

THE EDITOR'S LETTER-BOX.

Correspondence on all subjects is invited, but we cannot in any way be responsible for the opinions expressed by our correspondents, who must give their name and address as a guarantee of good faith, but not necessarily for publication. Correspondents are reminded that brevity of style and conciseness of statement greatly facilitate early insertion.

The Draft Regulations Under the Dangerous Drugs Act.

To the Editor of THE HOSPITAL.

SIR,—The proposed control of supply, as published some little time ago by the Home Office, appears to have aroused considerable agitation and general disapproval throughout the country, but from a hospital pharmacist's point of view I do not think there is any cause for much alarm, either on the ground of extra time or clerical work required. We have put these regulations to a practical test in this hospital, and it may be interesting to briefly describe the results of our experiment:

Poison Cupboard No. 1 contains all bulk poisons as they are received from the wholesale houses, also a record as to when purchased and from whom obtained, on the one side, and issues on the other.

Poison Cupboard No. 2 contains small quantities of poisons received from cupboard No. 1 on the one side, and issues on the other.

Poison Cupboard No. 3 contains all the various solutions and preparations made from the poisons received from cupboard No. 2. This cupboard also contains a record of all the solutions, such as quantities made, prepared by, and checked by, on the one side, and the date when used in the dispensary, patient's name, doctor prescribing, dispensed by, and checked on the issues side.

In practice it is found more convenient to have on the dispensary counter two sheets, one for out-patients and one for in-patients, with the following heading: Date. Poison. Quantity. Doctor. Patient. Dispensed by. Checked by.

The issues are written up at the end of the day on stock sheets in No. 3 cupboard, and checked by the stock supplies.

All ward injections or other solutions are supplied on a requisition book only, signed by the resident medical officer. This book is kept in the ward, on the one side the quantities received, and on the other side the patient's name, quantities used, whom by, and the initials of the doctor prescribing, so that these quantities used can be checked by the quantities supplied from the dispensary.

These arrangements being complete, it is found that on a week's working, dispensing on an average 2,700 prescriptions, only eighteen entries had to be made for the in-patients and ten for the out-patients, and it is estimated that the extra time required to work these regulations is not more than one hour per week.—Yours faithfully,

S. DUNSTAN,

Superintending Pharmacist.

Royal Victoria Infirmary, Newcastle-on-Tyne,
February 4, 1921.

Ambulance Facilities and Telephone Efficiency.

To the Editor of THE HOSPITAL.

SIR,—Referring to the suggestion, quoted in your current issue, that the London County Council should provide a night ambulance service for lying-in cases, it may not be generally known that, as the result of representations made to the department responsible, the experimental service operating in four south-side boroughs was extended, as from January 1, to the Boroughs of Bethnal Green, Shoreditch, Finsbury, and Stepney. As, however,

the ambulance has to be called by telephone, and telephone call-offices open at night seem to be almost impossible to find, the success (to the public) of the service would appear to depend upon a radical improvement of telephonic facilities during the night-time.—Yours truly,

RALPH B. CANNINGS, Secretary.

City of London Maternity Hospital,
City Road, London, E.C. 1,
February 14, 1921.

Hospitals and the Approved Societies' Surplus.

To the Editor of THE HOSPITAL.

SIR,—Saturday's issue (February 12) of the *Manchester Guardian* intimates that a surplus of £8,000,000 is expected as the result of the Approved Societies' quinquennial valuation under the National Health Insurance Act.

This handsome surplus is to be utilised partly in the form of increased sick benefit or in the maintenance of Approved Societies' members in hospitals, convalescent

homes, and other essential medical services. No doubt Hospital Boards throughout the country will get into early touch with Friendly Societies' Councils to offer institutional treatment where possible.—I beg to be, Sir, your obedient servant,

S. R. LAMB, Secretary.

The Sheffield Joint Hospitals' Council,
15 North Church Street, Sheffield,
February 14, 1921.

Nurses and Trade Unions.

To the Editor of THE HOSPITAL.

SIR,—Sister Caroline writes to you, "Is it not true that Lord Knutsford says that the College can do nothing?" No, it is not true. The only time I have spoken I have said that the College could do a great deal, but could not do everything at once, and I pleaded

for patience. The memorandum the College has just issued as to nurses' salaries ought to help. It has been sent to all hospitals.—Yours truly,

KNUTSFORD.

London Hospital, Whitechapel, E.
February 15, 1921.

Forthcoming Events.

THE MENTAL AFTER-CARE ASSOCIATION.—Annual Meeting on WEDNESDAY, FEBRUARY 23, at 3 P.M., at Bridewell Royal Hospital, New Bridge Street, E.C. The chair will be taken by Sir Charles Cheers Wakefield, Bart., Alderman, C.B.E. (President of Bridewell and Bethlem Royal Hos-

pitals). The following have kindly consented to speak: The Right Rev. the Lord Bishop of Barking, D.D., the Right Hon. Sir William Byrne, Bart., K.C.V.O., C.B. (Chairman of the Board of Control), the Hon. John Mansfield (Lord Chancellor's Visitor in Lunacy), Dr. Nathan Raw, C.M.G., M.P.