

The condition is lower, more degrading, than that of prostitution. No doubt a large number of lecturers, coaches, and professors will undergo a financial loss by a falling-off in the number of medical students; so will the medical examiners of students for their diplomas. No doubt some of the young men who have gone to the war and who would have otherwise entered as medical students will so enter when the war is over. The present drop is partly due to the war. No doubt it is also a reaction against the sadly overcrowded condition of the medical profession. We can accept Sir Donald MacAlister's statement that if the falling off in the number of medical students continues there may be a falling off in the number of doctors of 200 to 300 yearly.

So great was the dangerously overcrowded state of the medical profession that in 1886 the Medical Council issued a very ominous report, giving a census of medical practitioners in England and Wales. That report showed that in 1881 there were 15,022 practitioners registered in England, and in 1886 16,930, showing a rate of increase of 2·42 per cent. per annum. In the former year there was on an average 1 practitioner to 1747 persons, while in 1886 the average was 1 to 1662. Therefore the doctors had increased at the rate of 2·42 per cent. per annum, while the general population had increased by only 1·40 per cent. per annum. Why, therefore, should we bemoan the fact that the number is still falling? If there be healthy law in that of supply and demand, why should we when having a falling death-rate, a falling sick-rate, and a falling birth-rate contend that we must have a *rising* increase of doctors? It is generally accepted that we should have on an average about 3500 persons to each practitioner, for it must be recollected that fully one-third of the population receive free medical treatment and another third for a little above nothing. It is a pity Sir Donald MacAlister did not refer not only to the number of students but also to the number of doctors practising in the United Kingdom. According to the Medical Directory (not the Medical Register) the following table shows the number of doctors practising in each division of the United Kingdom on Jan. 1st, 1915:—

London	...	...	6,715	} Population.	
Provincial	...	...	18,109		
Wales	...	...	1,415		
Scotland	...	...	4,070		4,760,904
Ireland	...	...	2,971		4,390,219
Total	...	...	32,290		

It will thus be seen that there is 1 doctor to 1401 persons of all ages, all incomes, and classes. It is also instructive to note that the increase of the number of practitioners for 1914 was 527, for 1814 158, and 1813 280. Therefore the number of practitioners is going up by hundreds, while the proportion of doctors to the population has increased by 1 practitioner to 1041 persons. In 1886 it was 1 to 1662.

If it be contended that there are not *at present* sufficient doctors for war and other purposes, I would suggest that such a condition—if it exist—could readily be met. At present a number of practitioners are employed to examine children at the elementary schools, 317 acting as principal medical officers and 524 as assistant medical officers. Supposing these 841 are required for war purposes, it would be quite easy to fill their places by the doctors who practise in the school locality. Or again, a large number of those who act as resident

medical officers to Poor-law, voluntary, and municipal free hospitals could be taken for war purposes if their places were temporarily filled by the local practitioners who do not hold hospital posts. The time must come when a full staff of visiting physicians and surgeons must be appointed to all the large Poor-law hospitals, and this is the time to make a beginning. I should not think that 5 per cent. of the practitioners in the United Kingdom have been called away to join the army and navy, for according to the Medical Directory there were 3366 medical officers in our navy and army last year. Poor-law guardians and others must not think there is a "shortage" of doctors simply because they cannot obtain a resident medical officer or a visiting medical officer for £50 to £120 a year. The school medical officer, whose duties are very light, obtains a minimum of £250 to £300 per annum from the majority of the educational authorities.

I am, Sir, yours faithfully,

Liverpool, Jan. 11th, 1915.

ROBERT R. RENTOUL.

OUR ARMY'S TEETH.

To the Editor of THE LANCET.

SIR,—The dental expert going to the war with the intention of doing good for poor Tommy's teeth is at first confident that it is simply a matter of money, and he thinks that if he had a blank cheque from Mr. Lloyd George he could put things right, but after three months' toil and vast worry he begins to understand that even with the Bank of England at his back he could not evolve a sound scheme under existing conditions. And things are growing worse, for the teeth of those who are coming out now are not even so good as those of the earlier arrivals. It seems probable that when the New Army has arrived there will be battalions of men to return on account of their teeth. It is no rare sight to find a young soldier who has not two back teeth that meet, and dozens of men have to be reported as dentally unfit for service. It would be wearisome to state the causes and complications at length, but I inscribed many of their reports with brief remarks which, if strung together in readable form, represent the pith of my experience: "Dental caries is avoidable; it is due to dental dirt, and nine-tenths of it would be obviated if the teeth were brushed properly after every meal. The British army abandoned its tooth-brush during the Great Retreat, and it has not been seen since. If the 'Jap' can clean his teeth on the battlefield, so can the English. Extra pay should be given for good teeth, and there should be an army dental corps to keep them right. Allowances to soldiers, their wives and children, in time of peace should cease whilst their teeth are neglected. Children should be taught to clean their teeth after every meal from the time they cut the first milk tooth."

