connived with his patients' friends, an acute lawyer would soon show by cross-examination that he was rendering himself liable to prosecution for perjury.

It is very important, in the interests of the State and of sanitary progress that the notification should be real, not nominal. It is a bad principle, though occasionally necessary, to allow a penal clause to be a dead letter, but to assist in obtaining such a clause for the purpose of allowing it to be in abeyance is ridiculous. This is accepted by the medical officer of health as against the householder, and I know it is not put in force against medical men in some districts of the country. Dual notification as at present carried out is a farce, for it is not dual. Experience shows that one certificate is sufficient for the purposes of registration; that, indeed, it is better than two. The medical attendant will always act as the agent of the patient if the law allows the payment for the certificate, and it is altogether contrary to justice for a professional rival to have the opportunity of saying of his brother practitioner that if he does not send in his certificates quick enough, he will put him in the dock at the police court. The State has no right to make medical men State officials until the position of the medical man is recognised by the State in a very different manner to that which is accorded to the profession at the present time; and if I were in general practice I should decline to send in any certificate without first obtaining the consent of my employer to that course.

As the law is now carried out, dual notification is a farce, and open encouragement is given to large numbers of people to avail themselves of unskilled medical attendance or to do without it altogether. This is seriously adding to the difficulty of repressing disease.

A single notifying clause as against the householder, with another giving the right to a fee to the notifying medical man, would be far more effectual than the dual plan, which is only teaching people how not to do it.—I am, etc., ALFRED CARPENTER.

Duppas House, Croydon, October 12th.

THE INCIDENCE OF ALBUMINURIA.

SIR,—I have read Professor Grainger Stewart's paper with great interest, especially as it is the first attempt in this country to check the results obtained by me in a similar inquiry on a smaller scale eight years ago. (The Diagnostic Value of Albuminuria, JOURNAL, May 10th, 1879.)

In 145 male out-patients, I discovered albuminuria in 105, or 72 5 per cent. Professor Stewart obtains 74 out of 150, or 49 per cent. His figures are sufficiently striking, but he has omitted to state a fact which is of some importance. It is well known that albuminuria is at its maximum after breakfast, and there are cases in whom the urine is albuminous only at that time. This was the period I selected for my examinations, and it is important to know if it was adhered to by Professor Stewart.

I notice that he employed, as his tests, cold nitric acid and picric acid. I have long maintained the superiority of boiling and acidulating with dilute acetic acid, and I am glad to have the support of Sir William Roberts on this point. I believe this difference in the test used would account for a large proportion of the deficiency.

Peptonuria occurs from time to time in my practice, but it has no practical significance known to me, so that I have not kept account of its relative incidence.

The practical outcome of the study of the incidence of albuminuria in the sick and healthy should be—1st, to extinguish altogether the pernicious doctrine that albuminuria means organic disease of the kidneys, a doctrine only less harmful than the equally fallacious one that organic disease of the kidneys is a rapidly fatal disease; 2nd, that the insurance companies should relax their hard-and-fast rule of rejecting or deferring all applicants whose urine contains albumen.

In illustration of these propositions, during the last two years I have seen scores of cases of functional albuminuria, and I have not heard of one of them developing Bright's disease; many of them are known to be quite well. I know a case of post-scarlatinal nephritis, who has been passing albuminous urine with plenty of casts for more than twenty years. There is a cabman in this town who was in the General Hospital eleven years ago with sub-acute Bright's disease. He has kept fairly well ever since. In July, 1881, his urine was pale, clear, 1010, no albumen or casts. In June, 1884, it was clear, pale, 1010, contained a good trace of albumen, one or two granular casts and blood corpuscles. In February of this year, it was pale, clear, 1001, with a faint haze of albumen. This man has been exceptionally exposed to wet and cold. In the third place, I know one otherwise perfectly healthy man who was rejected by an insurance office twenty years ago for albuminuria, and whom I had to refuse for the same cause a year or two ago. I have had to postpone dozens of applications from young men, and in every instance the proposal has been abandoned, such albuminuria lasting for years. These cases might very well be insured for five years, with the condition that at the end of that time they should submit themselves for re-examination, when the company would have the opportunity of deciding finally whether to take the life or not.—I am, etc.,

ROBERT SAUNDBY, M.D.Edin., F.R.C.P.Lond.

