but it ought to be within the powers of the Medical Committee of the British Science Guild to lead public opinion on the matter.

The committee also sent a copy of the letter to the honorary secretary of the Incorporated Association of Headmasters, and his reply runs:—

I am much obliged for the letter enclosed. The difficulty is that schools vary very much; some of what is said would be quite unfair if applied to a good many. If the British Science Guild would produce some specimen dietaries—programmes for a month at a time, so as to show how a wholesome variety could be secured—I think it might be a very useful piece of work.

In the original letter received by the committee the suggestion is made that the catering at each public school should be taken out of the hands of the housemasters and put into the hands of an *ad hoc* committee. I am to state that the Medical Committee are in general agreement with the above proposal, and would be glad to receive correspondence on the subject.

I am, Sir, yours faithfully,

RONALD ROSS,
Chairman of the Medical Committee, for the
British Science Guild.

199, Piccadilly, London, W., Nov. 2nd, 1916.

[ENCLOSURE.]

(1) Extracts from a letter addressed by Sir Lauder Brunton to a correspondent on July 3rd.

11. The whole question of the remuneration of the medical profession and of its various branches will naturally give rise to much discussion.

12. For example, I have of late years frequently been consulted in regard to abdominal operations. The question shall an operation be performed or not? has been left entirely in my hands, and on the correctness of my answer the life of the patient has depended. Yet for my advice I received the fee of 3 guineas. If an operation was necessary the surgeon received 100 guineas.

13. This enormous disproportion between the values of mere mechanical skill and trained brain work holds in other branches also.

14. These high surgical fees are one of the causes why some kind of coöperative hospital is becoming urgently needed.

(2) Copy of letter from Local Government Board on feeding of infants in institutions:—

The Hon. Secretary, Medical Committee, 17th July, 1916.
British Science Guild.

SIR,—In reply to your letter of the 5th inst., I am directed by the President of the Local Government Board to state that the feeding of a number of children with the same spoon is not a practice adopted in Poor-law institutions in England and Wales.

I am, Sir, your obedient servant,
(Signed) H. W. S. FRANCIS.

THE DANGERS OF THE DIAGNOSTIC INJECTION OF TUBERCULIN.

To the Editor of THE LANCET.

SIR,—By their interesting note in THE LANCET of Oct. 28th on the Occasional Absence of a Rise of Temperature following the Administration of Diagnostic Doses of Tuberculin to Tuberculous Persons, Dr. D. Forbes and Dr. C. W. Hutt have, I hope, hammered another nail into the coffin of the diagnostic injection. Probably they would have found a febrile reaction had they measured the temperature in the rectum every two hours (the night included) during the first 30 hours. Occasionally a tuberculous patient's temperature may be normal or subnormal all day, and may become febrile only for a short time about midnight. But if we accept the writers' contention as proven, the diagnostic injection, which practically every sanatorium physician of experience regards as very dangerous, is convicted of being misleading also. I have known a hypodermic injection of a few drops of water provoke a typical tuberculin reaction; and if, on the other hand, a large dose of tuberculin occasionally provokes no febrile reaction in a tuberculous subject, why continue to play with this edged tool? It may, indeed, occasionally be necessary for the civilian practitioner to risk a diagnostic injection so as to convince the military authorities that a recruit is tuberculous. More's the pity, for there are plenty of cases on record in which rapid progress of the disease began directly after a diagnostic injection. The victim in such a case is surely entitled to feel almost as aggrieved as the mediæval ladies who established their innocence of witchcraft at the cost of drowning.

I am, Sir, yours faithfully,

Peppard Common, Nov. 9th, 1916. CLAUDE LILLINGSTON.

THE ETHICAL STANDARDS OF PANEL PRACTICE.

To the Editor of THE LANCET.

SIR,—When Dr. O. Eccles (in his letter in your issue of Nov. 4th) “presumes” that the word “panel” in my address to students refers to National Health Insurance practice, and that it “strongly suggests” that panel practitioners are tempted by the conditions of panel practice to dishonour their calling, he implies that there may be another interpretation of the term as used by me. Having been so far generous, he has no justification in reproving me severely. He proceeds to describe this interpretation of his as a “remark” of mine, and brands it as “offensive.” I did not mention or refer to panel practice nor to panel practitioners, nor did I have them in my mind. The theme of the first part of my address was the motives that influence students and their parents in their selection of medicine as a calling. Incidentally I deprecated a fact, which cannot be denied, that in some instances their interest in the matter is what I called “purely commercial”—simply and solely to make a living out of it; and I hinted (I assure Dr. Eccles on good authority) that the panel as a public service has increased such instances. As for the term “commercial,” it may not be appropriate nor happily chosen, and I regret that it has given offence, but surely it does not imply something dishonourable.—I am, Sir, yours faithfully,

Harley-street, W., Nov. 8th, 1916.

J. MITCHELL BRUCE.

THE DIFFERENTIATION OF HEART MURMURS IN SOLDIERS.

To the Editor of THE LANCET.

SIR,—I have read Professor D. Drummond's letter on this subject in your issue of Nov. 4th. I do not think the majority of heart-strain cases in soldiers have an apical murmur at all. It occurs to me that the type of murmur he describes seems what is generally called a “cardio-pulmonary murmur,” due to the lung and not to the heart at all, and that accounts for his statement that when pressure is made by the stethoscope the murmur ceases, due, I think, to air being expelled from the subjacent lung.

I am, Sir, yours faithfully,

A. KINSEY-MORGAN, M.D. Durh., M.R.C.P. Edin.
Bournemouth, Nov. 9th, 1916.

THE QUEEN'S HOSPITAL FOR CHILDREN: NEED FOR CLINICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—We shall be grateful if you will kindly draw attention to the need that exists at the Queen's Hospital for Children for additional assistance in seeing medical out-patient cases, the numbers of which have greatly increased since the commencement of the war. The committee would be prepared to appoint clinical assistants to sit with the physicians and would welcome inquiries on the subject from qualified men or women.

I may mention that we are now dealing with 2000 attendances of children per week.

I am, Sir, yours faithfully,

T. GLENTON KERR,
Secretary.

The Queen's Hospital for Children, Hackney-road,
Bethnal Green, E., Nov. 14th, 1916.

MASSAGE AND MEDICAL ELECTRICITY IN THE AFTER-TREATMENT OF CONVALESCENT SOLDIERS.

To the Editor of THE LANCET.

SIR,—May I be allowed to answer one or two points in Dr. W. Gordon's letter in your issue of Nov. 11th? Although my article was written in genuine admiration of the splendid work carried out in the Command Depôts by the medical officers in charge of the depôts, together with their staff, I am accused of suppressing certain facts as to their equipment in order to push what are described as “my own special views,” whatever these may be. For instance, I do not