

working, on an average, at considerably less than one-half its maximum possible consumption, and, if the gas had been used for cooking in the ordinary way, this must have been going on continuously for more than eleven hours each day, which, of course, is absurd. It is abundantly evident that the gas has not been used for cooking purposes. I have met with one case still more striking than that of your correspondent, where the gas bill was increased some 30s. weekly. On sending to try to find out how the waste occurred, the messenger found all the burners of the range turned full on, no sign of any cooking being about. The cook said she was 'most careful,' she 'always turned the burners out before she went to bed,' and, of course, lighted them all again as soon as she came down in the morning. Probably the key to the difficulty in those cases where gas cooking appears expensive is to be found in the following sentence: 'There is always a greater risk of waste with gas than with coal—a gasburner will not extinguish itself if neglected as a fire will.' The common cook, using an ordinary range, finds it 'handy' to keep the oven always hot, and when such a person takes charge of a gas oven she deals with it in the same way, and no wonder the gas bills run up. But for people of intelligence, who will exercise care, there can be little doubt that cooking by gas, when this is of a reasonable price, is economical; but care means turning the gas out whenever it is not actually required."

#### NOTES, LETTERS, Etc.

**ERRATUM.**—In the report of the meeting of the Ophthalmological Society, published in the *BRITISH MEDICAL JOURNAL* of November 17th, p. 1113, the name of Mr. Kenneth Scott, of Cairo, was by a clerical error printed "Campbell."

#### MESSAGE CERTIFICATES.

IN reference to our message articles, we have received a letter from Mr. Creedon, dated from the "Male Nurses' (Temperance) Co-operation, 8, Great Marylebone Street, Portland Place," stating that we are in error in saying that there is no real hospital which gives a certificate of competency in massage and electricity, because "The National Hospital (Albany Memorial), Queen Square, W.C., gives such a certificate to male nurses after twelve months' training if they pass the examination. During the winter months lectures are given on electro-therapeutics, physiology, anatomy, medical nursing, and anti-septic surgery; they also go through a course of practical training in the application of massage and electricity."

#### "THE SURGERY PAPER AT THE LONDON M.B."

MR. STORER BENNETT, F.R.C.S., etc. (George Street, W.), writes: Your correspondent, signing himself a "Member of the B.M.A.," by his letter in the *BRITISH MEDICAL JOURNAL* of December 1st, has evidently misunderstood "the second question, on follicular odontomes (dentigerous cysts)," which ends with the words, "With what other varieties of odontome are you familiar?" The question asked is not "With what individual cases of odontome are you personally familiar?" but "What other kinds of odontome do you know or have heard of? such as cementomata, dentomata, etc. I cannot but think, therefore, that his strictures on the fairness of the examination at the University of London are unjust."

#### LOWER MOLAR ABSCESS.

DR. F. ISDELL, M.A. (Shaftesbury Avenue, W.C.), writes: About a year ago a woman consulted me who had an alveolar abscess below the last molar on the left side of the lower jaw. As she was over eight months pregnant I explained to her the risk of entering on childbirth with an abscess in her jaw; and she took a note from me explaining the necessity for immediate operation to a dental hospital which she selected. It was not the Leicester Square one. About two months afterwards she returned about some other ailment. She informed me that the hospital surgeon refused to operate on account of her condition. She then had the sense to take my note to Charing Cross Hospital, where she was at once admitted, and the operation performed. This proved more difficult than was to be expected, and she was kept in bed for some days. In the result she returned home, and got through her confinement without any trouble.

#### LEUCOCYTHÆMIA AND ENLARGEMENT OF THE SPLEEN.

DR. W. P. HERRINGHAM (Upper Wimpole Street, W.) writes: In the account of the meeting of the Clinical Society in the *BRITISH MEDICAL JOURNAL* of December 1st I am misreported as saying that a patient formerly in the Middlesex Hospital with leucocythæmia had now neither leucocythæmia nor an enlarged spleen. I did not mention his spleen. It is enlarged.

#### EPIDEMIC SKIN DISEASE AND THE LAY PRESS.

DR. THOS. SAVILL (Upper Berkeley Street) writes: When I wrote you on October 13th disclaiming any connection with an article which appeared in the *Pall Mall Gazette* of October 11th containing a *précis* of my monograph on epidemic skin disease, I stated my belief that it would hardly be necessary to trouble you to publish my letter, as it seemed to me sufficiently obvious to anyone who read it closely that I could not be held in any way responsible for that article. Subsequent events have shown me, however, that a public disavowal is desirable, and I should esteem it a favour if you could find a place for this in your columns. Enclosed I beg to forward for your perusal a letter addressed to me by the Assistant Editor of the *Pall Mall Gazette* stating "that the article in the *Pall Mall Gazette* of October 12th on the new skin disease was not published at your instigation or suggestion, and, so far as I know, you read it, like the rest of the world, first in our columns. The writer was never in communication with you. He was, and is still, unknown to you."

