

Scotland.

THE SCOTTISH UNIVERSITY CONSTITUENCY.

At a meeting of the Labour Representative Committee of the Scottish Universities in Glasgow on August 17th, at which graduates belonging to the professions of medicine, teaching, the ministry, law, and engineering, were present, Dr. Peter Macdonald and Dr. James Dunlop were chosen as candidates for the parliamentary representation of the Scottish Universities. Dr. Peter Macdonald, whose first medical degree at Aberdeen was taken in 1894, is surgeon to the ear, nose, and throat department of the York County Hospital. He is at present one of the vice-presidents of the Panel Médico-Political Union. Dr. James Dunlop, who graduated M.B., Ch.B. in 1910, practises at Shettleston, an eastern suburb of Glasgow. Colonel W. R. Smith, who is a graduate of Aberdeen University, and has recently been elected a sheriff of the City of London, has also been invited to become a candidate; it was announced some time ago that Sir John Collie had been invited to become a Liberal candidate for the Scottish Universities, and other names also have been mentioned. The sitting members are Sir Watson Cheyne (Edinburgh and St. Andrews) and Sir Henry Craik (Glasgow and Aberdeen). Although we have seen no definite statement on the subject, we understand that both are prepared to stand again.

STERILIZATION OF MEAT FROM TUBERCULOUS ANIMALS.

It appears that by direction of Mr. Trotter, the chief veterinary meat inspector, a quantity of tuberculous meat has been put into cold storage in Glasgow. The storage appears to have been connected with an attempt to introduce into the city a system of sterilizing meat condemned as tuberculous. The Health Committee, after two discussions, has referred the matter to the subcommittee on meat and fish inspection to investigate and report. The sale of sterilized meat from tuberculous animals has long been permitted in Berlin and, we believe, in other German cities.

Canada.

CONTROL OF VENEREAL DISEASES.

This year the Canadian Medical Association, the Ontario Medical Association, the Canadian Association for the Prevention of Tuberculosis, and the Ontario Health Officers' Association, met at the same time at Hamilton, on Lake Ontario.

The first two days of the medical week were devoted to meetings of the Canadian Public Health Association and the Ontario Health Officers' Association. The opening ceremony was performed by the Duke of Devonshire, the Governor-General. The principal questions under discussion were the control of venereal diseases and the conservation of child life. Lieut.-Colonel John W. S. McCullough, Chief Health Officer for the Province of Ontario, gave an account of the Act recently passed by the Legislature of Ontario. It provides that any person under arrest may, if thought necessary by the health officer, be examined to discover if he is suffering from venereal disease, and, if so, detained and treated. Medical officers in charge of places of detention are required to report cases within twenty-four hours. Medical officers of health may also require examination and treatment of persons they know to be suffering from venereal disease, and provision is made for the right of entry in the daytime by the health officer or his deputy to premises for the purpose of examining persons known to be so infected. It is provided that action against a physician making examination or reports with regard to such cases can be brought only with the consent of the Board of Health. It is provided also that hospitals receiving Government aid shall arrange for the treatment of cases of venereal disease, and that the necessary remedies and equipment for treatment shall be supplied free to hospitals. Heavy penalties are imposed on any persons other than qualified physicians who attend or treat venereally infected persons, on those who advertise remedies, and on those found guilty of infecting others.

The presidential address of the Canadian Medical Association was given to a combined general session of all the associations by Dr. H. Beaumont Small of Ottawa. In it Dr. Small made reference to the spirit of amicable co-operation manifested both before and at the congress, and expressed the hope that on account of the scientific programme presented the departure would commend itself to the profession, and that the precedent established of one medical congress instead of several medical meetings would occasionally be followed.

We learn that an Act is now in force in Saskatchewan which provides that all cases of syphilis, gonorrhoea, or chancroid shall be reported by the physician in attendance to the Commissioner of Health. The physician is required to furnish particulars as to the age of the patient, his occupation, marital relations, and probable source of infection. Such information will not be made accessible to the general public, and the name of the patient will not be given unless he fails to return for treatment for thirty days, in which case his name and address must be reported to the Health Commissioner, who is authorized to take the necessary steps to ensure that such patient receives adequate treatment. Provision has been made for the treatment of patients suffering from these diseases and for the carrying out of the Wassermann test at the new pathological laboratory at the Regina General Hospital and at the chemical laboratory of the University of Saskatchewan at Saskatoon. An educational campaign throughout the province has been begun to awaken the public to the dangers from these diseases.

Correspondence.

THE LABOUR PARTY AND THE MEDICAL PROFESSION.

