

education—must be taught, sometimes sufficiently learnt, at school, but they ought to be taught in their bearing upon the practice of medicine, hence perhaps the value of their being so taught at a medical school. At the public school, even with a modern side, the education in these sciences is apt to be sketchy and subsidiary, and frequently quite apart from their after-relation to medicine. At a university or medical school or science department they may be too elaborately expanded. Physiology and anatomy, the ground floor of medical knowledge, huge subjects and needing to be kept within bounds, must receive their proper and proportionate place. Physiology is the more difficult to handle. It is less concrete, constantly changing, somewhat elusive and uncertain, but the knowledge of all natural and normal functions is essential for a proper estimation of the abnormal as seen in disease. Anatomy, with its solid parts and form, is increasingly important with the expansion of operative procedure. The pure physiologist and the pure anatomist teaches without daily contact with the clinical, and are apt to wander from the practical application of their facts to the everyday practice of medicine and surgery, and in this lurks further danger. To a large extent this can be avoided by closer inter-relations between these teachers and the clinical side. It is helpful to all concerned when the physiologist and the anatomist accompany the physician into the ward or out-patient room and discuss, in the hearing of the students, the bearing of their subjects upon a somewhat obscure nervous lesion. In "reconstructive" plans this "team" work between the intermediate (and even the preliminary) subjects should bear an important part.

In the advanced subjects—medicine, surgery, obstetrics, gynaecology, ophthalmology, and all the allied departments—the enormous strides made in methods of diagnosis and treatment has made the task of the teacher more and more intricate, and the burden on the student of absorbing and retaining what he is taught more and more difficult. Whatever else happens, nothing must occur which shall imperil the splendid bedside and other practical teaching for which British medical education is so famous. It forms the superstructure of knowledge for subsequent practice. It brings the student into personal and close contact with the patient. It develops all that *tactus eruditus* and all that *savoir faire* which should enter so largely into the character and actions of the practitioner. Go where you will, and you cannot find better general practitioners than in our isles and in our empire. But this fact must not blind our eyes to the vision of even better men and women—better equipped, better paid, and better rewarded in the future than in the past.

For all this reconstruction in medical education is surely needed; not revolution but reconstruction, not throwing away the good in the old, but grafting on the better in the recent.

Sir George Newman, to whose recent *Notes*\* must be ascribed a great up-lift for medical education, has put the finger on the spot when he writes: "There is too little medical teaching of university standard, especially in the final or clinical subjects."

There can be no doubt that it is due primarily to the fact that the clinical teachers when their experience is ripe have not the time, and often have not the inclination, for such teaching. The more the pity, but there is the bald fact. The primary question, therefore, would seem to be, How can this defect be overcome?

A possible solution, and one which will soon be put to the test, is the foundation of units of a professional type in the three chief branches of medicine—surgery and obstetrics and gynaecology. Men (or women) in the prime of life, of proved teaching ability, of ripe experience, with the love of and powers for inculcating a scientific spirit, appointed as whole-time professors or directors of clinic. Associated with them, assistant professors in training for professorships in their own school or elsewhere, and other well-paid assistants, clinical and pathological—the whole unit working together as a team.

They would undertake bedside teaching, possibly upon a series of cases—say of types of anaemia—gathered together in their wards at that time for special research work; out-patient teaching, again perhaps on a group of similar cases,

say types of hernia; super-clinical lectures, thoroughly worked up, with cases, skiagrams, drawings, lantern slides, and even cinema films; and co-ordinated, physiological, anatomical, and pathological teaching. It is hoped that every student will be brought in contact with the professorial unit during some part of his clinical education. Whilst the personnel of the professorial unit are engaged in this teaching of a university character, the other clinical units will continue their sound and essential teaching both in-patient and out-patient, and will have associated with them students of all grades. By this means proper use will be made of the large amount of clinical material that finds its way to a hospital with an attached school.

Such is the vista; much may come of its accomplishment. There are difficulties. The type of men is rare, adequate money is not readily forthcoming, organization is none too easy; but difficulties are there to be overcome, and with perseverance they will be. It is particularly desirable that what we can recognize as bad, or at least poor, in the Continental type of clinical professor should be excluded in our reconstruction, but it is equally necessary that all that is good should be included. The thoroughness, the painstaking, the science of many can be taken, but the inhumaneness, the machine-likeness, and the want of imagination of some can be avoided.

With the end of the war the medical schools are being filled with eager students, many of whom have learnt a wider and finer outlook of life and its responsibilities, and it is only right that they should be provided with an education which will fit them for their life's work, and will give them such a grip of things that they will be a credit to their teachers and become a power in the land.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ACRIFLAVINE IN THE TREATMENT OF GONORRHOEA.

IN a memorandum in your issue of June 7th Captain Armstrong cites his experience with acriflavine, in contradistinction to that of Davis and Harrell, as evidence of the divergent views of different observers. May I offer a few suggestions which may enable any who have met with similar difficulties to approximate the clinical results to the laboratory results which are acknowledged?

