

the *Hospital*: "After a study of the report of the committee appointed to consider the question (i.e., asylum training), and with some knowledge of the working of an asylum, we are reluctantly forced to believe that while some of the men and women holding these certificates are perfectly well equipped for their work there must be many who have little practical acquaintance with some of the most important and every-day duties of a nurse. In these cases the certificates can have little more value than the St. John's first-aid and nursing certificates."

"Properly trained and qualified mental nurses" would no doubt be benefited by association and registration. Let them, then, organise themselves. Amalgamation with general nurses would be of doubtful value to them as regards their special work, while it would do incalculable harm by destroying the distinctive position at present conferred by the Royal British Nurses' Association on its members. It is true that certain precautions are suggested to prevent confusion, but everyone having a practical knowledge of the disadvantages under which the general nurse already works must be aware that such theoretical distinctions would prove ineffective. What this confusion between incompletely and fully trained nurses means to the medical profession and the public one has only to look round to realise.

I am, Sirs, yours faithfully,

West Ham, Jan. 2nd, 1897.

JOHN BIERNACKI.

VACCINATION OFFICERS AND THE PROPOSED AMENDMENT OF THE VACCINATION LAW.

To the Editors of THE LANCET.

SIRS,—I think it may interest a majority of your readers and be of advantage to many who are starting in life to relate the experience of a lifetime in the Poor-law service. After serving as deputy (being in partnership with a Poor-law surgeon in the country) for three years, I was appointed to a newly-formed district, which I worked for nine months, when the office of resident medical officer to the Birmingham Workhouse Infirmary became vacant, to which I was appointed, there being seventy-two candidates. For upwards of eight years I performed all the duties solely, which were satisfactorily done, as proved by the Local Government Blue-book and testimonials received from the board of guardians and Poor-law inspectors. The late Dr. Seaton of the Local Government Board in the year 1868 recommended to the guardians of Birmingham, and the Local Government Board adopted the recommendation, that a specialist for vaccination be appointed for the whole of the parish, devoting all his time to the duties and not to accept any other engagement. I was induced by the representations made to me of the emoluments (which proved fallacious) and the permanency of the appointment if after the first twelve months the duties were satisfactorily performed to undertake the office. I have now for twenty-eight years fulfilled the duties without any other engagements, except being a licensed teacher of vaccination appointed by the Privy Council and a supplier of vaccine to the National Vaccine Establishment, making nearly forty years' consecutive service. I am approaching the time when failure of accuracy of nerve touch and eye-sight may occur, and am now informed that although the vaccination officers who have been appointed to register the certificates issued by me, and paid by fees, are eligible for superannuation as Poor-law officials, I, the medical officer, for some reason am excluded and thus debarred from receiving a retiring pension under the Poor-law Superannuation Act. Therefore, I presume I must continue against conscience to perform duties of very grave responsibility or fail to meet the requirements of a family by being kicked out, all fame as a medical man having been knocked out by the prolonged sitting of the Royal Commission and the prejudice aroused thereby.

I am, Sirs, your obedient servant,

EDMUND ROBINSON, M.D. St. And., M.R.C.S. Eng., L.S.A.
Birmingham, January, 1897.

"ALLEGED ARSENICAL POISONING."

To the Editors of THE LANCET.

SIRS,—I am much indebted to Dr. Stevenson for his courteous reply to my communication and regret that I

cannot accept his suggestion that my letter was written under a misapprehension. I carefully guarded myself by saying that I had no personal knowledge of the case and that my remarks were founded solely on the report which appeared in THE LANCET. Dr. Stevenson thinks that my criticisms must fall to the ground, but, on the contrary, they are materially strengthened by his statement that the fabric contained approximately only $\frac{1}{1000}$ th of arsenic per square yard. The facts are perfectly simple. A specimen of linette was sent to Mr. Bernard Dyer, who found that it contained $\frac{1}{200}$ th of a grain of arsenic in the square foot, or approximately $\frac{1}{20}$ th of a grain in the square yard. The same linette was sent to Dr. Stevenson and Mr. W. Thomson, and they found only $\frac{1}{1000}$ th of a grain in the square yard. A statement such as this does not require criticism, but it would be all the better for a little explanation. Then we are told that Dr. Stevenson cannot detect less than $\frac{1}{2000}$ th of a grain of arsenic, but Dr. Luff can very readily detect $\frac{1}{5000}$ th of a grain, and finds that even $\frac{1}{50000}$ th of a grain produces a distinct stain. Arsenic is by no means a rare drug, and I was under the impression that its recognition, even in the most minute quantities, presented exceptionally few difficulties. Most of us have been in the habit of availing ourselves from time to time of the services of our chemical colleagues in the belief that their methods were capable of a very considerable degree of accuracy. If, however, they can get no nearer a definite result than the difference between $\frac{1}{20}$ th of a grain and $\frac{1}{1000}$ th of a grain, or between $\frac{1}{5000}$ th of a grain and $\frac{1}{50000}$ th of a grain, I am afraid that a severe blow will be given to our confidence in the value of expert testimony. This divergence of opinion must be capable of some explanation and cannot present such difficulties as to baffle the acumen of the distinguished authorities whom I have named.

I am, Sirs, yours faithfully,

Welbeck-street, W., Jan. 4th, 1897.

WILLIAM MURRELL.

"INGUINAL ORCHECTOMY."

To the Editors of THE LANCET.

SIRS,—I am indebted to the letter of Dr. Zum Busch which appears in your current issue, and to a courteous private letter from Mr. Harold J. Stiles, the translator of Kocher's "Operative Surgery" (Edinburgh, 1895), for the information that the inguinal method of orchectomy is not a new one, but was described by Kocher some years ago. I am thus placed in the unpleasant position of having unwittingly claimed as my own what belongs to another. Professor Kocher describes his incision as follows: "A transverse incision is carried downwards and inwards over the inguinal canal a finger's breadth above and parallel to the inner half of Poupart's ligament." It will be seen that this incision does not differ essentially from the one described in my paper—"An incision of from one inch to one and a half inches long, and slightly curved with its concavity looking downwards and outwards, is made over the external abdominal ring in the line of the spermatic cord." I trust that my paper will not be valueless if it directs increased attention to the value of Kocher's method. Mr. Stiles informs me that since he began to use it he has had no hesitation in excising tuberculous testicles in children attending his out-patient department, without admitting them to the wards at all.

I am, Sirs, yours faithfully,

Guy's Hospital, S.E., Dec. 30th, 1896.

W. S. HANDLEY.

THE ISOLATION OF CASES OF TYPHUS FEVER.

To the Editors of THE LANCET.

SIRS,—Am I justified in sending typhoid fever patients to a hospital where typhus fever cases are treated in the same wards? An immediate answer will confer a favour on

Yours faithfully,

Dec. 30th, 1896.

A SUBSCRIBER.

. The propriety of sending cases of enteric fever into a ward in which typhus fever was also being treated would be regulated by special circumstances. Speaking generally, it is no doubt always wiser to treat typhus fever in a ward by itself if the means for doing so are available. There should, however, be but little risk in placing the patient in a