

the instance of diphtheria as that of a noted germ-disease, approximating in character to a specific fever, and contagious, in which the influence of family predisposition can also be distinctly traced. The subject is confessedly a difficult one; but, on this account, all the more, I am anxious not to be misunderstood by your readers in general, as it appears I have been by one correspondent, who is well entitled to a reply.—I am, etc., W. T. GAIRDNER, Glasgow.

LONDON MEDICAL DEGREES.

SIR,—Good service will have been done by Dr. Lees and Mr. Owen—the one by his address, the other by his letter in the JOURNAL of October 11th—if they succeed in calling more prominent attention than heretofore to the great evil of this day and hour, that our students of medicine in London have to go far and wide to obtain a doctor's, or any other degree. That the London University is nothing less than an egregious failure as far as the great majority of students is concerned is, I think, allowed by nearly all; but although, year after year, some writer or speaker in this journal or on that platform arouses a momentary interest in the subject, no steps are ever taken by any collective body of men to bring down the university from its lofty pedestal, and compel it to supply here, in our midst, that want which students elsewhere find so much more readily supplied.

I fear that nothing will ever be done in this direction until we recognise and do away with that which I conceive to be the chief obstacle to any united effort towards reform. I refer to the rivalry which exists between our nine complete schools of medicine in London, and which is a very necessary consequence of their existence. It is utterly impossible that the students themselves can make any successful move towards the supply of this, their just demand and want; and if anything is to be done on their behalf, it must be done by those who are for the time their guardians, to whom their interests are entrusted, the staff and lecturers of the various hospitals and schools. The rivalry, however, between these many institutions, each one of them using all its efforts to obtain more students than its neighbours, places a barrier against that union which is strength, and which ought to be exerted on behalf of a common interest—the good of each and all of the medical students in London.

Our seniors will make no move, for they urge that reform is for those who are more actively engaged than themselves in the work of education; while their juniors are prevented, by various causes, from joining together in one common aim. Some are actively at work at their own schools, and are, perhaps, content with things as they are. Some fear the imputation of disloyalty to their own schools or hospitals, if they venture to suggest that the interests of a part are of less moment than the interests of the whole. Others are restrained by the opposition of those, to be met with at all our schools, who know full well that the merging of their own small seminaries in one larger and grander institution would merely lead to the extinguisher being placed upon themselves; and thus union is impossible, or is never attempted, and things go on as before. Hence there abides the anomaly—which no body of sane men would ever dream of originating *de novo*, were they called upon to-morrow to found a school of medicine in London—the anomaly of a university in, but neither of nor for, London, and of nine separate schools all struggling for students, and all thinking only of themselves.

Can anything be more absurd than the fact that we have, for example, at least nine chairs of surgery in London; here, the lectures being given before a crowded audience, and the lecturer being well paid for his work; there, a course of lectures being delivered in all solemnity to perhaps two rows of benches not quite full, and a miserable pittance being doled out to the lecturer from the hardly gathered school-fees? And as in surgery, so in other things; while, if rightly organised, the large number of students would provide ample means for founding chairs at an university, and remuneration also for those who, freed from professional work, might more largely devote themselves to historical and practical instruction at the hospitals. But this can never be so long as the London University is permitted to occupy a position of isolated splendour, dwelling in a light which no ordinary mortal can approach, and useless for supplying the wants and directing the lives of our students. Here in London is everything at hand: an university for professorial eminence, and teachers in abundance for practical and tutorial work at the hospitals, which, affiliated to one common head, might have each allotted to them a number of students proportionate to their size. This established, and rightly controlled, we should no longer read that, at some schools, "the numbers threaten to be overwhelming;" nor should we any longer hear that, while at one hospital the students can hardly obtain the necessary clinical appointments, at another the appointments can hardly find the men to fill them.