One must be as confident as it is possible to be that the infection is limited to the anterior urethra before adopting the syringe method of treatment. The main point in this connexion is the number of days since the appearance of the discharge; there must be no increased frequency of micturition, and, of course, neither pus nor blood in the second urine glass. But in spite of careful selection, there will be a considerable percentage of error owing to cases coming under observation during the incubation period of posterior urethritis. For this and other reasons I prefer as a routine treatment the lavation method described in my paper published in this JOURNAL on May 10th.

Acriflavine solution 1 in 1,000 may be irritating to the urethra, if used frequently and freely, or if unfiltered. When using the syringe method I prescribe a strength of 1 in 500 acriflavine in 1.6 per cent. sodium chloride solution, which is filtered by the dispenser, and in use is diluted with an equal quantity of warm water. The directions are that the syringe is to be used three times a day, and once in the night if occasion serves; the urethra is to be gently filled three times and the solution retained for one minute on each occasion. There is, however, no reason why a weaker solution (say 1 in 2,000) should not be used in a specially sensitive urethra; irritation must never be excited. For lavation 1 in 4,000 should not be exceeded.

The absence of gonococci at the end of three weeks' treatment in 17 of the 23 cases quoted is so far satisfactory. The presence of pus cells and mucus was to be expected in the irritated condition of the urethras which is described. The six cases in which gonococci persisted called for further examination and a fuller diagnosis. There may have been posterior urethritis, a minute cystic gland oozing at intervals, or a long infected duct; any of these call for special treatment.

\* *Some Notes on Medical Education in England*. H.M. Stationery Office, 1918, price 9d. See Sir Clifford Allbutt's review in the JOURNAL of August 3rd, 1918, p. 113.

In several thousands of patients treated with acriflavine I have never encountered retention of urine, except in three cases of prostatic abscess.

Glasgow.

DAVID WATSON.

## CREOSOTE IN PNEUMONIA.

The article on inunction of creosote in pneumonia and influenza published in the JOURNAL of April 19th, by Major Wells, is of great interest to me, although my experience was with much larger doses, but Major Wells does not tell us how often he gives his half-minims in the twenty-four hours.

Some years ago—I am on active service, and so cannot give the date—I published in the *Canada Lancet* a series of 500 cases of pneumonia treated with creosote carbonate, with four deaths. I was led to draw the following conclusions :

(a) There was a marked absence of crisis; the temperature and respiration began to improve within four hours of the initial dose. If not, the case had been seen too late to be helped by any treatment.

(b) If the dosage was stopped there was an immediate return of all symptoms and rise of temperature.

(c) The drug had to be continued for some days (seven to ten) after all fever had disappeared and respiration had been normal.

(d) My best results were obtained with creosote carbonate in doses of min. 15, repeated every three or four hours. Guaiacol carbonate gr. xv did well in the absence of creosote, and better where tubercle was suspected. For children a drop in honey every hour was well borne. As soon as there was an amelioration the interval between doses was gradually lengthened.

The effect of the minute dose as given by Major Wells is a substantial confirmation of my own findings. The drug is excreted by the lungs, and the odour is perceptible in the room of the patient soon after the treatment is begun. I, too, consider it almost a specific.

I shall always regret that I had no opportunity of testing it in the pneumonia of influenza.

ASHTON FLETCHER, M.D., C.M.,  
Acting Major R.A.M.C. (Temporary Commission).

## INTUSSUSCEPTION ASSOCIATED WITH A FOREIGN BODY: OPERATION:

## RECOVERY.

A boy, aged 1 year, was admitted to Savernake Hospital under me, with the history that for fourteen days he had had acute abdominal pain, had vomited three or four times daily, and was unable to keep down any food. There had been no action of the bowels since the onset of the symptoms, but a little slime had been passed by the rectum for the last ten days, and latterly this had been streaked with blood. He was very ill and pale, though not so wasted as might have been expected from the history; the tongue was coated with fur but moist. Little could be made out from examination of the abdomen, as the child screamed continually and the recti were held very tight. It was thought that a tumour could be felt in the right flank, but this was not certain. No tumour could be felt on rectal examination but the right iliac fossa seemed to be unusually empty, and there was blood and mucus on the examining finger. Intussusception was diagnosed.

When the child was anaesthetized a perfectly definite tumour was felt in the right hypochondrium; but after about two minutes it disappeared.

The abdomen was opened through the lower part of the right rectus, and the intussusception found as a large tumour lying below the right lobe of the liver; this was partially reduced before the main mass of the tumour could be withdrawn through the abdominal wound. It was then found that the intussusception was of the ileo-colic variety, the whole of the caecum and the appendix, which was 6 in. long, being involved in the middle wall of the intussusception. Reduction, with separation of adhesions, was effected with considerable difficulty. The bowel was examined for polypus or other cause of the trouble; the ascending colon and caecum were found to have an unusually long mesentery, but nothing else abnormal was detected. The colon and upper end of the

caecum were then fixed in their usual position by means of two catgut sutures, and the abdomen closed. The appendix was not removed owing to the child's condition.

Progress was rapid and uneventful for three days; the temperature did not rise above 98° F.; there was no vomiting; nourishment was well taken, and the bowels were open daily.

On the morning of the fourth day the temperature rose to 99° F., and remained between 99° and 99.2° for seven days; for the first five of these days this was accompanied by some diarrhoea, and the child vomited four or five times. There were no other symptoms or signs; the appetite remained good throughout. After seven days the temperature returned to normal.

