

inhabitants—in fact, I think most of the families have some members who exhibit these caries. The islanders generally have the Polynesian type of countenance—some more than others—but all types are equally troubled with their teeth.

The class of food eaten by the islanders does not, I think, in any way account for this early decay of teeth. The people mostly live on fruit which is abundant and consists of oranges, pineapples, figs, bananas, &c. The only flesh meats they have are goats and fowls. They do not chew betel-nut or put their teeth to any extraordinary use. I saw no signs of syphilis in any of the cases I examined. In fact, I was struck by their remarkably healthy appearance. Some of the inhabitants do not appear to be very bright or over intelligent, but this may have been due to shyness before strangers. They do not show any marked signs of degeneration. The children are always breast fed by their mothers and are weaned at the usual time. I tested a sample of the drinking water and found it to be of excellent quality and free from all impurities. It contained no lime salts.

Appended are short answers to the direct questions asked by Mr. C. S. Tomes and Mr. J. Kingston Barton.

I am, Sirs, yours faithfully,  
(Signed) B. SCRIBNER, Surgeon.

[INCLOSURE No. 3.]

ANSWERS TO QUESTIONS IN ADMIRALTY LETTER OF 20TH NOVEMBER, 1901.

*General.*

- 1.—50 per cent.
- 2.—No.
- 3.—Some cause has acted on front teeth alone.
- 4.—Decayed and broken off; never worn away.

*Family.*

- 5.—Affected families differ in no way from remainder of population.
- 6.—No. Distinctly Polynesian.

*Specific.*

- 7.—No.
- 8.—No.
- 9.—Breast fed.
- 10.—No.
- 11.—No.

(Signed) R. B. SCRIBNER, Surgeon, R.N.

## THE MAKING OF POST-MORTEM EXAMINATIONS BY GENERAL PRACTITIONERS.

*To the Editors of THE LANCET.*

SIRS,—I feel sure that many medical men will fully agree with Dr. H. H. Littlejohn's remarks on the above subject published in THE LANCET of March 28th, p. 862. The mere fact that it is possible to obtain diplomas in medicine and surgery without having even been present at a post-mortem examination is sufficient to throw a doubt on the reliability of such examinations when made without skilled assistance. In addition to this I consider that it is work from which a general practitioner would be much better relieved seeing that he may have to go straight from a post-mortem examination to a confinement, or a compound fracture.

I am, Sirs, yours faithfully,  
EDWARD H. SWEET, B.A. Oxon., M.R.C.S. Eng.,  
L.R.C.P. Lond.

Uckfield, March 30th, 1903.

## THEORIES OF IMMUNITY.

*To the Editors of THE LANCET.*

SIRS,—It seems to me that purely imaginary theories like that of Ehrlich are of use only if they simplify the facts which have been ascertained. The subject of immunity is one of the utmost importance and we are already in possession of many important facts in regard to it. If, therefore, Ehrlich's theory systematised these so as to give some insight into the guiding principles, so as to make the connexion between the different facts evident, so as to guide to the discovery of new facts, we might excuse its tangles of fantastic figures and erudite equations. But does it do any of these things? Dr. A. S. F. Grünbaum's explanations of Ehrlich's theories occupy your columns to-day. He tells us that a toxin molecule contains H + T + X. I can quite believe it. My acquaintance with organic chemistry would have led me to expect much more of it. But what is the use of all these cytophiles and haptophores? I may be stupid, but I cannot see it. The explanatory figures might, indeed, suggest new ideas to the designers of new carpets or wall-papers, but they do not to my mind convey a particle of useful information to a medical practitioner who wants to know enough of the processes of disease to be able to combat them.

I am, Sirs, yours faithfully,  
Welbeck-street, W., March 27th, 1903. HUGH WOODS.

## A DISCLAIMER AND A WARNING.

*To the Editors of THE LANCET.*

SIRS,—I am informed that a man of the name of "Dr. East" (or some similarly sounding name) is calling on medical men in Brighton describing himself as "Dr. Crocker's assistant" and trying to sell copies of my Atlas of Diseases of the Skin. I write to say that I know nothing of this person who is making this unauthorised use of my name and, except at the hospital, have no assistant. I may add that the Atlas is the property of the publisher and my only interest is a small royalty on each copy sold.

I am, Sirs, yours faithfully,  
Harley-street, W., March 30th, 1903. H. RADCLIFFE CROCKER.

P.S.—I have since been informed that the man's name is Heath.

## THE RYE AND WOOLWICH ELECTIONS.

*To the Editors of THE LANCET.*

SIRS,—I am obliged to you for permitting me to rectify a mistake which some of the daily papers fell into in reporting what I said about these elections at our recent conference. In referring to them I mentioned that the anti-vaccinists in both constituencies had assisted the winning members: in the case of Mr. Will Crooks because he was an anti-vaccinist and in the case of Dr. Hutchinson because he was an anti-compulsionist. As we are fighting against compulsion we can conscientiously vote for a candidate who is opposed to the present law, which inflicts fines of 20s. and costs for the misdemeanour of taking the advice of a qualified medical man if he advises that a child should not be vaccinated.

I am, Sirs, yours faithfully,  
Edgbaston, March 31st, 1903. A. PHELPS.

\* \* The Times and other responsible journals reported General Phelps as claiming Dr. Hutchinson as an opponent to vaccination. General Phelps should have written to these newspapers to rectify the widespread mis-statement without waiting until his attention was called to it by us.—ED. L.

## WANTED—A NEW ORDER OF NURSES.

*To the Editors of THE LANCET.*

SIRS,—A question which has often suggested itself to me and to others is this. At present there are, I suppose, but three kinds of nurses available in a case of sudden illness—viz., (1) the institution nurse at £2 2s. a week; (2) the ordinary occasional private nurse, generally a comparative amateur; and (3) the infirmary visiting nurse. But it is apparent that these three alternatives cover only half the ground. In suburban London alone there must be thousands—scores of thousands—of households where the needs are not answered by any one of the three. I mean especially the households where no servant is kept—a kind of household getting very rapidly more numerous as servants get scarcer and the already appalling bill for rent and rates gets larger. In such families there are frequently both too little of poverty and too much of refinement either to justify or to make possible the infirmary nurse. The institution nurse would not go (even were the expense smaller) because the institution nurse is supplied on the understanding that she receives domestic attendance and does nothing but nurse the patient. The attendance would not be forthcoming and hence, as I say, she would not go. There remains only the private nurse. Some of these are most excellent people, but when driven into a corner in an emergency the medical man no less than the family may discover that they do not know of a private nurse who is disengaged. Moreover, there is a growing prejudice in favour of more science than these nurses ordinarily possess. What I submit to be necessary and urgent is this, some institution on a large scale whence, at any time of day or night, could be got for a guinea a week a nurse who would undertake not only the bare attendance on the patient, but such additional work as the preparation of her own and the patient's food, leaving any rough work to, let us say, a charwoman. Surely there must be plenty of women skilled in nursing who would not despise an opportunity of this kind? It would be infinitely better, too, for a medical man to find a practical scientific nurse at a bedside to whom he could give his directions rather than some unskilled amateur. As to the need, it is simply a crying one. It must be borne in mind that the neighbourliness which is assumed