This is neither the time nor the place to elaborate any scheme for the affiliation of our hospitals and schools to the London University; but that University will never be brought, I fear, to occupy its rightful position towards the faculty of medicine until, sinking all minor differences, the teaching professorial staffs of our many schools shall unite for one common purpose, the improvement of the present status of all our London students, and the advancement of their future interests. Differences of opinion there are sure to be on this great question, but I am not alone in believing that our present system is evil, selfish, and absurd, and that it might well give place to something better and grander, and more enduring. To this end we might surely all of us unite; and, if our efforts are successful, all future London students will at least have cause to thank us that we opened up for them the way of becoming graduates of a famous University, with all the associations it can bring, rather than being students of some small and, it may be, insignificant school, which can hardly keep soul and body together, and wastes its little substance in advertisement to sustain what life it has.

That this important subject may be discussed, if you, sir, allow it a place in your columns, entirely on its own merits, and in a spirit which might fail to be impersonal, if I now subscribed my name, is my reason for signing myself, your obedient servant, M. A.

* * Our correspondents on this important subject will be interested by being informed, that the Council of the Metropolitan Counties Branch has, at the instance of the President, Mr. Macnamara, appointed a subcommittee to consider and report on "the steps which should be taken to facilitate the obtaining of degrees in Medicine by London medical students." The members of the Committee are Dr. Bridgwater, Dr. Bristowe, Dr. Carrington, Dr. Sidney Coupland, Dr. Joseph Hunt, Dr. W. M. Ord, Mr. Rivington, and Dr. Gilbert Smith, with Mr. Macnamara, the President, Dr. Walter Dickson, President-elect and Treasurer, and Dr. Henry and Dr. Grigg, the Honorary Secretaries of the Branch.

MINEHEAD AS A HEALTH-RESORT.

SIR,—Some years ago (in 1877), I read a paper before the West Somerset Branch, which was published in the JOURNAL, calling attention to Minehead as a place where the medical profession may find a most suitable residence, or winter-resort, for patients suffering from all kinds of chest-complaints. Since then, I have continued and confirmed the observations of the climatic advantages referred to in the paper; and at the present time, when cholera and quarantine deter people from the winter-resorts on the Continent, it may be a comfort to some invalids to know of a healthy and pleasant locality, suitable for their complaints, in our own country.

Torquay and Bournemouth, and some other wintering-places on the south coast, are already well known. Minehead, on the adjoining western coast, has only recently begun to attract attention, and, as yet, chiefly for its advantages as a pleasant and healthy seaside resort in the summer months. The benefits derived from it as a winter-residence for invalids are already taken advantage of by a few; and I feel assured that the exceptional value of the locality in this respect will soon be widely recognised by the profession. Considering the climatic advantages of a mild and equable temperature, a high barometric pressure, a charming neighbourhood, fresh air both from hills and sea, with less humidity than many a wintering town, Minehead may well be commended as a place of healthy and comfortable existence to those who require to be guarded against climatic changes. The town itself, since I read my paper, has been well drained, and is well supplied with pure water. The townsfolk are anxious to do all they can to provide all necessities and comforts for invalids. We cannot boast of our "winter-garden;" but those who may make Minehead their abode will find that flowers may be picked up by the roadside all through the winter months.

I may add that I have also been much struck by the benefits experienced here by persons suffering from nervous exhaustion—a happy effect which I am inclined to attribute to the steady barometric conditions of this locality.—Yours very truly,

T. CLARK, L. R. C. P., etc.

THE MECHANISM OF DOWNWARD DISPLACEMENT OF THE FRACTURED CLAVICLE.

SIR,—My attention has lately been drawn to the explanation which I gave, at the meeting of the British Medical Association at Belfast (published in the JOURNAL of August 30th), of the mechanism by which the clavicle aids the trapezius in supporting the weight of the arm, and the bearing of this on the displacement which follows fracture of the clavicle. I stated that the clavicle acts as a lever, with its

fulcrum at the sterno-clavicular joint; and that the trapezius, in virtue of the power (advantage) given to it by the lever, is enabled to overcome the weight of the arm; while without the lever, or with the lever broken, it could not do so.