Three days later the motions were again loose, and the bowels acted four times in the day; the glass eye of a toy teddy-bear, the size of a pea and fixed to a blunt pin 1 in. in length, was passed by the rectum.

The child made a good recovery, and convalescence was otherwise uneventful.

The teddy-bear, minus one eye, was found at home by the mother, and the remaining eye, when removed, was found to be identical with the one which the child had passed by rectum. None of the toys in the hospital had similar eyes, so that the child had evidently swallowed the eye before admission to hospital, and one might conjecture that he must have done so when well, and with a healthy appetite.

Marlborough, Wilts.

A. D. HAYDON, M.B., B.C.

## ANEURYSM OF THE ABDOMINAL AORTA.

A WEST INDIAN native, aged 38, in Government employment, was sent to hospital on February 12th, 1919, with a provisional diagnosis of arthritis of the left hip-joint. He complained of pain over the area of skin, in the gluteal region and just above the iliac crest, supplied by the anterior branch of the twelfth thoracic nerve. The pain was persistent and kept him awake at night. He lay with the thigh slightly flexed and had considerable discomfort upon either extension or further flexion. There was no swelling, oedema, or tenderness in the region of the hip-joint nor over the painful area. There was rigidity of the back in the lower thoracic region, but no pain or tenderness there; the patient had not noticed the onset of the rigidity.

A few days after admission a definite fullness in the left iliac fossa could be felt, and, as the temperature was running irregularly up to 100.6°, the possibility of acute myositis of the psoas—a fairly common condition in natives here—was considered.

About a pint of fresh blood was discharged from the rectum on February 27th.

The swelling in the iliac fossa increased, and on March 10th an incision was made above Poupart's ligament into the psoas, and several ounces of destroyed, congested, dark muscle tissue were removed. There was no pus; the wound was plugged. A few days later there was a slight haemorrhage from the wound, and on March 13th a considerable haemorrhage from the bowels, which were open three times in the morning. Seventeen days after operation a more severe haemorrhage occurred from the wound with collapse greater than could be accounted for by the bleeding from the wound; the latter was explored and re-plugged, nothing being found except more broken down muscle. The patient died on March 29th, two days later.

*Post-mortem* examination revealed an aneurysm about the size of an egg in sacculated form from the back of the abdominal aorta at the level of the twelfth thoracic vertebral body. The aorta appeared normal from the front but was displaced forwards. The eleventh and twelfth vertebrae were eroded to a considerable extent, and the aneurysm was leaking into the psoas major. The whole muscle was disorganized, and the upper half was more clot than muscle, but gradually the proportion of muscle became greater until in its lower part, where opened into, there was a congested, swollen mass of muscle, very dark and infiltrated with blood. There was no leakage outside the muscle sheath. The left psoas was about three times as big as the right.

W. R. PARKINSON, F.R.C.S.

Lagos Hospital, Nigeria.

## BIRTHDAY HONOURS.

THE following completes the list of honours conferred on the occasion of the King's birthday.

## O.B.E.

Temporary Captains: Francis J. Allen, M.C., R.A.M.C.; Ernest F. Bashford, R.A.M.C.; George W. Beresford, R.A.M.C.; Adam Brown, R.A.M.C.; Claude G. Colyer, R.A.M.C.; Colin McK. Craig, R.A.M.C.; John G. Craig, R.A.M.C.; Thomas D. Cumberland, R.A.M.C.; Norman G. W. Davidson, R.A.M.C.; Roy S. Dobbins, R.A.M.C.; Percy W. Dove, R.A.M.C.; James D. Driberg, M.C., R.A.M.C.; Cuthbert Dukes, R.A.M.C.; Aubrey Goodwin, R.A.M.C.; Charles B. Goulden, R.A.M.C.; Andrew Grant, R.A.M.C.; James N. J. Hartley, R.A.M.C.; John Jardine, R.A.M.C.; William C. Jardine, R.A.M.C.; George L. Leggat, R.A.M.C.; Thomas P. Lewis, R.A.M.C.; Walker S. Lindsay, R.A.M.C.; Peter Lornie, R.A.M.C.; Norman P. L. Lumb, R.A.M.C.; Francis C. MacDonald, R.A.M.C.; Ronald MacDonald, R.A.M.C.; William MacEwen, R.A.M.C.; Archibald MacMillan, R.A.M.C.; Rom Charndr Malhotra, L.M.S.; Octavius de Burgh Marsh, R.A.M.C.; Octavius S. Maunsell, R.A.M.C.; Edward T. C. Milligan, R.A.M.C.; Robert Foster Moore, R.A.M.C.; John T. Morrison, R.A.M.C.; Everitt G. D. Murray, R.A.M.C.; Stuart Murray, R.A.M.C.; William A. Murray, R.A.M.C.; Gordon L. Neil, R.A.M.C.; George C. Neilson, R.A.M.C.; Frank Newey, R.A.M.C.(T.F.); Alexander C. Palmer, R.A.M.C.; Alfred C. Pickett, R.A.M.C.; Albert E. Pinniger, R.A.M.C.; William A. Rees, R.A.M.C.; John W. Robertson, R.A.M.C.; Robert C. Robertson, R.A.M.C.; Herbert P. Shackleton, R.A.M.C.; William Stirling, R.A.M.C.; Adrian Stokes, D.S.O., R.A.M.C.; James R. Stott, R.A.M.C.; Edward J. Stuckey, R.A.M.C.; Cedric R. Taylor, R.A.M.C.; John Robert K. Thomson, R.A.M.C.; Eustace Thorp, R.A.M.C.; Arthur T. Todd, R.A.M.C.; Charles W. Wanklyn-James, R.A.M.C.; James W. Wrenock, R.A.M.C.; Henry H. Weekes, R.A.M.C.; Maurice H. Whiting, R.A.M.C.; Ernest U. Williams, R.A.M.C.; John Alexander Wilson, R.A.M.C.; Francis A. Winder, R.A.M.C.; Ernest B. Wortley, R.A.M.C.; Henry Yellowles, R.A.M.C.; Ernest William G. Young, R.A.M.C.; Frederick H. Young, R.A.M.C.