Statistics are less hateful when quoted in millions, and we are expecting one or two million soldiers within the next few months. Apart from the edentulous, each man will require on the average a filling or two, probably several fillings. To put it very mildly, there will be several million fillings required, and the crucial question is, "Can it be done here?" I believe it is too big a thing without a mobilisation order. Gladly would I see my profession get its order to march. Many of the young men would be stationed behind the trenches in order to destroy an exposed pulp or to do a filling or two for a man who was otherwise sound. Others

would be attached to all the hospitals on the way to the base. At every large hospital or base there would be an efficient dental department sufficient to attend sick and convalescent men and to repair artificial teeth. Only the overflow and bad surgical cases would go to the ultimate base in London. The question arises as to how far this system can be adapted to existing conditions. The small number of dental officers with the army will be lost amongst one or two million soldiers. So nearly everything must go to London for treatment. There, of course, they will be distributed amongst all the hospitals, dental departments, and clinics which appoint dental surgeons in town and in the country. Many of the men are ready to pay for artificial teeth at about hospital prices, and when a man has bought his own teeth he is inclined to take great care of them.

One naturally inquires how the French soldier gets on with his food, and I am told that the French *piou-piou* is no better off than our Tommy in the matter of teeth, but his food is softer and generally consists of soup, meat, and vegetables all cooked together. Our men get "stew," but what they really like is a good bit of beef when they can eat it.

Under the recommendations that I have made we should get rid of most of the dental caries without treatment beyond inspection, but the fight to insist on dental cleanliness would be long and bitter. Unfortunately we cannot say that even the most educated and enlightened people are cleanly in the matter of their teeth. Their mouths would not stand inspection, and their tooth-brush would not always be beyond criticism in these days of oral sepsis.—I am, Sir, yours faithfully,

F. NEWLAND-PEDLEY, F.R.C.S. Eng.

British Red Cross Hospital No. 2, Rouen, Jan. 8th, 1915.

BRUSSELS MEDICAL GRADUATES' ASSOCIATION:

BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

To the Editor of THE LANCET.

SIR,—Might I be permitted through your columns to thank those who have so kindly contributed to the above Fund. The amount received is £112 2s. 6d., and the whole of it has been handed over to Dr. H. A. Des Vœux.

I am, Sir, yours faithfully,

MAJOR GREENWOOD,

243, Hackney-road, N.E., Jan. 10th, 1915.

Treasurer.

DEGLUTITION IN ACUTE TONSILLITIS.

To the Editor of THE LANCET.

SIR,—A recent personal painful experience has brought to my knowledge a fact of which I was previously unaware, and which I hope may prove of comfort and service to those who suffer from acute tonsillitis and those who have the care of them. An attack of acute tonsillitis chiefly affecting the right side had rendered deglutition whether of liquids or solids a matter almost of impossibility on account of the pain it caused. Under such circumstances one naturally inclines to keep all food in the opposite side of the mouth, and so as far as possible from the affected part; and those who have suffered will remember well the pain that occurs when the bolus is delivered into the grip of the pharynx.

Quite accidentally I discovered that the pain on deglutition is very much less if the food be prepared, so to speak, and collected on the affected

side; then when the act of deglutition occurs it would seem that it is projected against the opposite side of the pharynx and so misses the acutely tender part. What the exact mechanism of this manœuvre is I do not know, but I am able to bear witness of the very great difference it makes to one's comfort when it is adopted. Fortunately the inflammatory condition in my own case did not exist long enough to enable me to carry out any number of experiments, but as far as they went they confirmed the initial one. This small fact may be known to many, but to those who are unaware of it it may, I hope, prove of service.

I am, Sir, yours faithfully,

THOS. H. KELLOCK.

Upper Wimpole-street, W., Jan. 6th, 1915.

THE ETIOLOGY OF POLIOMYELITIS.

To the Editor of THE LANCET.

SIR,—An interesting fact in Dr. George Jubb's paper published in THE LANCET of Jan. 9th is the occurrence of cases of poliomyelitis at West Kirby for the third year in succession in the same parish. This, I think, is an unusual experience in this country. My own experience with poliomyelitis has indicated as frequent coincidences the proximity to an infected cottage of stables or cowsheds, the presence in the house of several specimens of stomoxys calcitrans (the biting stable fly), and not infrequently direct evidence of the child having complained of the flies biting. Anderson and Frost have supplied direct experimental evidence of the conveyance of poliomyelitis infection by stomoxys from artificially infected monkeys to other monkeys.

It would therefore be of much interest to know the relative position of the infected houses in West Kirby and Hoylake to the nearest stables or cowsheds (distances should be given approximately in yards). This information would be of value; but the case for the stomoxys would not be limited to such evidence. An important fact mentioned by Dr. Jubb is that the Hoylake cases had a common milk-supply. Further information required here is whether the same horse and man carried the milk, because stomoxys having a particular liking for warm horse blood would be carried any distance on a horse, even though occasionally disturbed by tail-swishes.—I am, Sir, yours faithfully,

J. T. C. NASH,

County Medical Officer of Health.

The Shirehouse, Norwich, Jan. 9th, 1915.

THE MEDICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—Owing to the war the usual programme for the second half of the session will not be issued, but postcards will be sent to Fellows from time to time giving details of the arrangements made.

The meeting arranged for Jan. 11th was not held. On Jan. 25th, at 8.30 P.M., arrangements have been made to have an X ray evening, when Dr. Ironside Bruce, Sir James Mackenzie Davidson, Dr. F. H. Humphris, Dr. Harrison Orton, Dr. A. Jordan, and others, will demonstrate and exhibit items of interest connected with the war. On Feb. 8th Sir Victor Horsley, F.R.S., will open a discussion on Gunshot Wounds of the Head.

We are, Sir, yours faithfully,

GEORGE E. GASK,

HERBERT FRENCH,

Honorary Secretaries.

Chandos-street, Cavendish-square, W., Jan. 12th, 1915.