In consequence of a conversation with Dr. Taylor of this city, I have discussed the matter with Professor Tait, and he has kindly pointed out to me the following as a more satisfactory explanation of the action of the mechanism in question.

Instead of considering the clavicle as a lever, acted on by the trapezius, it will be better to analyse the various forces themselves, and to study the directions in which they act, before and after fracture of the clavicle.

In the normal state of affairs, the upper part of the trapezius acts obliquely upon the outer end of the clavicle with a force which might be resolved into other two, considered as sides of a rectangle, of which the line of the trapezius (upper part) is the diagonal. Of these two resolved forces, one component acts perpendicularly to the clavicle, and supports it and the weight of the arm; while the other acts inwards along the clavicle, and is balanced by the "thrust" along the bone. When the clavicle is broken, however, a new arrangement is brought into play. Since the "thrust" from within may now be left out of account, we must look for the outer fragment to be displaced in the line of the resultant of an oblique upward and inward pull (trapezius upper part), and one vertically downwards (weight of the arm). This will be in a direction between the other two, but more inclined towards the greater of them. The final result will depend on the resistance of the soft parts. That the new direction is downwards and inwards, as shown by the displacement of the outer fragment, may be taken as an indication that the upward and inward force does not much preponderate over the downward one.

Of course, it will be understood that the upper part of the trapezius cannot be taken strictly as acting in any one given direction, since the line of each fibre is somewhat different from that of its neighbour; still I think we may reason on the general direction of the upper fibres when taken as acting together.

In rickets, the increased convexity of the middle third of the clavicle looks in a direction, not only forwards, but also upwards, as if the outer third of the bone were bent in a direction similar to that in which the outer fragment is displaced in fracture.

I may mention that I have only lately learned that Dr. Taylor had, some years ago, taught that the mode of action of the clavicle, in supporting the weight of the arm, may be likened to that of the oblique beam of a crane—a view which is essentially similar to the one I have advocated. In this way, the merit of priority belongs to him.—I am, sir, yours faithfully,

CHARLES W. CATHCART.

44, Melville Street, Edinburgh, October 14th, 1884.

MILITARY AND NAVAL MEDICAL SERVICES.

THE Royal Warrant which we announced last week respecting the Army Medical Department, makes no change in the position of the officers of that department. The name only is altered. The very naturally desired prefix "Royal" is still withheld, on what grounds it would be difficult to determine. It is true that the quartermasters of the Army Hospital Corps have been transferred to the "medical staff," but this is also a change of comparatively small importance, and leaves untouched the often stated grievances of the medical officers of the army. We discern, however, a slight gleam of hope. The changes made are all in the direction of unity, and surely the absurdity cannot much longer be maintained of having a practically homogeneous body subject to a dual control, for one portion of the department is now entirely under the orders of the Commander-in-Chief, whilst another portion is partly under the Commander-in-Chief and partly under the civilian authorities at the War Office.

ARMY MEDICAL SERVICE.

SURGEON-MAJOR A. TURNER, M.D., has been granted retired pay with the honorary rank of Brigade-Surgeon. Dr. Turner served in the Ashantee War in 1873-74.

Surgeon H. Davy, M.D., has resigned his commission in the Duke of Cornwall's Rifle Volunteers; he has received the honorary rank of Surgeon-Major, and is permitted to continue to wear the uniform of the corps.

Mr. Howard H. Hunt has been appointed, by the Secretary for War, Assistant Visiting Surgeon for Shorncliffe, under the Contagious Diseases Acts, in the place of Mr. A. R. Davis, who has resigned.

Surgeon-Major J. N. Stock is transferred from Cannanore, where he has been doing duty in the Station Hospital, to be Senior Medical Officer of the Station Hospital, Madras.

Surgeon R. O. Cusack is appointed to do duty at the Station Hospital, Cannanore, from doing duty at the Station Hospital at Secunderabad.

Surgeon-Major J. E. Fannin, on arrival from England, is appointed Senior Medical Officer of the North Station Hospital, Secunderabad.