SIR,—It is gratifying to read Mr. Sidney Webb's admirable letter, and not only to be assured that the Labour party is not in favour of a State medical service, but also to observe how closely he, as spokesman for his party on this occasion, is in agreement with the scheme approved by the Council of the Association, and set out in the pamphlet under the title of *A Ministry of Health*. It is unfortunate that there are a number of members of the Labour party, both medical and lay, who do not agree with us, but it is clear that we may now look for help from representatives of all the political parties in achieving the main objects to which we have set our hands in this matter.

There are three main points as to which I should like to compare Mr. Webb's statements with those set out by the Council. Mr. Webb does not favour a "State army of salaried clinicians operating, like the R.A.M.C., from a central head quarters and working in conjunction with an array of State hospitals and sanatoriums administered, like the pensions, by a Government department at Whitehall." We entirely agree, of course, but I should like to assure Mr. Webb that we are equally opposed to the establishment of such a "State army of salaried clinicians," even though its divisions or regiments may be administered by local councils. It is the whole-time salaried clinical service, whether centrally administered or otherwise, that we believe to be not good for the profession and bad for the public. I hope Mr. Webb agrees.

The three local bodies administering health services are: the Poor Law guardians, the Insurance Committee, and the Municipality or County Council (including the Education Committee). Mr. Webb, we know, is foremost among those who advocate the abolition of the first of these, and the handing over of its medical functions to others. Again we entirely agree, and as the Poor Law administration seems to be the chief obstacle to immediate progress, it is important that all those who take this view should unite their efforts to remove it. But with regard to the second and third, Mr. Webb seems to contemplate their continued separate existence and development, mitigated by an attempt to co-ordinate their work so that they may aid one another. Our scheme, on the contrary, aims at their complete unification, and attempts, in unifying them, to preserve the best features of both. Perhaps Mr. Webb might agree that the latter plan is better than the former, but prefers co-ordination to unification as being easier of accomplishment. If this be so, I suggest that where both

plans are difficult it is as well to aim at the complete one, and I plead for his help and that of his party.

Mr. Webb frankly recognizes the need for "the full and cordial co-operation of the independent medical practitioner," and states that the Labour party are basing their scheme on "a more effective representation in the counsels of the nation of the medical profession itself; meaning by this the opinion of the general practitioner even more than that of the consultant, the official expert, or the professor of the medical college." Again we entirely agree, and our scheme attempts to secure this in three ways—(1) by a completely independent department for medical research and statistics; (2) by "an Advisory Medical Council attached to the Ministry of Health without executive powers, but authorized to report to the public, uncensored by the Government, upon anything done or undone in the realm of public health"; (3) by a local medical committee elected by all members of the profession in each area exercising locally powers similar to those which the Advisory Council exercises centrally. Mr. Webb does not refer to the first of these, but there is no reason to suppose that it is objected to. The other two, of vital importance to the profession, he somewhat emphatically adopts. The second I have described in his own words; the third he implies is a suggestion of his party's, going beyond our own, but I invite his attention to the fact that it is set out quite clearly in our scheme, and that we are in agreement as to its value and importance.

Where so much that is basic is agreed upon we need not despair of carrying Mr. Webb and the Labour party with us the whole way, and so securing among all political parties a general agreement that will be sufficient to overcome the smaller interests and jealousies that are bound to be in opposition.—I am, etc.,

London, N., Aug. 18th.

HENRY B. BRACKENBURY.

SIR,—Mr. Sidney Webb's letter in the *BRITISH MEDICAL JOURNAL* of August 17th should prove of great interest, whatever the political views we hold. Mr. Webb voices, if he does not dictate, the ideals in health measures of an important section of what is called "Labour." From his letter it appears that most of us have hitherto misunderstood these ideals. And he desires a "more effective representation in the counsels of the nation of the medical profession itself." In fact, Mr. Webb would concede to the doctor an extremely important position in the State.

Without discussing in detail the aims stated by Mr. Webb, I would like to indicate briefly the specific matters which, in my opinion, need consideration forthwith by all those who are interested in "reconstruction" so far as it affects the medical profession, whether they are members of the lay community, or of the medical profession, or of the State services. It seems to me that without due consideration and right decision on these matters no sound foundations for a Ministry of Health can be laid. First, there is the better education of the medical man, whether as a student or when qualified. With regard to the education of the student, there is much food for thought in Sir George Newman's *Notes on Medical Education in England*. For the continued education of the qualified practitioner—an even more difficult matter—it is worth considering how far a closer linking up of the general practitioner and the consultant or specialist can be effected. Such linking might lead to better continuity of treatment and to a physiological division of labour, as well as having an educational value for all concerned. In order not to interfere with the student-teaching functions of the larger hospitals, use should be made of such institutions as special hospitals, Poor Law infirmaries, and fever hospitals, which might be thrown open to the general practitioner.