Dr. Cecil H. Elmes, officiating Health Officer, Port of Calcutta.

Dr. James G. Johnstone, Lingah, Persian Gulf.

Dr. Elsie J. Dalyell, R.A.M.C.; Dr. Elizabeth H. Lepper, R.A.M.C.

Lieutenants (temporary Captains): Oswald Duke Jarvis, R.A.M.C.; John Smith Sloper, R.A.M.C.

## M.B.E.

Lieut.-Colonels: Philip Barnett Bentliff, Royal Jersey Medical Corps; Edwin Quayle, R.A.M.C.(Lancs. Volunteers).

Temporary Lieut.-Colonel John Keay, R.A.M.C.

Major and Brevet Lieut.-Colonel David Rennet, R.A.M.C. (T.F.).

Majors: Richard Brodie, R.A.M.C.(T.F.); William H. Pettit, N.Z.M.C.; Henry S. Webb, R.A.M.C.

Temporary Majors: Albert E. Barnett, Special List; R.A.M.C.; Archibald Stodart-Walker, R.A.M.C.

Captain (temporary Major) Walter E. Squire, R.A.M.C.

Captains (acting Majors): Cyril Armstrong, R.A.M.C.(S.R.); Eustace N. Butler, R.A.M.C.(T.F.); Charles H. Caldicott, R.A.M.C.(T.F.); James H. Crane, R.A.M.C.(T.F.); Bertram M. Footer, R.A.M.C.(T.F.); Oswald C. G. Shields, R.A.M.C.; Lockhart J. Spence, R.A.M.C.; Frederick J. Thorne, R.A.M.C.

Captains: Arthur G. Atkinson, R.A.M.C.(T.F.); Ernest P. Carmody, R.A.M.C.; John Chambré, Gerald S. Coghlan, S.A.M.C.; Robert D. A. Douglas, S.A.M.C.; John I. Greig, R.A.M.C.; David N. Isaacs, N.Z.M.C.; Edward C. Lowe, N.Z.M.C.; Stuart M. McPherson, S.A.M.C.; Archibald G. H. Smart, R.A.M.C.; Herbert V. Stanley, M.C., R.A.M.C.; Douglas S. Stevenson, Arthur Henry Thomas, R.A.M.C.; Charles R. Woodruff, R.A.M.C.(T.F.).

Temporary Captains (acting Majors): Stanley Brown, R.A.M.C.; Charles M. Kennedy, R.A.M.C.; Henry F. Mullan, R.A.M.C.

Temporary Captains: George G. Butler, R.A.M.C.; James B. Butler, R.A.M.C.; Andrew Crawford, R.A.M.C.; John C. Ferguson, M.C., R.A.M.C.; Andrew Grant, R.A.M.C.; Walter Groome, R.A.M.C.; Worsley J. Harris, R.A.M.C.; Reginald Johnson, R.A.M.C.; Edward J. J. Quirk, W.A.M.S.; John Howard Slayter, C.A.M.C.; James B. Wilkie, R.A.M.C.

Honorary Captain Rivers Thomas Rodgers, I.M.D.; Superintendent I.M.D., and Central Jail, Jubbulpore; Central Provinces.

Lieutenants: Frederic Evans, R.A.M.C.(T.F.); William Jack, N.Z.M.C.; Joseph (Prince) Muzzanji Walugembe, Afr. Nat. Med. Cps.

Temporary Lieutenant Joseph A. Anastasi, R.A.M.C.

Miss Rose Govindarajulu, Lady Medical Officer, Mysore Maternity Hospital, Bangalore.

## NAVAL HONOURS.

The following distinctions have been conferred in recognition of services during the war:

C.M.G.

Surgeon Commander Joseph Chambers, R.N., for valuable services as operating surgeon at the Royal Naval Hospital, Chatham, since December 1915.

## O.B.E.

Surgeon Commander Robley Henry John Browne, R.N., for valuable services as Principal Medical Officer on the staff of the Vice-Admiral Commanding the Battle Cruiser Force.

Surgeon Lieutenant Commander Charles Samuel Brewer, R.N.V.R., for valuable services at the dépôt for mercantile marine reserve ratings at Liverpool.