The undermentioned officers, having completed a tour of foreign service, will proceed to England during the trooping season 1884-85. Brigade-Surgeon P. B. Smith, M.B.; Surgeon-Major C. W. Watling; Surgeon-Major W. J. Wilson, M.D.; Surgeon-Major G. Ashton, M.B.; Surgeon-Major C. White; Surgeon-Major R. Keith, M.D.; Surgeon-Major T. J. P. Holmes, M.B.; Surgeon-Major F. Lyons, M.D.; Surgeon G. B. Hickson; Surgeon J. W. H. Flanagan; and Surgeon J. G. MacNeece. Messrs. Watling, Ashton, and Hickson, have proceeded to Egypt.

INDIAN MEDICAL SERVICE.

SURGEON G. M. J. GILES, M.B., who has been officiating with the 9th Bengal Native Infantry at Peshawur, has been appointed Surgeon-Naturalist to the Indian Government survey steamer *Investigator*.

Brigade-Surgeon A. M. Dallas, of the Bengal Establishment, has been promoted to be Deputy Surgeon-General, in the place of A. J. Payne, M.D., whose period of service has expired. Mr. Dallas does not appear to have seen any war-service.

Surgeon D. F. Barry, M.D., has been appointed to the 4th Goorkha Regiment at Bukloh, *vice* Surgeon-Major G. C. Cheanaye, who is on leave.

The undermentioned officers have been granted furloughs for the periods specified:—Surgeon G. H. Bull, M.D., of the Bombay Establishment, leave to Europe for six months on private affairs; Surgeon W. F. Thomas, of the Madras Establishment, for one year; Surgeon-Major H. J. Hazlett, of the Madras Establishment, for one year and fourteen days.

THE NAVY.

FLEET-SURGEON J. W. S. MEIKLEJOHN, M.D., has been placed on the retired list, with permission to assume the rank and title of Deputy Inspector-General of Hospitals and Fleets.

W. F. Spencer, M.D., R. W. Williams, A. C. Queely, O. B. Browne, M.D., F. R. M. Loftie, and A. H. Kelly, M.D., have been promoted to the rank of Staff-Surgeon in Her Majesty's Fleet.

The following appointments have been made at the Admiralty: R. W. Coppinger, M.D., Staff-Surgeon to the *Nelson*; H. E. Y. Cross, Staff-Surgeon to the *Diamond*; V. Duke, M.B., Staff-Surgeon to the *Vernon*; R. W. Biddulph, M.B., Staff-Surgeon to the *Duncan*; J. L. Smith, M.B., Surgeon to the *Starling*; W. W. Jacobs, Surgeon to the *Asia*; H. G. Strickland, M.B., Surgeon to Plymouth Hospital; G. Y. Dean, M.B., Surgeon to the *Achilles*; J. P. J. Coolican, Surgeon to the *Minotaur*; R. A. Simpson and F. J. Lea, Surgeons to the *Nelson*; E. R. Disney, Surgeon to the *Diamond*; C. Dundee, to be Surgeon and Agent at Whitehead and Hillsport; W. Stewart, M.B., to be Surgeon and Agent at Kirkwall, N.B.; J. W. Wood, to be Surgeon and Agent at Ramsey, Isle of Man.

AMBULANCE LECTURES.

STR.—I have been asked to lecture to an ambulance-class. Could you recommend any book which would contain, in a succinct form, the necessary information which it is usual to give?—I am, etc.,

RUSTROUS.

** We have received several queries on this subject lately, and therefore answer this in full.

If our correspondent will look over the following syllabus, that of the St. John Ambulance Association lectures, he will see at once that the course is very simple, and for a medical man scarcely any book needs to be commended.

SYLLABUS OF INSTRUCTION.

First Lecture.—A. Preliminary remarks, object of instruction, etc. B. A general outline of the structure and functions of the human body, including a brief description of the bones, muscles, arteries, and veins. The functions of the circulation, respiration, and of the nervous system. C. The triangular bandage and its application.

Second Lecture.—A. The general direction of the main arteries, indicating the