Secondly, so far as the industrial population is concerned, more time would seem to be required for diagnosis and treatment. This may mean that a larger number of entrants to the profession of medicine is needed; and if so, the nature of greater inducements which should be held out, and their development, must be considered.

Thirdly, methods of providing greater facilities for special methods of investigation in the treatment and diagnosis of disease must be found.

Finally, on these foundations it may be possible to build a Ministry of Health from which real benefit might accrue. As to the form which that Ministry should assume opinions still seem divided. May it not be possible that greater

results will be obtained from a super-department engaged in scientific research into the principles upon which public health should be based, rather than from a conglomeration of the present departments concerned with public health engaged in attempting to administer an unwieldy machine?—I am, etc.,

London, W., Aug. 20th.

CHARLES BUTTAR.

VANGHETTI'S OPERATION.

SIR,—My attention has been drawn to a letter in your issue of August 3rd signed by Colonel Openshaw and Colonel Lynn Thomas. I wish to state that the operation which they criticize was only performed after the case had been seen in consultation according to the invariable rule of the hospital. And, in fact, it was at the express wish of the surgeon in charge that I did the amputation.—I am, etc.,

London, W., Aug. 14th.

ERIC PEARCE GOULD.

THE MENINGOCOCCUS OF WEICHSSELBAUM.

SIR,—The article by Dr. Edward C. Hort in the *BRITISH MEDICAL JOURNAL* of September 22nd, 1917, on the Meningococcus of Weichselbaum is somewhat difficult to understand, but the main point seems to be that Meningococcus is regarded as the spore of an ascomycetous fungus. Further, the "filterable meningococcal virus" of an earlier paper of the author "probably represents a stage in the life-cycle of the ascomycetic organism." I cannot claim anything but a superficial acquaintance with Meningococcus, and do not wish to criticize Dr. Hort's statements on the genus as such; but, particularly in view of the exploded theories of many early nineteenth century biologists—such, for example, as that of Béchamp, who, about 1870, held that certain bacteria were capable of transforming into yeasts, and of the well-known pleomorphic extravagances of a few years earlier, when Hallier and his school placed *Mucor*, *Empusa*, *Saprolegnia*, and *Saccharomyces* in the same life-cycle—it is essential that we should have the strongest possible scientific evidence before regarding a diplococcus and a filterable virus as stages in the life-history of an Ascomycete.

It is on the mycological side that I would wish to point out certain criteria which are necessary before the organism described in the paper can be regarded as an Ascomycete. (There is little or no evidence given that it is even a fungus.)

The organism is described and drawn as spherical, with the power of budding. Within the body endospores are formed varying in number from two to eight, and, judging from the figures, the number of spores in the same ascus increases with age—for example, from three to eight in Culture 3. These endospores the author regards as the meningococcus of Weichselbaum.

To make clear to those who profess no knowledge of mycology the criticisms I have to offer, it may be well to emphasize the essential characters of an ascus, the organ which gives its name to one of the main groups of fungi.

An ascus is a sac containing, in the vast majority of cases, eight spores. It is generally subglobose in the lower forms such as *Endomyces*, *Eurotium*, etc., and club-shaped in the more evolved forms such as the ordinary cup fungi (*Discomycetes*). The spores arise by free-cell formation. There is a single nucleus in the ascus at its origin which, in those genera possessing ascogenous hyphae, arises from the fusion of two nuclei in the penultimate cell which gives rise to the ascus. The nucleus divides; a second and third division follow, and thus eight nuclei are formed. Part of the protoplasm accumulates around each of the nuclei, and these portions are delimited by a spore wall which is usually formed by astral rays from the nucleus. The remainder of the protoplasm (periplasm) is gradually absorbed by the growing spores. Although eight is the almost invariable number of spores in the ascus, variations occur. In some cases certain of the nuclei degenerate, and one, two, or four spores result, as the case may be; or further divisions of the original eight nuclei may take place (*Rhyparobius* spp.), and 16, 32, 64, etc., spores be formed; or, very rarely, the spores may bud inside the ascus (*Exoascaceae*). Yeasts are Ascomycetes, but the number of spores contained in the ascus is variable, ranging from one to twelve. In the most variable species—as, for example, those used in industry—the number, however, shows a certain fixity: thus *Saccharomyces cerevisiae*, in which the number of spores varies from one to five, has most frequently four. In *Phycomycetes*—for example, *Mucor*—the sporangium, which likewise contains internal spores though almost without exception indefinite in number, is multinucleate from its inception, and the spores are formed by the segmentation of the protoplasm, none of which remains over as periplasm.