Surgeon Lieutenant Commander Paul G. Fildes, R.N.V.R., for valuable services on research work at the Royal Naval Hospital, Haslar.

Surgeon Lieutenant John Arnoux Prendergast, R.N., for valuable services in H.M.S. *Greenwich*, dépôt ship of the 14th destroyer flotilla.

## D.S.C.

Surgeon Sublieutenant Annesley George Lennon Brown, R.N.V.R., for the gallantry and devotion to duty displayed by him on the occasion of the torpedoing of H.M.S. *Paxton* by an enemy submarine on May 20th, 1917.

## FOREIGN DECORATIONS.

The following foreign decorations have been conferred for distinguished services rendered during the course of the campaign:

*By the President of the French Republic.*

*Croix de Guerre.*—Colonels: John D. Alexander, D.S.O.; Harold V. Prynne, D.S.O., A.M.S.; Robert P. Wright, C.M.G.; D.S.O., C.A.M.C. Brevet Colonel (temporary Colonel) Henry E. Manning Douglas, V.C., C.M.G., D.S.O., R.A.M.C. Lieut.-Colonels (temporary Colonels): William Bennett, D.S.O., R.A.M.C.; Longford Newman Lloyd, C.M.G., D.S.O., R.A.M.C.; Horace S. Roch, C.M.G., D.S.O., R.A.M.C. Brevet Lieut.-Colonel (temporary Lieut.-Colonel) Elliott Beverley Bird, D.S.O., R.A.M.C.(T.F.). Majors (acting Lieut.-Colonels): Francis L. Bradish, D.S.O., R.A.M.C.; Donald de Courcy O'Grady, R.A.M.C. Major George G. Greer, M.C., C.A.M.C. Captains (acting Lieut.-Colonels): William R. Gardner, D.S.O., R.A.M.C. (S.R.); Edward Phillips, M.C., R.A.M.C. Captains (acting Majors): Peter J. Ryan, M.C., R.A.M.C.; J. R. N. Warburton, M.C., R.A.M.C.(S.R.). Captains: Robert Burgess, D.S.O., M.C., R.A.M.C.(T.F.); Charles Frederick Hacker, M.C., R.A.M.C.; William John Knight, M.C., R.A.M.C. Temporary Captain (acting Lieut.-Colonel): Lawrence D. Shaw, D.S.O., R.A.M.C. Temporary Captains (acting Majors): Lewis Anderson, D.S.O., R.A.M.C.; Trevor A. Lawder, R.A.M.C.; Arthur J. Blake, M.C., R.A.M.C.(T.F.); Arthur W. S. Christie, R.A.M.C. Temporary Captain James C. Ogilvie, M.C., R.A.M.C., attached Border Regiment.

*Médaille de l'Assistance Publique (en Argent).*—Captain (acting Lieut.-Colonel) Joseph H. Ward, D.S.O., M.C., R.A.M.C.; Captain John K. Gaunt, R.A.M.C.; Temporary Captains Vivian Gray-Maitland, Allan D. Low, Walter J. Paramore, Robert Thomson, R.A.M.C.

*By the King of the Belgians.*

*Ordre de Leopold.*—Commandeur: Lieutenant-General Sir T. H. John C. Goodwin, K.C.B., C.M.G., Director-General, A.M.S. Officer: Brevet Colonel Sir Edward S. Worthington, K.C.V.O., C.M.G., R.A.M.C.

*Ordre de la Couronne.*—Officer: Major (acting Lieut.-Colonel) Thomas B. Moriarty, D.S.O., R.A.M.C.

*By the King of Serbia.*

*Order of St. Sava, 5th Class.*—Captain Fleet F. Strother Smith, I.M.S.

*Cross of Mercy.*—Captain (temporary Lieut.-Colonel) Sir Thomas Crisp English, K.C.M.G., R.A.M.C.(T.F.), attached R.A.M.C.

*By the King of the Hellenes.*

*Greek Medal of Military Merit, 2nd Class.*—Surgeon Commander Thomas W. Myles, R.N.

Dr. J. R. B. Dobson, late Captain R.A.M.C., has received the Médaille de Sauvetage en Argent, awarded by the Ministère de la Marine (French Republic).

## MENTIONED IN DISPATCHES.

A series of special Supplements to the *London Gazette* were published on June 5th containing the names of officers, warrant and non-commis-ioned officers and men mentioned by the commanders-in-chief for services rendered in various theatres of war. The number of officers of the Army Medical Service and Royal Army Medical Corps, including Special Reserve and Territorial, and of the Colonial Medical Services, mentioned by Sir E. H. H. Allenby, Commander-in-Chief, Egyptian Expeditionary Force, is 184. Lieutenant-General Sir W. R. Marshall, Commander-in-Chief, Mesopotamia Expeditionary Force, mentions 68 officers of the A.M.S. and R.A.M.C. (Regular, Special Reserve, and Territorial), 32 of the I.M.S., and 7 of the Assistant Surgeons Branch of I.M.D. Lieutenant-General Sir G. F. Milne, Commanding-in-Chief, British Salonica Force, mentions 78 officers of the A.M.S. and R.A.M.C. (Regulars, Special Reserve, and Territorial) and 5 officers of the I.M.S. Lieutenant-General Sir J. L. Van Deventer, Commanding-in-Chief, East African Force, mentions 17 officers of the R.A.M.C., including Special Reserve and Territorial, 2 officers of the Indian Medical Service, 17 of the South African Medical Corps, 2 of the Uganda Medical Service, 1 of the East Africa Medical Service, and 3 of the Assistant

Surgeons Branch of the I.M.D. Major-General Sir L. O. FitzM. Stack, Acting Sirdar of the Egyptian Army, mentions 2 officers of the R.A.M.C. for services in connexion with the military operations in the Sudan; General the Earl of Cavan, Commander-in-Chief of the British Forces in Italy, mentions 44 medical officers; and Major-General W. E. Ironside, Commander-in-Chief, North Russia Expeditionary Force, mentions 7.

