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.