

The eosinophils are quite easy to recognise, and the rest are well stained. But whether it be a peculiarity of Peking blood or a misprint in the report, I have found the solution made up as above distinctly hypotonic, and the red cells have been destroyed to the extent of 5 to 20 per cent. in ten minutes. To avoid this I have added 0.5 gramme of sodium chloride, and get satisfactory red cell counts, but the polymorphonuclears do not stain so clearly; the stain of some becomes diffuse and others lose it altogether in 30 minutes. This laking may be a local peculiarity, for the blood of both natives and foreigners here has special features, but it is worth mentioning as there may be no other indication than a gradual reduction in the count in successive drops or an occasional "cell ghost" with the hæmoglobin in a corner. If either of these things occur, in all probability at least 10 per cent. of cells have been already destroyed. Therefore, although this method is exceedingly handy and quick when a general idea of the blood is required, I would strongly advise that anyone who uses it should compare his results with those obtained by Toisson's fluid several times before trusting to it altogether. Even with the extra sodium chloride a little laking begins to occur after an hour or so, but for immediate use the results are quite trustworthy. I am, Sir, yours faithfully,

R. A. P. HILL.

Union Medical College, Peking, China, Dec. 12th, 1911.

## THE PRACTICE OF MEDICINE IN BRITISH COLUMBIA.

To the Editor of THE LANCET.

SIR,—Dr. G. Gibson, in THE LANCET of Dec. 16th, 1911, sounds a timely note of warning as regards the conditions necessary for practice in British Columbia. Medical men in the old country are being tempted to buy fruit farms in the province, and it is important that they should know that their British qualifications do not entitle them to practise out here. The examination, moreover, which they have to pass before being allowed to register is not a mere formality. Even a well-informed practitioner, unless he had done a few months' reading before the examination, might find that he had failed to satisfy the examiners. For the examination is a very comprehensive one, and includes many subjects which we are apt to put aside after our student days are over.

As regards the chances of practice, they are not as good as might be imagined. It is true British Columbia is a highly prosperous country with a great future ahead of it. But it is as yet but thinly populated outside of the towns. All openings there may be are rapidly filled by medical graduates from the Canadian schools. At present there are nearly 600 names on the Medical Register, and most of these men are in active practice. The population of the province, on the other hand, barely amounts to 400,000 (386,000 according to the last census taken in May, 1911). In the city of Vancouver, with a population of 130,000, there are over 150 registered practitioners. The number of medical men out here is greater *per capita* than it is in England. It should, however, be stated that there is little or no poverty, and there are few who cannot afford to pay for medical attendance.

Dr. Gibson is, I am afraid, a little generous when he puts down \$1500 (£300) as what a new-comer might reasonably expect to make during his first year in Vancouver. This, moreover, only states one side of the question. Living out here, it should be mentioned, is from 75 to 100 per cent. higher than in England. It is also the custom here for medical men to have an office in the business section where rent is necessarily very high. If a man is married, and unless his wife is prepared to do all the household work, he will find the cost of servants a very heavy item. A general servant costs from £5 to £7 per month, while it is difficult to obtain a cook (usually Chinese) at less than £10 a month. As regards special work, such as eye, ear, throat, and nose, the field is fully occupied, there being at least a dozen men engaged in these specialties.

British Columbia offers, as Dr. Gibson says, better chances, especially to the younger men, than does the old country. But, as he wisely remarks, it is a serious mistake to think that all one has to do is "to stick up one's brass plate and the patients will come pouring in." It would not be wise for

anyone who intends starting in one of the coast cities (Vancouver and Victoria) to have less than a capital of £200 after arrival here. He will find that he requires that amount and more to defray preliminary expenses as well as cost of living during the time that must necessarily elapse before he will get both ends to meet from the proceeds of his practice.

I am, Sir, yours faithfully,

F. L. DE VERTEUIL, M.D. Edin., M.R.C.S. Eng.,  
Surgeon R.N. (retired).

Vancouver, Jan. 3rd, 1912.

## PSYCHOTHERAPY AND GENERAL MEDICINE.

To the Editor of THE LANCET.

SIR,—May I have space for a few remarks suggested by Dr. Branson's letter in to-day's LANCET? I have had some considerable experience of the practice of hypnotic suggestion, and hope that this will be a sufficient excuse. 1. In Dr. Branson's method he attempts to influence the patient's judgment, and in just the same way I try for the same result. I do not ask the patient to "surrender his judgment." As a matter of fact, the patient will often refuse a suggestion which is against his reason. The hypnosis only heightens his suggestibility and enables me to persuade him to use his own bodily powers on his own behalf. 2. The reasoning power of the patient in a state of hypnosis is not by any means entirely suspended. I have often argued with the patient about the cause of a symptom, and have brought him or her to reason with excellent results. 3. The patients who are amenable to hypnotic suggestion are not "those who are hovering between the neurologist and the alienist." These are the least amenable of any. Those whom Dr. Branson uses his "rational psychotherapy" upon are the best subjects for hypnotic suggestion. In fact, what Dr. Branson calls "rational psychotherapy" is really suggestion without the aid of hypnosis, its most valuable ally. I feel sure that if Dr. Branson could so far put aside his personal prejudice against hypnotic suggestion as to make a study of it he would very soon realise the truth of what I state and that his prejudice would rapidly disappear.

I am moved to make these remarks by the feeling that such a valuable weapon in our armoury as hypnotic suggestion should not be decried upon merely theoretical objections, which, practical experience shows, have no real basis.

I am, Sir, yours faithfully,

Westcliff-on-Sea, Feb. 3rd, 1912.

JAMES B. TOMBLESON.

## THE ADMISSION OF VENEREAL CASES TO GENERAL HOSPITALS.

To the Editor of THE LANCET.

SIR,—I have read with much interest a letter with the above heading and signed "A Hospital Matron" which was inserted in THE LANCET of Jan. 27th. I have also read the paper on Venereal Disease, its Present and Future, in THE LANCET of Dec. 9th and 16th, 1911, written by Dr. Douglas White and Lieutenant-Colonel C. H. Melville, R.A.M.C., as well as the leading article, entitled "The Racial Importance of Venereal Diseases," in your columns of Dec. 16th. In this article you yourself recommend the procedure suggested by the above authors, and which is so obnoxious to "A Hospital Matron": that "in every hospital there should be accommodation for the treatment of venereal cases, both as in-patients and as out-patients."

The writer of the letter bases her objection to this measure on the disturbing effect it might have on the susceptibilities of "the ordinary well brought up girl of from 20 to 25, the usual age at which probationers enter hospitals," and who "is ignorant of the existence of venereal disease and of the horrible consequences of contracting it," and who, therefore, "certainly should not be exposed under compulsion and in ignorance to such a vile contagion." But this seems to me hardly a valid plea to urge against admitting venereal cases into general hospitals. To begin with, they are admitted into many general hospitals every month in the year, though not into "special wards," and though not always labelled as such; and therefore apparently no exception is taken to their presence in the wards. I need only quote from an annual volume of Hospital Reports