## Canada.

### ONTARIO MEDICAL ASSOCIATION.

THE annual meeting of the Ontario Medical Association in Toronto was attended by delegates from England; they included Sir Shirley Murphy, K.B.E., appointed by the British Government; Surgeon Rear Admiral E. R. Dimsey, D.S.O., R.N., by the British Admiralty; Sir StClair Thomson, by the British Medical Association; and Major Hey Groves, by the Royal College of Surgeons of England.

### President's Address.

The president of the meeting was Dr. G. Stewart Cameron, of Peterborough, Canada, who gave an address, in the course of which he stated that 50 per cent. of the men examined under the provisions of the Canadian Military Service Act had failed to pass in the first class, the disabilities which prevented them from attaining the standard being in a large proportion of cases traceable to preventable causes. He urged that the public should be better informed on matters affecting maternity and child welfare, and should have a fuller understanding of the basis upon which the physician made his diagnosis. He spoke strongly on what he described as an organized assault by irregular practitioners, patent medicine manufacturers, and health cranks of one kind and another upon the medical profession, and called upon the State to exercise more efficient control. He also advocated the establishment of post-graduate courses. In this connexion Sir StClair Thomson took the opportunity of informing the public and the profession in Canada with regard to the Fellowship of Medicine, the emergency graduate course it had established in London this summer, and its scheme for the permanent establishment of courses in the future.

### Sir StClair Thomson on Shakespeare's Medicine.

Sir StClair Thomson delivered an address at the conference on the medical lore of Shakespeare, who, he said, had an almost uncanny knowledge of the ills and needs of humanity out of all proportion to the wisdom of his time; the poet lived in a period when witchcraft was as firmly believed in as osteopathy is to-day, and potions, spells, charms, and incantations were as freely used as modern patent medicines, yet in spite of this environment of superstition he showed an understanding of the legitimate practice of medicine that was astonishing. His appreciation of the physician's need for taking notes was illustrated by reference to the Scottish practitioner who attended Lady Macbeth and took copious records of her ravings with which to refresh his memory while diagnosing her condition. Again, King Lear endeavoured to find a pathological reason for the ingratitude of his daughter. In King John's last illness fresh air treatment was used on the sinking monarch with excellent results, and the good leech in "The Comedy of Errors" must have had the true bedside manner—albeit he was an "irregular"—for upon visiting his patient for the first time he said: "Come, give me your hand and let me feel your pulse." Treatment by mental suggestion had also been thoroughly appreciated by the bard, who had said: "They'll take to suggestion as a cat laps milk." Finally Sir StClair Thomson quoted the famous speech of the melancholy Jaques describing the seven ages of man, and declared that it epitomized the whole gamut of life as truly and conclusively as any medical work full of long scientific phrases.

### MEDICAL SCHOOL OF MCGILL UNIVERSITY.

Dr. S. E. Whitnall, who graduated M.B., B.Ch.Oxon. in 1908, has been appointed professor of anatomy, McGill University, Montreal, in succession to Sir Auckland Geddes, who has been appointed principal, and will, it is understood, take up the duties of that office next year. Dr. Whitnall is university demonstrator of human anatomy

at Oxford, and holds a commission as captain R.A.M.C. Territorial. Dr. John Tait, who graduated M.D.Edin. in 1906 and D.Sc. in 1907, now lecturer on experimental physiology in the University of Edinburgh, has been appointed Drake professor of physiology in McGill. The appointment of Professor Adami to be principal of the University of Liverpool has created a vacancy in the chair of pathology at McGill, so that when the medical school begins its work next session there will be new professors in the three chief subjects of the institutes of medicine.

## England and Wales.

### THE WELSH UNIVERSITY AND THE WELSH NATIONAL MEDICAL SCHOOL.

THOUGH nothing has yet been definitely decided, considerable progress has been made by way of discussion in arranging for the reorganization of the University of Wales. Particular attention has been given to the position of the Welsh National Medical School. The Royal Commission recommended that the School of Medicine should be separated from Cardiff University College and erected into an independent constituent college of the university. The University Court, however, desires to preserve the organic connexion which has hitherto subsisted between the two institutions. Principal Griffiths before laying down his office put out a statement on the future of the medical school, in which he gave an account of its short history. It was opened in 1894; for twenty-three years it has provided instruction in the first three years of medical study and during the last ten years post-graduate tuition for the diploma in public health. In 1906 the University of Wales obtained a supplementary charter authorizing it to confer degrees in medicine, and through the generosity of local benefactors institutes of physiology and public health, with fine laboratories, are being established in Cardiff. The conditions of these benefactions supplied Principal Griffiths with arguments for his conclusion that the medical school should be a part of the Cardiff College, but his argument rests mainly on larger considerations. In the first place he insists that one of the highest functions of a university is to help its students to prepare themselves for social life, and from this point of view the advantage of the mixing of those who are entering upon different professions and paths of life is obvious. Again he observes that the union between medical progress and pure scientific investigation is becoming closer with every succeeding year; to ensure advance research must be founded on this union, and for this the constant intercourse of colleagues is essential.

