if he does not do so, but is foolish enough to go into residence at a hospital before taking the M.B., he will probably have more difficulty in doing so. Now, if he obtains a First Division at the M.B., and then goes into residence, he can enter for his M.D. degree in one year's time from this, and this he can do even whilst actually in residence.

In support of this statement I may say that at the recent M.D. examination, six of the residents entered from the hospital to which I have the honour to belong, and of these all were in residence at the time of the examination, and had been so for periods varying from five to eighteen months previously. All six passed.

Surely this speaks for itself, and shows that clinical work tells as much, if not more, than reading at this examination, as I can assure you from personal experience, as one of the six, that we had very little time for bookwork.

I for one should be very sorry to see any reconstitution of the present London University that would in any way lower the standard of the examinations in medicine in order to attract students to London medical schools by the promise of an easier degree, whilst trading on the well-deserved reputation of the University as now constituted.—I am, etc.,

February 1st. M.D.

THE DISPOSAL OF THE DEAD.

SIR,—Although this question has been much discussed during many years, and some reforms have been effected upon the lines indicated in your article in the BRITISH MEDICAL JOURNAL of January 29th, much remains to be done to render the disposal of our dead, either by cremation or inhumation, more decent and rational, as well as less costly and inconvenient, than it now is.

I am inclined to think that the whole question might be considered with advantage, and by none better than by members of the medical profession.

If this question were brought under discussion in the State Medicine Section at the Edinburgh meeting of our Association, a committee might be appointed to report upon it, and doubtless some practical conclusions arrived at.

I remember that the former Editor of the BRITISH MEDICAL JOURNAL, whose recent death we all deplore, took a deep interest in this as in so many other rational reforms that make for sanitary righteousness.—I am, etc.,

West Worthing, Feb. 1st. FRANCIS H. PARSONS, M.D.

THE WANTS OF THE GENERAL PRACTITIONER: A REJOINDER.

SIR,—It has perhaps not struck Mr. T. Dobson Poole and others that there are some slight objections to the scheme they advocate. Medical students or their parents are not as a rule millionaires. At present it takes at least five years to complete one's curriculum. If the student be then lucky enough to get through his final, Mr. T. D. Poole would then wish that he be unregistrable, and therefore unable to sign death certificates or claim any fees.

As it is now, one's parents are more than satisfied with the cost of their son's education, and as a general rule, when one has qualified, he is told to shift for himself. To do this the opportunities are not great. He may become an assistant to a general practitioner, for which he may receive from £60 to £80 per annum indoor; he is expected to be available on every conceivable occasion, and as a rule signs a bond to the effect that he will not attempt, under heavy penalties, to start in opposition to his principal. The unfortunate assistant is required to be a veritable Erichsen and Fagge rolled into one, but, should he venture to suggest that he has seen a little midwifery, it is quietly implied that a little knowledge in obstetrics is a very dangerous thing. What is he to do in a case of a "breech" or any delayed labour? What is he to do in these apparently insurmountable difficulties? The answer is obvious: send for the expert in midwifery; or the qualified unregistered man may squander his time in becoming a resident at some hospital, knowing full well that he has to spend another year at the end of his term of office in which to become legally qualified.

It seems to us that the old unqualified assistant was in a far better position than the new student will be under Mr. Poole's regulations.—We are, etc.,

January 30th. TWO JUNIOR PRACTITIONERS.

FORCED REDUCTION OF LATERAL CURVATURE OF THE SPINE.

SIR,—Mr. Noble Smith's reply in the BRITISH MEDICAL JOURNAL of January 29th is as unsatisfactory as the statements in his original paper published January 8th. Mr. Smith says: "I certainly believe that I have succeeded in lessening or overcoming rotation by mechanical means in a large number of cases." In the very next sentence he adds: "No one, however, could imagine that I inferred in my paper that any appreciable change in the shape of the bones or cartilages had occurred in three weeks." Now "osseous deformity" and "rotation" are practically synonymous terms, so that "lessening or overcoming rotation" means to any surgeon diminution or effacement of the osseous deformity. Mr. Smith is therefore on the horns of a dilemma; he says he lessened rotation in three weeks, and then proceeds to deny that any appreciable change in the shape of the bones or cartilages had taken place. These statements contradict each other, and cannot both be correct. My opinion is that under a misapprehension he simply photographed the patient in his habitual and best possible position at intervals of three weeks instead of, as might have been done, on the same day. In every case of lateral curvature under my treatment, I try to obtain the best possible position of the spine, and my prognosis is that the case can be cured to that extent (that is, the best possible position becomes the habitual one). I employ, like Mr. Smith, daily manual manipulations and exercise (Mr. Smith prefers calling it "the movement cure;" I do not); and in addition training of the patient's muscular sense. It is, therefore, hardly fair for Mr. Smith to remark, no doubt with reference to me, "those who discard the use of apparatus (in lateral curvature) have no object in forcing the spine into a better position."

There are several well-known methods of recording the degree of rotation in the vertebræ in lateral curvature, and if Mr. Smith declines to show a case at the Clinical Society previous to and after his course of treatment, it goes far towards proving his powerlessness, in common with other surgeons, to reduce or to efface osseous deformity when once present.

In conclusion, I have one further request to make to Mr. Smith: it is to exhibit the patient of the photographs at a medical society six months after the conclusion of his treatment, that is, six months after the young man has given up wearing any spinal support, and to invite Messrs. Barwell, Gerard Smith, and myself to be present.—I am, etc.,

Queen Anne Street, W., Jan. 29th. BERNARD ROTH.

THE PREVENTION OF ENTERIC FEVER.

SIR,—I hope you will give me space to make some observations on two topics introduced in the course of the recent discussion at the Royal Medical and Chirurgical Society on the prevention of enteric fever. I allude to the dry closet system as worked in India, and the *rôle* of flies as carriers of infection.

For some years past I have held the opinion that in India the latrines may be a factor in the diffusion of enteric fever. The pans used in the latrines, being of rough, ill-glazed earthenware, become easily fouled by a slow absorption of organic matter derived from the stools and urine. The "sweepers" in charge of the latrines are supposed to keep the pans clean, and they do so after a fashion, but a thorough cleansing of the pans owing to their roughness is not easy, and indeed must not be expected from the hard-worked barrack sweeper.

Recent experiments made by Drs. Sidney Martin and Robertson prove that the addition of organic matter to soil will enable the bacillus typhosus, if placed in such soil, not only to exist but to multiply in it for close on a year. In our Indian latrine pans, as I have described them, we have constantly present a condition very similar to the soil experiments just mentioned. They contain organic matter in plenty, and the presence of a stool from an ambulatory case of enteric fever at once supplies the specific bacillus.

Now, if the theory that enteric infection can be received by inhalation be correct, there can be no difficulty in understanding the facility with which the fever can be spread among those using the latrines who are susceptible to the enteric poison. To eliminate as far as possible this element