

reasons which I stated, and for many others which I did not state, that it was not more than should be allowed for "errors of observation," and having arrived at this conclusion I did not multiply it, as nothing is to be gained by multiplying an error. The value of this fraction is a matter of opinion, or rather for further scientific inquiry, and no really trustworthy results can be obtained until we can deal with the statures and weights of the brains of the same individuals, and, of course, of sane persons.

At the end of his letter Sir James Crichton-Browne goes out of his way to reflect on my anthropometric work, and my reply to this is that a physician who draws conclusions from a combination of lunatics' brains and sane persons' bodies and passes them off as scientific deductions to an audience of medical men is not a competent judge.—I am, etc.,

Eccleston Street, S.W.

CHARLES ROBERTS.

DENTAL STUDENTS AND THE DIPLOMA IN DENTAL SURGERY.

SIR,—The dental students of Guy's Hospital have in a letter to your columns used the following words:—

"And, though we are unwilling even to hint at so disastrous a condition as the existence of any incompetence upon the part of the examiners, we are nevertheless bound to state that in the mechanical section of examination the candidate's work is referred to the Curator of the laboratory of the Dental Hospital of London."

To this statement I should feel obliged if you will publish my unqualified denial. At no examination has any case been referred to me by any examiner or examiners.—I am, etc.,

ARTHUR J. WATTS, L.D.S.I.,
Curator of the Mechanical Laboratory.

SIR,—It would be interesting to know how many of the "dental students of Guy's Hospital" have presented themselves at the Dental Examining Board of the Royal College of Surgeons. Surely not more than a moiety of those who sign the extraordinary letter which appeared in the BRITISH MEDICAL JOURNAL of June 4th. What then is the value of the signatures? Did the few gentlemen who have been before the Board from Guy's Dental School feel the ground of their complaint so weak that they found it necessary to support it by the names of those who could only know of their grievances by hearsay? Or have they been made use of to drag from obscurity some discontent regarding what they are pleased to call the representation of their school on the Examining Board? And further, may I ask, has the JOURNAL of the British Medical Association been made a means of ostentatiously parading the number of dental students directly or indirectly connected with Guy's Dental School?

I think that it would be more becoming for students to make known their grievances through their teachers, or through the Dean of their school, who should be better able to serve them than a letter sent to the BRITISH MEDICAL JOURNAL, for although you have treated us with great liberality, you can hardly be expected to open your pages to the discussion of the subjects broached in the students' letter. I therefore refrain from expressing any opinion but on one point, regarding the appointment of examiners. I think that the College has shown discretion and sound judgment in selecting as examiners gentlemen who, being in every way qualified for the post, have taken an active interest in dental organisation, and at great sacrifice made possible the present extended system of dental education, before those who only become known by their readiness to reap where others have sown.—I am, etc.,

A RETIRED EXAMINER.

SPECIAL HOSPITALS.

SIR,—The searching questions asked in your able leading article on the above subject may well be laid to heart, and answered, if possible, by those 150 physicians and surgeons of general hospitals in London, who, as Mr. Lennox Browne informed the Lords' Committee on Metropolitan Hospitals, are consulting or actual officers of special hospitals, but several of whom, he went on to inform their lordships, "do not, in the *Medical Directory*, say that they are connected with special hospitals."

With the questions in your article which affect these gentlemen's conduct I do not venture to meddle, though I suppose that the profession has as much right to discuss it as the General Medical Council has the practice of "covering." But as to the general question whether there is any basis of agreement between those consultants who accept appointments to all sorts of special hospitals and the profession at large who would restrict their numbers to those necessary for the treatment of such well-recognised specialities as ophthalmic, orthopædic, and diseases of women, my study of the evidence given before the Lords' Committee leads me to think there is not any such basis, or if there be it has not yet been discovered. If the Metropolitan Counties Branch of our Association would, as I suggested more than a year ago in your columns,¹ form a joint committee of hospital physicians and surgeons and general practitioners to discuss between them these and other points which have been before the Lords' Committee, it might, perhaps, throw some light on the subject; and if some basis of agreement honourable to both parties can be found no one will be more pleased than yours, etc.,

Dulwich, S.E.

H. NELSON HARDY.

THE METROPOLITAN ASYLUMS BOARD AS A SANITARY AUTHORITY.

SIR,—The proposal embodied in a recent report of the Amalgamation Committee of the Metropolitan Asylums Board is a curious one. The Committee calls attention to the expediency of the managers being constituted a sanitary authority with power to direct measures of disinfection, instead of the duty being delegated to the health departments of the various vestries and district boards.

The report goes on to say that instances have already occurred in which no intimation of a case of infection has reached the local sanitary authority until conveyed to them by the managers. Such instances must surely be of rare occurrence, and it is clear that the medical officer of health of the local sanitary authority is more likely to be in a position to inform the Asylums managers as to the behaviour of infectious disease within his district than that the reverse should be the case.

The question whether disinfection should be undertaken by the local authority or by a central authority is not one which can be settled offhand, but the multiplication of central authorities is certainly undesirable, and if it were deemed advisable to place the duty of directing measures of disinfection in the hands of a central authority the existing central authority, namely, the county council, should be called upon to undertake the work.

It would be unfortunate if sanitary administration in London were allowed to develop on entirely different lines to those adopted throughout the country.—I am, etc.,

M. O. H.

SLEEPING WITH WINDOWS OPEN.

SIR,—With a view to form an estimate of the amount of public appreciation of the value of pure air in its relation to health, I have several times during the past three years (knowing no other plan at once so convenient and certain) counted, in certain localities in this town, the number of bedroom windows which were more or less open during the night. In the first of the following tables, working class tenements of about £5 to £16 rental per annum were selected. The hours of count were (except in two or three instances) those of early daylight. Uninhabited houses were of course omitted. Broken untrimmed windows were regarded as open. No allowance is made in these tables for possibly unoccupied bedrooms. Except in three instances the outside temperatures in the shade were noted at the time. I may add that great pains were taken to ensure accuracy in these tables, and the margin of doubt in the percentages I believe to be fractional or exceedingly small. The tables, it will be seen, are arranged, so as to facilitate comparison, in the order of the temperatures observed, beginning at the highest.

¹ BRITISH MEDICAL JOURNAL, February 14th, 1891.