"Men," he writes, "cannot make real advance in watertight compartments. From my own experience at Cambridge I can testify to the value of such intercourse, and this is likely to be far more intimate when all the members of the staff feel that they are united in one body; that they can claim, not only as a privilege but as a right, the assistance of their colleagues; that, in fact, they are members of one regiment rather than of different armies. All who have had the interest of the medical school at heart have laid emphasis on the importance of its becoming the centre of research. Its proposed severance from our scientific departments, so far from promoting, will be a serious impediment to advance."

It is proposed that the College Council, subject to the supremacy of the University, shall be the chief governing authority of the School of Medicine, but that it shall delegate to the Board of Medicine wide administrative and executive functions and powers. The constitution of the Board of Medicine under this scheme would be almost identical with that proposed by the Royal Commission, but two additional representatives would be given to the University of Wales, and two representatives to the Cardiff and County Public Health Laboratory Committee, owing to the close co-operation of this committee in the work of the department of public health and school of preventive medicine. Provision is also made for the representation of county councils and of women. The faculty of medicine would be represented on the Board of Medicine by three members out of a total of thirty-six, but the council of the University would have four members, and the council of Cardiff College ten; the council of the colleges at Aberystwyth, Bangor, and Swansea would have two each. The faculty of medicine would consist of the professors of

CAPTAIN ROBERT WILLIAM SKINNER MURRAY, R.A.M.C. (S.R.), was reported as having died on service, in the casualty list published on May 23rd. He was educated at Aberdeen University, where he graduated M.B. and Ch.B. in 1912, and also took the D.P.H. in 1913. After serving as house-surgeon of the General Hospital, Tunbridge Wells, he took a commission as lieutenant in the Special Reserve of the R.A.M.C. on November 28th, 1914, and was promoted to captain on May 28th, 1915.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on June 19th, the degree of Doctor of Medicine was conferred upon E. L. Collis.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on June 12th.

*Results of Examinations.*—A report from the Board of Examiners in Anatomy and Physiology for the Fellowship showed that at the recent examination 73 candidates were examined, including 20 admitted under the special war conditions (of whom 15 were successful); and 53 admitted under the advisory conditions (of whom 23 were successful).

Diplomas of Fellowship were granted to 15 candidates found qualified at the recent examination.

*Universities of Allahabad and Malta.*—These were added to the list of universities whose graduates in medicine and surgery may present themselves for examination for the Fellowship without first becoming members of the College.

*Examinations in Dental Surgery.*—On the recommendation of the Board of Examiners in Dental Surgery it was decided to revert to the practice of holding three examinations for the licence in dental surgery in the year in view of the large number of students now in the schools. The first professional examination will be held on October 3rd, 1919; January 29th, April 29th, 1920—and the second on November 7th, 1919; February 27th, May 28th, 1920.

Mr. Jonathan Hutchinson was elected a member of the Board of Examiners in Dental Surgery in the vacancy occasioned by the retirement of Sir Charles Ballance.

### Appointment of Examiners.

The following appointments were made. Anatomy and Physiology for the Fellowship:

**ANATOMY.**—A. R. Thompson, W. Wright, J. E. S. Frazer, G. Taylor.

**PHYSIOLOGY.**—J. B. Leathes, H. W. Lyle, F. A. Bainbridge, A. R. Short.

### Examiners under the Conjoint Examining Board.

**ELEMENTARY BIOLOGY.**—T. W. Shore, J. P. Hill.

**ANATOMY.**—A. Thomson, F. W. Jones, F. G. Parsons.

**PHYSIOLOGY.**—G. A. Buckmaster, H. E. Roaf.

**MIDWIFERY.**—J. S. Fairbairn, G. F. D. Smith, C. Lockyer, G. D. Robinson.

**DIPLOMA IN PUBLIC HEALTH.**—Part I: J. W. H. Eyre. Part II: F. N. K. Menzies.

**DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.**—*Bacteriology* : J. W. H. Eyre. *Diseases and Hygiene of Tropics* : C. W. Daniels.

*Appointment of Lecturers.*—Hunterian Professors: Dr. Arthur Keith, F.R.S., Sir Berkley G. A. Moynihan, K.C.M.G., C.B., Mr. Walter George Spencer, Mr. James Sherren, Mr. Harry Tyrrell Gray, Mr. Rupert Farrant, M.C., Mr. Vincent Zachary Cope, Arris and Gale Lecturers: Dr. Frederic Wood Jones, Professor Grafton Elliot Smith, F.R.S. Sir John Tweedy was asked to give the first Thomas Vicary Lecture, the historical lecture in anatomy and surgery instituted by the Barbers' Company. Professor Arthur Keith, F.R.S., was reappointed Arnott Demonstrator.