#### LIFE ASSURANCE AND MEDICAL AID.

T. G. H. AND H. DE B. D.—Our correspondents entirely misapprehend the tenour of our remarks. We do not approve of the London and Manchester Assurance Society. Its rate of remuneration is grossly inadequate, and the "touting" alluded to has been over and over

again condemned in these columns. It has been pointed out that there is a difference in principle between this society and the worst kind of medical aid society, and that the remuneration it offers is up to the average of the greater number of clubs and friendly societies in the metropolis, but that is quite another thing from speaking favourably of any societies of this kind. As to the public policy of insuring young children, that is quite another question. We were unaware that the main object of this association was to insure young children, and no evidence has ever come before us that the members were chiefly taken from the infantile portion of the community. No doubt children are frequently accepted as members, but we have no evidence that they greatly exceed in number adult members.

#### THE "DR." AS DECOY DUCK.

DELTA writes: Having read a good deal of correspondence lately in the *BRITISH MEDICAL JOURNAL* concerning Medical Aid Societies, and having noticed particularly the remarks (*ib.* November 17th) about "cheap doctors," I venture to think the following notes may serve to emphasise those remarks: I practise in a small country town where, as elsewhere, there is the usual amount of club practice. Besides myself there are two other gentlemen here—acting together in partnership. A short time ago there appeared on the scene an individual to start, with great flourish of trumpets, a branch of one of these medical aid insurance societies. The firm above alluded to having been appointed medical officers of the same, two men proceeded to canvass the town, making a house-to-house visitation to work up members. All my poorer patients—both club and private—were visited, and persistently urged to join, many of them being visited two or three times. This process of "touting" does not, however, appear to have been very effectual. Now for the sequel. Last week another individual appeared, and this time I was the "favoured" one for selection as a probable M.O. The individual in question is a traveller who often visits the town, and in course of business sees a great deal of the poorer class. He informed me "that he had heard of the 'booming' of the new society club in the town, and assured me it had met with very little success so far; that as I was very popular amongst the poor (I presume he meant amongst my own patients) he came to ask me to act as medical officer to a club which he himself proposed starting here with the purpose of cutting out this other bombastic affair." Out of curiosity I asked for particulars. This club was to start on a similar basis to the other, namely, a small fee per week for each member of a family, a certain sum at death, and men to canvass the town for patients and to collect the fees, a certain percentage being paid for this. I declined with "thanks." As Dr. Martin truly states, the low level is indeed reached when men think they can use doctors as decoy ducks like this.

#### THE SADDLE AND NEURASTHENIA.

SADDLE AND BRIDLE writes: The *BRITISH MEDICAL JOURNAL* of September 8th discusses the subject of neurasthenia, which is stated to be "a nervous disorder in which there is both weakness and irritability of the nervous system." This is a class of case which proves most troublesome to many men. In fact a physician who can get a patient to throw off this helpless state and take on an energetic life certainly achieves a success which is not given to all. The fact that this disease is more rarely seen amongst the labouring classes than amongst the studious seems to favour golf and carpentering in the way of treatment, as mentioned in the discussion. Those unable to play golf might undertake horseback work, which treatment has given good results in a case belonging to a country practitioner, the particulars of which were given to me by the patient himself. With regard to saddle work the medical men of the present day have not had the experience of their forefathers. Forty years ago I believe that most medical men were practised horsemen; nowadays it is only the few, comparatively speaking, and that will account, I think, for this exercise not being more often recommended. In my opinion riding on horseback should not be forgotten in treating these cases.

#### MEDICAL EDUCATION IN DUBLIN.

L. R. C. P., L. R. C. S. Edin., L. F. P. and S. Glasg., writes: I was not a little surprised on reading the style of language in which Mr. Thornley Stoker's "admirable" inaugural address in the *JOURNAL* of November 10th was couched. There are many points in his address on which I would like to touch, but space forbids me. I will only mention a few. I do not for a moment question the ability of this Dublin professor to teach, but what I ask is, Is there more teaching done in the public lecture theatre or in the private grind class? The fee for the latter used to be 18 guineas, which, with the already high fees not only for lectures but examinations, is more than the ordinary student can bear. There is a distinct grievance here, as evidenced by the recent agitation among the Dublin students. Scotland seems to be a sore point with Mr. Stoker. Now, in Glasgow private grinds are practically unknown. The professor is the "grinder," but it is in the public lecture theatre, not in the private class room, and without any additional fee. For instance, the first quarter of an hour in each lecture is taken up by an examination on the previous lecture, and in the anatomical department of St. Mungo's College, the Professor, in addition, devotes one day weekly to special tutorial instruction in the dissecting room. In all my time in Dublin I never heard a professor ask a question in the public lecture theatre. Mr. Stoker insinuates that Scotland is the royal road to learning. If I remember rightly, in a recent report by the Visiting Committee of Examinations the triple qualification received a high place. Those in glass houses should not throw stones. It is within the memory of all what took place some time ago regarding the examinations conducted by the R.C.S.I. and Apothecaries' Hall.

#### CIRCUMCISION.

DR. W. MACFIE CAMPBELL (Consulting Surgeon, Northern Hospital, Liverpool) writes: Having had very extensive experience in this minor operation is my excuse for a few remarks upon Mr. Duke's letter in the *BRITISH MEDICAL JOURNAL* of December 1st. In their religious rites the Jews use no sutures, and after seeing a Rabbi operate some years ago I tried the same plan. My first case was most successful, but