Birmingham, October 17th.

PAY OF PRISON SURGEONS.

SIR,—My attention is directed to a leading article in the JOURNAL, in which you reflect in a measure on the action of the Scotch M.P.'s, and of Mr. Caldwell in particular, in connection with my case, which was fully reported some time ago. Not knowing all the circumstances of the case, permit me to say that I think you have been, unintentionally, somewhat ungenerous in your remarks regarding Mr. Caldwell. My case, as everyone in Glasgow knows, could not have been in better hands.

At a meeting of Scotch members towards the close of the session, it was thought that to raise the general question at the fag end of a session would be to court defeat, at least for a time. It was decided that the best course to pursue at that time was to try and get the special phase of my case settled, and that was done with some success. The general question of English prison surgeons *versus* Scotch is coming up early next session, and then we shall see if this 100 per cent. difference is to continue. Dr. Clark, M.P., is in earnest on this question, and is familiar with all the details. I did not state, as I might have done, that the English medical adviser (Dr. Gover) got £800, the Irish (Dr. Sigerson) £800, the Scotch (Sir Douglas Maclagan) £100.

The English surgeons need have no fear of levelling down while Sir Edmund Du Cane—*facile princeps*, the greatest authority on prisons and their necessities in this or any country—is the chief administrator. The present English scale was arrived at only a few years ago after much deliberation.—Yours, etc., F. FRANCIS SUTHERLAND.

Glasgow, October 17th, 1887.

THE HALL TREBLE QUALIFICATION.

SIR,—As this year is one of medical change and reform in the regulations of the bodies entitled to grant diplomas it may not be out of place to call attention to the nature and merit of the diploma conferred by this ancient corporation, especially as at various times and in different places, efforts have been made to repudiate it and its Licentiates, as if they were inferior to others. It cannot be too widely known that, besides being the most venerable and the most frequently sought after, the curriculum, literary and professional, and the examinations, primary and final, which it requires are coextensive with those required by the Colleges of Physicians and Surgeons, and by the Universities for their diploma in medicine, surgery, and obstetrics. This being so, the position occupied by gentlemen having the Hall qualification corresponds to the position of those who have passed the joint examination for the licence of the two Colleges, and those who have passed the University examination for their licence; and, with the exception of extra arts and comparative anatomy, of those holding the B.M., B.S., B.A.O. degrees. It therefore follows, if as has been lately argued and conceded, the Licentiates of the Colleges of London are entitled to an M.D. degree, so also are the Licentiates of the Hall, their qualifications being in every respect equal to the others. In the interest of truth and fair play it is important the Hall should adopt titles to express this fact; and I would suggest, those employed by the University for their triple licence; that is, L.M., L.S., L.A.O., Licentiate in Medical Surgery and Art of Obstetrics, and would urge gentlemen holding the diploma to insist upon some such distinction. In addition it should be known: 1. The Hall is the only single body that grants a registrable qualification. 2. Its examiners are physicians and surgeons of note. 3. It is the cheapest, being only £10, whereas the others, except the Universities, are nearly £40. 4. That it entitles to equal privileges and even greater, as some appointments cannot be held without it; and that it will be in the future, as in the past, the diploma for the general practitioner.—I am, etc.,

S. M. H.

HYDROCELE IN THE FEMALE.

DR. BOULTON has, like myself, overlooked a case of "Hydrocele in the Female" reported by Mr. Anderson, of Nottingham, in the JOURNAL dated July 31st, 1885, which is much more clearly reported than mine was. I thank Mr. Anderson for calling my attention to his case.

Dr. Boulton seems rather at sea in his anatomy. "The round