*Election of Members of Council.*—The Council wishes to remind Fellows that the election of members of the Council takes place on July 3rd, 1919. Voters by proxy should send in their votes by that date. Votes can be recorded in person at the College between 2.30 and 4.30 on July 3rd.

## Medical News.

DR. W. B. CRAWFORD TREASURE was recently presented with a silver cigar-box and cheque at a meeting of the Cardiff Division of the South Wales and Monmouthshire Branch. The presentation was made in recognition of Dr. Crawford Treasure's long and valuable services to the medical profession at the Representative Meetings of the British Medical Association and as honorary secretary of the Cardiff Local Medical and Panel Committee.

DURING the business of the recent Group Conference at Plymouth, the chairman, Mr. Robert Jaques, claimed the indulgence of the meeting to present to Dr. R. H. Wagner, honorary secretary of the late Local Medical War Committee, a handsome silver salver together with a wristlet watch for his daughter as a token of appreciation of his and Miss Wagner's valuable services to the committee.

IT was stated in the JOURNAL of April 5th that Miss M. M. Gibson had placed in the hands of the Royal Society of Medicine a sum of money sufficient to provide a scholarship of the yearly value of at least £250, in memory of her father, the late Mr. William Gibson of Melbourne, Australia. The scholarship is intended for qualified medical women who are subjects of the British Empire, and is tenable for a period of two years. The first award has been made to Miss M. Esther Harding, M.B., B.S. Lond.

A DANCE in aid of the Royal Medical Benevolent Fund Guild will be held at Princes Galleries on Wednesday, July 16th, at nine p.m. Tickets (one guinea, including supper and bridge) may be obtained from the honorary secretary, Miss Tweedy, 100, Harley Street, W.1.

THE Brussels Medical Graduates' Association proposes to hold a dinner in July; particulars can be obtained from the honorary secretary, Dr. Arthur Haydon, 31, Westbourne Terrace, Hyde Park, W.2.

A COURSE of clinical lectures for advanced students, open free to members of the profession, will be given by Mr. Frank Kidd, F.R.C.S., at the London Hospital, on Wednesdays, at 4.15 p.m., during August, beginning on August 6th. The subject will be intermittent blood infections and their relation to certain common diseases of the kidney, prostate, testicle, and other organs.

A SOCIETY for the destruction of agricultural pests was founded in London on June 25th, with the Duke of Bedford as president and Lord Northcliffe as vice-president. Lord Abercromby, who presided, said that he intended to introduce a bill for the destruction of rats, making it compulsory for local authorities to take action. For the present the chief activities of the new society will, it would appear, be directed against the rat, and this invests the project with medical interest. The rat is not only destructive of cereals, but is a mischievous carrier of disease.

THE Local Government Board for England and Wales has promulgated new cerebro-spinal fever regulations, certain difficulties having arisen under those issued last year. The new order makes regulations enabling county councils and county borough councils to provide or arrange for the examination and treatment of persons suspected to be suffering from cerebro-spinal fever, and of contacts, and to supply serum and vaccine for the treatment of cases, or suspected cases, of the disease, and apparatus for the use of the serum or vaccine. The terms of the order have been extended to include vaccines, as there is reason to believe that subacute and chronic cases have derived benefit from treatment with sensitized vaccine.

A MEDICAL missions exhibition, under the chairmanship of the Bishop of Stepney, will be open until July 5th in the yard and crypt of the church of St. Martin-in-the-Fields, Trafalgar Square. All the missionary societies doing medical work abroad which have London head quarters are co-operating in the effort. The ignorance and superstition which accompany native treatment of the sick among many primitive peoples are effectively illustrated by native instruments and compounds, and there are also on view, in contrast to these, the medical missionary's camp equipment and the interiors of dispensaries and hospitals in the East. There are large models of the Tarn Tarar leper asylum in the Punjab, the Jerusalem hospital of the London Jews' Society, the Ping Ying hospital in China, and the Ludhiana School of Medicine, the last affording visitors an opportunity of studying the modern methods of training Indian women for responsible medical positions.

THE thirteenth annual meeting of the Museums Association will be held at Oxford on July 8th and the two following days. The meetings will be held in the Museums, where all members attending will be welcomed by Sir Herbert Warren, K.C.V.O., president of Magdalen, at 10 a.m., on Tuesday, July 8th. Afterwards an address will be given by the president, Sir H. Howarth, K.C.I.E., F.R.S., and this will be followed by the reading of a series of papers on museums in Oxford. Wednesday morning will be occupied by discussions on the propriety of transferring the control of museums to the education authority, and on various matters of detail. On Thursday Dr. W. Evans Hoyle, curator of the Welsh Museum, Dr. F. A. Bather, of the Natural History Museum, and Mr. Isaac Williams of Cardiff, will open a discussion on the desirability of establishing a diploma for museum curators, and on the course of training that should be required. In the afternoon visits will be paid to local museums and places of historic interest. There will be a dinner on Wednesday evening. Further information can be obtained from the secretary, Miss W. Blackman, Pitt-Rivers Museum, Oxford.