montesquieu, to the effect that the father who gives his art to his children has left them a fortune. Now this is what the physicians and surgeons of former generations were able to do, and what numbers of nearly every calling of the present day (our own excepted) can do. Metropolitan folk, by abolishing apprenticeship, have contrived to make us an exception to every other class in the community. It now costs us as much to induct our sons into the profession as if their fathers were the veriest strangers to it. I hope that the approaching meeting in Dublin will witness the establishment in Ireland of a branch of the English General Practitioners' Association.

The mouse which the committee of the General Medical Council on the practical element in medical training brought forth as the result of the labours of the mountain is an insult to common sense and to the whole of us, and the public have a right to ask for a strict account of the part taken on that occasion by each of its elected representatives.

I am, Sirs, yours truly,

THOMAS LAFFAN.

June, 1887.

* * Mr. Laffan writes as if the Council had disposed of the "practical-element-in-medical-education" question, which is quite a mistake. The report of the committee is still *sub judice*, and has been referred to an Education committee. And that report contains the nucleus of most important suggestions with regard to pupilage, an improved midwifery course, and more attention to practical subjects and common diseases in the final examinations.—ED. L.

"A SUGGESTED IMPROVEMENT IN ETHER INHALERS."

To the Editors of THE LANCET.

SIRS,—I think that most anæsthetists who have read the recent letters in your journal under the above heading will agree with the criticisms passed on that class of ether inhalers in which a bag for the inhalation of a mixed atmosphere of ether and the products of respiration is an essential part of the apparatus. With the view of inducing anæsthesia by the inhalation of ether unmixed with respiratory products, I designed some years ago a simple apparatus, a description of which appeared in your columns on July 5th, 1884. Continued experience with this inhaler fully endorses the remarks made on that occasion, and I have only to add that the patient does not foul the instrument, and that it is always ready for use. It was constructed for me by Messrs. Krohne and Sesemann, London.

I am, Sirs, yours truly,

P. BLAIRIE SMITH, M.D.,

Physician, late Anæsthetist, Aberdeen Royal Infirmary.

June 16th, 1887.

LIVERPOOL.

(From our own Correspondent.)

MEASLES EPIDEMIC.

THE medical officer of health reports that the epidemic of measles, which has been prevalent for the past three or four months, is now subsiding. The number of new cases reported daily by the school officers has undergone a more marked diminution than the recorded deaths, which during the last eight weeks have been as follows:—

April 23rd	... 49 deaths.	May 21st	... 25 deaths.
" 30th	... 39 "	" 28th	... 15 "
May 7th	... 38 "	June 4th	... 25 "
" 14th	... 30 "	" 11th	... 17 "

The deaths are still considerably above the average. Dr. Taylor has repeatedly urged the necessity for the provision of hospital accommodation if threatening epidemics are to be grappled with, and it is sincerely to be hoped that the city council will give the matter their careful consideration.

THE WEATHER.

The change from the almost wintry weather which prevailed here during the last month to the intense heat of this month has been most remarkable, and in some instances has been attended with serious results, several cases of sunstroke having occurred.

BURIAL REFORM.

A meeting of the Church of England Burial, Funeral, and Mourning Reform Association was held here on the 7th inst. The Lord Bishop of the diocese presided, and advocated the use of perishable coffins and simple burial in the earth. Mr. Clarke Aspinall, the city coroner, who seconded the first resolution, defended burial clubs as a prudent provision, without which there might otherwise be frequently very serious difficulties; but he deprecated the popular idea that the whole of the club money should be spent upon the funeral. Mr. F. W. Lowndes, who seconded the second