

Cross will make not only a good member of the Council, but a conscientious one, who will give his time and attention to the matters and welfare of the College.

## CORRESPONDENCE.

### DIABETES MELLITUS AND ITS TREATMENT.

SIR,—If you will permit me to do so, I should like to emphasise the remarks of your reviewer of Dr. Williamson's work on *Diabetes*, with reference to the question of the sudden commencement of the restricted dietary. I think the reviewer very aptly expresses himself on the point in saying<sup>1</sup> that "It depresses and wearies the patient to have less and less [carbohydrate food] to eat each week, whereas it cheers and encourages him when, after abstinence for a time, he is allowed some of the things for which he has a strong craving. It is not only more easy to manage the patient in this latter way, but we are also able more quickly to measure the extent of the disease, and to form our prognosis." My experience leads me to dissent entirely from the proposition implying that danger of producing diabetic coma is in a general way to be apprehended in severe cases by the sudden adoption of the diabetic dietary. I believe the notion is founded upon pure conjecture, and consider that the cases in which it would be inadvisable to commence at once with the fully altered diet are so rare that they may practically be regarded as constituting a negligible quantity. My own experience must differ from that of others if ground exists for a different view being entertained; and it is because I think the interests of successful treatment are at stake that I have been led to trouble you with this letter.—I am, etc.,

Grosvenor Street, W., June 22nd.

F. W. PAVY.

### FOREIGN PRACTITIONERS AND RECIPROCITY.

SIR,—As Mr. Carter's letter published by you in your last issue may confuse some of your readers on the relation of the Apothecaries' Society to the reciprocity question, I ask for space to restate the facts.

Mr. Carter describes the construction of the now defunct Reciprocity Report and denies any responsibility in its construction, suggesting however that I asserted he had admitted such responsibility. I asserted nothing of the kind. I said in my letter, published June 11th, about the general question that "Mr. Carter admitted to the Council that he was responsible for a statement on this subject in the letter written by the Executive Committee of the General Medical Council to the Privy Council." There is not a word here of reference to the Reciprocity Report, and therefore the first two-thirds of Mr. Carter's letter need not have been written. Reference to my letter of June 11th shows that the statement I did make has been left by Mr. Carter untouched. I proved that he had misinformed the General Medical Council concerning the policy of the Apothecaries' Society, of which body he is the representative in the Council. Mr. Carter informed the Council that the Apothecaries' Society's Act never had been, and never would be, put in force against a foreigner possessing a foreign diploma, but practising in this country without any British qualification. I showed in my letter of the 11th inst. that this public statement of Mr. Carter, endorsed as it was by Dr. MacAlister, was contrary to fact. This was the charge Mr. Carter had to meet, but he does not even attempt to do anything of the kind, although his letter occupies a column and a half of the valuable space of the BRITISH MEDICAL JOURNAL.

In conclusion, I observe that Mr. Carter says, "the letter written by the Executive Committee to the Privy Council seems to be a figment of Mr. Horsley's disordered imagination. There is nothing to show that any such letter was ever written in relation to the subject." On this I have only to remark that two letters on the subject were written by the Executive Committee to the Privy Council and are to be found on pages 147 151 of the minutes of the General Medical Council, vol. xxxv.—I am, etc.,

25, Cavendish Square, W., June 19th.

VICTOR HORSLEY.

### THE MEDICAL EXPERT AID COMMITTEE.

SIR,—I ask permission to inform your readers that I am the "one medical man" who you "regret has been found willing to become a member of an organisation which can only add to the troubles of the already grievously-burdened general practitioner, while doing no good to anyone else." As to the sympathy expressed for the general practitioner I, as a general practitioner, should have more faith in it if such professions on the part of the BRITISH MEDICAL JOURNAL were accompanied by corresponding action, which is, in my humble opinion, not the case. I fail to see why a doctor cannot with dignity accept a fee of half a guinea from patients whom he now attends for nothing with a false pretence of philanthropic motives.

As to the scheme, which, I believe, originated entirely with medical men, it is open to criticism, and such is cordially invited and will be carefully considered, with a view to correcting any defects which exist. I have no other motive for being on the Committee of Management than my desire to promote the welfare of the medical profession and the public, and I decline to be taught my duty by writers who are anonymous.—I am, etc.,

June 20th.

HUGH WOODS.

SIR,—From the general practitioner's point of view, I think there is a good deal to be said in favour of this scheme.

Although every practitioner has a certain number of friends amongst the consultants whom he might ask to see his poorer patients for a reduced fee, yet there is much reluctance to ask favours even of his friends.

In almost every practice there is a certain proportion of poorer patients whose means will not allow them the luxury of the advice of a specialist at the fee of 2 guineas, and yet who would frequently be glad to obtain such advice at the comparatively small sum of half a guinea. Such patients generally become recipients of charity, and obtain specialists' advice for nothing by attending as hospital out-patients.

Surely it would not be beneath the dignity of the younger consultants to see such persons, and their time would be just as well spent in giving advice to a dozen patients at half a guinea each as in seeing fifty hospital out-patients for nothing, always remembering that they bring with them a recommendation from their medical attendant, who will thus bear evidence to their *bona fides*.—I am, etc.,

June 21st.

CANTAB.

### THE DENTAL EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SIR,—Does not the cogent reasoning and the common sense of the letter of "F.R.C.S." suggest the needlessness of the curriculum of the dental student, in so far as it includes strictly medical and surgical subjects? Why should his time be spent upon these at all? One must excuse an examiner asking questions upon the subjects taught. What is the use of general anatomy or of medicine and surgery to the dentist? The structure of the sole of the foot, the range of temperature in typhoid fever, the diagnosis of early phthisis, the distinctive mark of scirrhus of the breast, etc., what have these to do with him?

The dentist exists for the public, and the public are more concerned about the perfect adaptability of their artificial teeth and the careful filling of decayed teeth than they are that the dentist should be able to diagnose measles. If the dentist be taught his profession properly, and his charges be such that the poor and the poorer middle class can avail themselves of his valuable skill, the public will excuse his acquiring, or seeming to acquire, learning which in the main is useless.—I am, etc.,

June 14th

S. C. R. M.

SIR,—It may be very important that a dental surgeon should recognise a syphilitic tongue, or know the microscopical appearance of a myeloid cell, or be able to diagnose and treat a scalded larynx, or correctly perform the operation of laryngotomy.

It is no doubt equally necessary that he should be well acquainted with the difference in dentition between a pig and a stag, or a herring and a shark, and of course he ought to

<sup>1</sup> BRITISH MEDICAL JOURNAL, vol. 1, 1898, p. 1524.