

NOTES, LETTERS, ETC.

UNQUALIFIED ASSISTANTS.

C. H. M. writes: As an unqualified assistant, permit me to thank Mr. Napper for his very able letter on this subject, which expresses the convictions of many medical men of long experience and good repute. I am glad to see that such gentlemen are voluntarily coming to the front to speak the plain truth with regard to a body of men of whom it has lately been the fashion to speak disparagingly. I am also glad to see that the assistants themselves are beginning to demand that consideration which is due to them from the profession. Medical men have called this class of assistant into existence for their own convenience, and it is only just that they should make some provisions for them and their families, instead of trying to ostracise them suddenly.

Of course there are assistants and assistants, and it is the doings of a few of the proprietors of many-branched dispensaries and their assistants that has brought disgrace upon not only assistants, but the medical profession generally. The General Medical Council has already, I believe, distinguished between assistants proper, under the direction and supervision of their principal, and those without such supervision. In the latter case, the fault lies more with the employer than the employed.

Mr. Napper's list of desirable qualifications in an assistant is very good; but one other must be added—temperance, without which all other qualifications are useless.

There is precedent enough in the history of the medical profession for providing for those who have already been assistants for some time; at the same time, a plain warning could be given to other young men before they, too, get caught in the trap, as they generally become assistants when they are too young to see their danger.

Now that the general practitioners have direct representation on the General Medical Council, a register of assistants should be prepared, as suggested by "M.R.C.S." in the JOURNAL of November 27th. Newly-qualified men would have nothing to lose, but everything to gain, by this arrangement.

I would like to see an association of unqualified assistants, to be called, say, "The Medical Assistants' Association," and would be glad to share the initiatory work in forming it, if any others show themselves willing to do the same. Perhaps my remarks may bring one or two to the front.

RIGHT-ANGLE TRACTION FOR SUB-GLENOID DISLOCATIONS.

W. J. PEACOCK, L.R.C.S.I., L.K.Q.C.P.I., etc. (240, St. George's Road, Bolton), writes: Seeing some cases reported in the JOURNAL of the above mode of reduction in shoulder-dislocation, I thought I would try right-angle traction on a case I was called to see some days ago, during the absence of the principal, Dr. Macfie.

The patient was a woman well advanced in life, being close on seventy. She fell on her shoulder, during the late frost, and sustained the aforesaid injury. Medical advice was not sought for ten days. After the lapse of these days, she presented herself at the surgery, and I immediately diagnosed sub-glenoid dislocation. I tried the older methods of procedure without success. Then I determined on trying right-angular traction, which succeeded immediately, with very little force needed. I strongly recommend the mode of procedure in all similar cases.

THE RIDDELL FUND.

Amount already acknowledged	£	s.	d.
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Mr. Wickham Barnes, 3, Bolt Court, Fleet Street, wishes to inform intending subscribers to this Fund that the list will close on January 19th.

SCARLET FEVER IN WIMBLEDON AND MERTON.

MR. LENNOX BROWNE writes that, on January 3rd, he was consulted by a lady, aged 45, who, being a governess, had abruptly terminated a visit to Wimbledon on the previous Saturday, on the alarm that some of the inmates of the house in which she was staying had been attacked by the epidemic. He says: I found her suffering from very slight inflammation of the fauces, but with a temperature a fifth of a degree below normal. I, therefore, had no hesitation in then and there giving a certificate that she had no sign of scarlet fever, and I felt justified in assuring her that there was not the least likelihood of an attack. I advised her, however, to wait in town for a week. On Wednesday, the 5th, the temperature was still low, and pain, with a slight swelling, was felt under the angle of the jaw; although there was no rash, I gave the opinion, again in writing, that the patient was suffering from rheumatism. This being communicated to her friends in Wimbledon, she learns that other cases supposed to be scarlet fever are now discovered to be of the same nature, one of the doctors said to have been attacked being of this number. Nevertheless, as a result of the statements in the public and medical press, this lady is placed in the position of being obliged to resign her appointment rather than re-enter a family with such an onus of responsibility. It will be interesting to learn how many cases there really are of scarlet fever amongst the "300 reported to have developed since Christmas."

I should be glad to be informed how long an interval should elapse before a patient recovered from rheumatism may mix with others. No work that I have consulted gives information on this point. The incubation period is, I believe, very much shorter than that generally stated in books.

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BOOKS, ETC., RECEIVED.

A Manual of Obstetrics. By F. A. King, M.D. Third Edition. London: J. and A. Churchill. 1887.
Diseases of Bones and Joints. By C. N. Macnamara, F.R.C.S. Third Edition. London: J. and A. Churchill. 1887.
Treatise on the Principles and Practice of Medicine. By A. Flint, M.D., LL.D. London: J. and A. Churchill. 1887.
Retrospect of Medicine. By James Braithwaite, M.D. London: Simpkin, Marshall and Co. 1887.
The Bovine Prescriber. By J. B. and A. Cresswell. London: Baillière, Tindall and Co.
A Junior Course of Practical Zoology. By A. Milnes Marshall, M.D., M.A., F.R.S., assisted by C. Herbert Hurst. London: Smith, Elder and Co.

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