

must be my excuse for troubling you with this letter.—
I am, etc.,
Royal Edinburgh Asylum, Dec. 18th. T. S. CLOUSTON.

SIR,—In Dr. Jones's address published in the BRITISH MEDICAL JOURNAL of December 16th, page 1578, it is indicated that, during the last three years at Claybury, tubercle in one stage or another has been demonstrated in 58 per cent. of the total male deaths, and 57 per cent. of the total female deaths. I presume that by "total deaths" Dr. Jones means "total *post-mortem* examinations." But it is further stated that "it is safe to assert that this is not a much higher proportion than occurs amongst the sane outside." Dr. Jones, of course, means "amongst the sane outside with a similar age and sex distribution." But, even so, where is his evidence?

Dr. Jones furthermore tells us that the "Registrar-General's mortality-rate from phthisis in the general population is 8.3 per cent. of all deaths," and he goes on to say that this is "much too low." Again one must ask, What is the evidence? When, however, did the present or any Registrar-General give the percentage of deaths due to phthisis as a mortality-rate? The mortality-rate from any cause is a ratio of deaths to population. The percentage of all deaths due to any one cause is a ratio of one class of deaths to another.

The fact is that the death-rate from all causes is, in asylums, seven or eight times as high as it is outside asylums. It so happens that the death-rate from phthisis in asylums is nine or ten times as high as it is for the general population outside asylums.

In consequence, the percentage of all deaths due to phthisis in asylums is not very much greater than is the percentage of all deaths due to phthisis outside asylums. It is, however, most illogical to assume, therefore, as many have done, that phthisis is not much more prevalent in asylums than outside them. Those who make this assumption are comparing ratios which are disparate. "Total deaths in asylums" is a different kind of aggregate to "total deaths outside asylums," because, as the Scottish Commissioners pointed out in 1873, there is a relatively enormous incidence of deaths in asylums from nervous disease masking the true mortality from diseases such as phthisis, which are preventable.

If the death-rate from suicide were, in any asylum, nine or ten times as great as it is amongst the general population, would Dr. Jones say, in excuse: Yes, but you know, the percentage of all deaths due to suicide is about the same as it is outside?—I am, etc.,

Barnes, Dec. 15th.

F. GRAHAM CROOKSHANK.

THE GENERAL ELECTION AND THE GENERAL MEDICAL COUNCIL.

SIR,—With the General Election at hand, it is much to be hoped that all medical men will give close attention to the Medical Acts Amendment Bill as drafted by the Association, and use their utmost influence to secure its passing during the coming session of Parliament. Of several medical measures which claim attention, it is incomparably the most important and incomparably the most important part of it is that which relates to reform of the General Medical Council. Under its present régime our profession is as incapable of further wholesome development as a child's foot in a Chinese lady's shoe. Let those who doubt this consider the fate which befell the recent moderate proposals for remedying the deplorable state of our general education standard for students.

The present constitution of the General Medical Council ought to be, if it actually is not, illegal. It would cause some commotion in trade circles were Parliament to announce that, for the future, the boot trade was to be put under the control of a syndicate of leather sellers, in order that the public might know good boots from bad, and that this syndicate was to have power to tax the bootmakers, without allowing them effective representation upon it. Yet this is closely analogous to the conditions we have so long and so unwisely submitted to. A council of schoolmasters governs the medical profession, in order that the public may know good doctoring from bad, and is empowered to tax us without allowing us effective representation.

"What is sauce for the goose is sauce for the gander;" and if the medical profession tamely puts up with this sort of thing, the same system may easily be adapted to other callings. We ought to find plenty of assistance to carry our Bill through Parliament, if we only give our minds to it.—I am, etc.,
Exeter, Dec. 16th. W. GORDON.

MEDICAL LAW REFORM.

SIR,—Mr. Dolamore has brought to light an interesting page from the ancient history of medical legislation. This unquestionably justifies him in impugning the correctness of one of my minor statements. The words "during the past ninety years" ought evidently to have been prefixed to the sentence the accuracy of which he disputes. In referring to medical law I did not mean to go back further than to the Act of 1858. I can see now that if I had examined the futile discarded legislation of 1815, to which Mr. Dolamore has called attention, it would have confirmed my opinion that the prevention of practice for gain by unqualified persons not pretending to be legally qualified is certain not to be seriously entertained by Parliament. Mr. Dolamore's criticism does not touch the main argument of my letter, which therefore need not be recapitulated.—I am, etc.,
London, W., Dec. 16th. HENRY SEWILL.

THE FUTURE OF "BOARDS OF GUARDIANS."

SIR,—I have been for many years advocating the amalgamation of the Municipal Corporations with the Boards of Guardians in the cities and towns, and with the District Councils in the country districts.

There are to my mind many reasons of an administrative character to justify these suggestions of mine, but in a purely medical journal I may point out how such a unification would operate on the profession of medicine.

At present in the municipalities the Mayor and Corporation employ a medical officer of health. He is as a rule single-handed, and has under him no trained medical men, and the next technical grade below him are the sanitary inspectors, who are not physicians, and whose scientific outlook is limited on this account. The health officer is thus, as it were, a commanding officer without officers.

Now, let us look to the Poor-law guardians. These gentlemen employ the parish doctors whose work covers the entire Poor-law district. These medical men visit the homes of the poorest and are well acquainted with the conditions of the people from a sanitary as well as a medical point of view. These officials are not in any dual relation to the health officer—cannot rise to his position, cannot be called on to help him in their districts, and there is thus a corps of officers without a commandant or mouthpiece or protecting head. Hence, perhaps, their many remediable grievances and their want of *esprit de corps*.

I propose to amalgamate the Boards of Guardians with the municipal authorities, and in this way—speaking from the purely medical point of view—the now-separated medical officers of the corporations and the guardians would be brought together under one official grouping.

I think had this grouping taken place, instead of the educational duties being given over to the municipalities, it would have been a wiser action in the march towards national efficiency.

In dealing with poverty it is evident that a municipality which has no control over the Poor-law hands and a Board of Guardians which have no power to initiate municipal works must both be handicapped in dealing with so urgent a question in the same area.

Amalgamation would, I think, help to improve existing conditions and tend indirectly towards a unification of medical officials of the public service, which is desirable from many points of view.—I am, etc.,

London, W., Dec. 18th.

GEORGE J. H. EVATT.

POST-MORTEM MENINGEAL INFECTIONS.

SIR,—Dr. Bastian is incorrect in supposing that I am not prepared to impugn the validity of his criticism that there is no adequate warrant for speaking of the meningococcus, pneumococcus, and streptococcus often found in association with different forms of meningitis as "causal organisms." I did not deal with this criticism because to do so would necessitate a discussion upon the causation of diseases, including an excursion into inductive logic and the nature of causes. This I hoped was not essential to my reply to Dr. Bastian's original query, which referred to the source of the bacteria found in *post-mortem* invasions of the tissues. Incidentally, it is interesting to note that Dr. Bastian was prepared to "put aside the case of tuberculous meningitis" when advancing the criticism mentioned above, and that again, in his letter of December 16th, Dr. Bastian omits the tubercle bacillus from the list of organisms the presence of which in the lesions of meningitis he considers not proved to be causal. Dr. Bastian does not state his reason for this exception. I think as good