

As regards prophylaxis, it seems to me that we have here a most important and common danger signal in children. I have been reminded specially of the above by a particular case during the last few weeks.

The patient, a child aged 6 years, had a temperature the first day of observation of 100.2°, the second day of 99.6°, with a history of frequently recurring, recent growing pains. Signs of mitral regurgitation were now present; also an erythema, partly resembling German measles and partly very mild scarlet fever, but only lasting about twenty-four hours, and accompanied by marked itching, and not followed by any, even the slightest, sign of desquamation. There was no history of any previous ill health. The tonsils were slightly enlarged, but pale rather than over-red, and the tongue, coated at the base, was rather smooth than over-rough, and quite unlike a scarlatinal tongue. The subsequent history quite negatived scarlet fever.

It seems to me that one might almost construct a fresh "tripod" on the analogy of the famous one of chorea, heart, and rheumatism—namely, one of growing pains, heart, and attacks of erythema.—I am, etc.,

Flackwell Heath, Bucks, Feb. 25th.

G. D. PARKER,

THE EXPLOITATION OF NURSES.

SIR,—The chairman of the Finance Committee, General Nursing Council, seems satisfied that all is for the best in the best of all possible worlds for the nursing profession and the public. He rightly pleads that a fee of five guineas for two examinations is not excessive, but this does not alter the fact that every candidate will have to pay five guineas, and some will have to pay more if they fail to pass either examination on one or more occasions.

I am anxious to know what sort of standard the General Nursing Council proposes to adopt. Will it be so high as to ensure the failure of a considerable number of candidates and act as a deterrent to girls thinking of becoming nurses? Or will it be so low as to render the pretentious syllabus ludicrous and the examination a farce? Even a moderate percentage of rejections will have a tragical effect, and a very low one will be comical.

My suggestion that the General Nursing Council is anxious to obtain better and more expensive accommodation, like my other criticisms, is ignored. I note that a paragraph in the *Nursing Times* of February 9th states that the Council recently "turned down the house in Portland Place, evidently an attractive proposition." And there is no attempt to controvert my point that hard work for three years on a minimum salary and heavy fees for examination, with the possibility of rejection, will cause a deficiency in the supply of nurses. Certainly the policy of registration has not improved the quantity or quality of the girls entering our hospitals for training.

Seeing that registration is not compulsory, and that the passing of a State examination is not essential to becoming a competent nurse, the General Nursing Council is ill advised in creating the impression that its syllabus and examinations will render registration difficult of attainment. At present there are many partially trained nurses, some excellent, in private work. If those now in training refuse to pay for the risks of examination, and are content with a certificate of three years' full training at a general hospital, it is probable that they would have little difficulty in obtaining work or would be inferior to registered nurses. I have heard much grumbling from qualified and unqualified nurses on the lines of my former letter, but those who know the nursing world will understand the reluctance to express their views in print. As for their ability to exercise any influence by voting for representatives on the General Nursing Council, most of them know as little about nursing politics as about general politics. Even those who voted in favour of registration were generally ignorant of what they were doing, signing because the matron or sister of the ward told them to. I do not know whether the General Nursing Council publishes an audited balance sheet. Certainly registered nurses do not receive a copy, and are in complete ignorance of the expenditure on this wretched farce, as well as knowing nothing of the general policy of their council.—I am, etc.,

London, W., Feb. 25th.

EDMUND CAUTLEY.

VARIATIONS IN SUSCEPTIBILITY TO INSULIN.

SIR,—In the course of an experimental research upon insulin, on which we have been engaged for some time, we have found that the colour of the animals with which we experimented had a very material influence upon their susceptibility, albino rabbits and mice being able to withstand without apparent harm an amount of the same preparation which proved rapidly fatal to naturally coloured or piebald animals of a similar weight, whereas black rabbits and mice quickly succumbed to a dose from which naturally coloured or piebald animals recovered. The reason for this peculiarity is being investigated, and we hope shortly to publish our results in detail.

Apart from their theoretical interest these observations are of considerable importance, seeing that the present method of standardizing insulin is based solely upon its physiological effects upon rabbits and mice. It is obvious that unless animals of the same colouring, as well as of standard weight and condition, are employed there may be considerable variation in the potency of the unit. It seems possible also that the different susceptibility of albino and self-coloured rabbits to insulin may account for the apparent loss of potency of preparations sent from this country to the tropics. It has been stated, for instance, that four times the amount of insulin which reduced the blood sugar of a rabbit in England to 0.042 per cent. only reduced the blood sugar to 0.062 per cent. in India (*BRITISH MEDICAL JOURNAL*, January 12th, 1924, p. 86); but as we understand that the Himalayan rabbit with which the experiments were probably carried out in India is a pink-eyed partial albino, the difference in these results may have been due to that fact.—We are, etc.,

P. J. CAMMIDGE,

H. A. H. HOWARD.

London, W., Feb. 21st.

HOMOEOPATHY AND THE "E.R.A." CULT.

SIR,—With reference to your leading article (February 16th), may I state:

1. My first report contains the following:

"In the 200 potency it is doubtful whether there could be even a single molecule of, say, *natrum mur.* (NaCl), or even an ion of sodium or chlorine. Dr. Aston, the eminent Cambridge physicist, in a letter to me, pointed out that in the 100c potency the patient could not get even a molecule of the original drug, and hence the effect, if any, is due to some state of matter not known and immaterial as far as present science goes."

This statement of Dr. Aston was a true scientific one, and appears to me more relevant than the deductions you make. To refute facts by theories seems illogical. The fact claimed is that the new methods demonstrate, under suitable conditions of screening, that these potencies register, as do other substances. Further, the potencies are not made by dilution, but by dilution accompanied by violent succussion—another matter altogether.

2. Regarding "diagnosis," may I quote from my second report?

"It is therefore clear that the emanometer is not diagnostic, but analytical. It detects abnormal activity rather than single diseases, so-called." Again, "What we are detecting is not the presence of a toxin or infection, but the registration of an increased normal energy. In other words, disease considered from the viewpoint of the emanometer is normal energy become abnormally active."

This is a totally different thing from modern diagnosis.

3. The point at issue is not whether homoeopathic potencies record, although the physical aspect of this is of very great interest, but whether the method of registration from blood, vaccines or drugs and other substances is a scientific fact, or subconscious in origin. After prolonged experiment I have come to the conclusion that one cannot attribute all the phenomena to the subconscious. The methods of registration have already been submitted to scientific test by independent non-homoeopathic investigators, and the results, based on the average of probability, support my view that we are dealing with physical phenomena previously unobserved. Incidentally, the effect in the human detector can be demonstrated electrically, with valve-amplification, as well as by percussion. The application of these phenomena to treatment is a secondary matter, and my theories may be