

out that the time is opportune for the general body of the profession to give some expression of opinion, probably best through the Branches of the British Medical Association. The non-medical members of the Senate of the University may well be bewildered by the conflicting opinions of the teachers; a clear expression of opinion from the profession at large would surely have much weight with them, and ultimately with the Privy Council.

In conclusion, I would observe that it seems to many of us that the officials of the Royal Colleges are making a great mistake in attempting to keep the various steps in the negotiation secret. It may be that observations made or decisions taken during the transaction of private business or the discussion of questions of discipline ought to be regarded as confidential; but when the subject under discussion is one of general public importance the case is altered; it is not in accordance with the custom of similar bodies to regard deliberations on a subject of this character as confidential. Moreover, when we find the *secreta collegii* of to-day broadly outlined in an evening paper of to-morrow, the system of secrecy becomes a little ridiculous, and is almost an insult to the intelligence of the rank and file of the profession.—I am, etc.,

NOT A FELLOW.

SIR,—On referring to the report of the Royal Commissioners, I find it stated that "a large and important part" of the evidence "relates to the position and wants of the medical faculty and its schools in London," and the Commission was satisfied "that a great demand exists for medical degrees attainable in London more easily than at present, and that it may be desirable to provide for that want in some proper way." This decision of the Royal Commission, together with the other matter contained in their report, substantiate the correctness of the conclusions arrived at by the Metropolitan Branch of the British Medical Association in January, 1885, which were that there was a strong feeling throughout the profession that it should be within the power of all well-educated medical students to obtain a degree in medicine, which degree, while implying such general and scientific culture as befits men of education, should mainly indicate the possession of a good knowledge of the theory and practice of medicine and the sciences which are specially related thereto; that in Scotland and in Ireland, and in certain parts of England, all industrious and intelligent students educated at schools of medicine can obtain degrees at local universities, but in the metropolis the great bulk of London medical students are debarred from seeking, or obtaining, medical degrees, largely in consequence of the regulations enforced by the University of London with reference to the matriculation and the Preliminary Examination in science.

The Association urged, by petition and through conferences with the Senate of the University, that it should adapt its requirements to those of the medical profession of England, and, as a means to this end, proposed an alteration in the constitution of the Senate and the formation of boards of studies, the object being to obtain, on the governing body of the University, representatives acquainted with the existing feeling and standard of teaching in our medical schools. It was strongly urged that the Matriculation Examination should be modified, so as to cover such a range of knowledge as might reasonably be expected from boys on leaving any of our public schools, without compelling them to resort to the most objectionable system of cramming. And further, that the severity of the Preliminary Scientific examination might be considerably diminished.

The recommendations of the Association therefore anticipated those of the Royal Commissioners, who observe: "We also think that the University should have power to dispense with the Preliminary Scientific examination now required from candidates for medical degrees in favour of candidates who have passed the examinations of the Royal Colleges of Physicians and Surgeons in London, if satisfied that the examinations so passed are sufficient test of such competency in scientific subjects as it is the object of the Preliminary Examination to secure."

The Senate of the University of London, in their scheme for the reorganisation of the University forwarded to the Royal College of Physicians, proposed that the views expressed by the Commissioners on the subject of the Preliminary Examination, should form the basis on which the negotiations upon this matter were to be

conducted. The delegates of the Fellows of the College of Physicians, however, seem to have raised a new issue, passing by the the real impediment to London students obtaining degrees, that is, the preliminary examinations; the College proposes to leave these as they are at present, but require their final examination to be accepted by the University in lieu of other tests in medicine. No one has complained of the final examination of the College of Physicians or of the University of London; on the contrary, they are both excellent so far as they go. It is of the matriculation and the preliminary examinations and the curriculum they involve that the profession have to complain, and their views on this matter seem to be confirmed by the decision of a Royal Commission. Supposing the College and the University were to amalgamate for examination purposes in medicine, it is possible that should the interests of the College thus become prejudiced, their representatives on the Board of Examiners might place an insuperable obstacle in the way of well-educated London medical students obtaining a degree, by raising the standard of the examinations to a point unattainable by young and comparatively inexperienced medical men. So that with the matriculation and the Preliminary Scientific examinations still in the hands of the Professors in Arts and Science, and possibly an additional obstacle in the final examinations, is it likely that the objects proposed by the Royal Commission for London medical students will be attained? The interests of medicine and the College would, so far as examinations go, appear to have been safe-guarded in the plan proposed by the University and the Royal Commission, which provides for a Board of ten members whose duty it shall be to nominate the examiners for the University in medicine, science, law, and so on. One of the members of this Board is to be chosen by the College of Physicians, consequently physicians approved by the College could alone be elected into the University Board of Examiners in medicine. Further, if the proposal of the College were conceded by the Senate of the University, the Society of Apothecaries and the members of other medical corporations throughout the United Kingdom would claim similar privileges.

The Commission rightly observe that they consider the charter by which the proposed changes in the Senate are to be effected "should come into operation on an early day;" it is now close on a year since the Commission issued their report, and it is to be feared that this most desirable end will be indefinitely postponed, for, whatever the action of the Senate may be with reference to its reorganisation, it cannot be supposed that the Government or the profession, with the report of the Royal Commission before them, can sanction a new charter for the University on the lines above indicated. It would probably be wise, in existing circumstances, if the College of Physicians and the University were to acknowledge at once the almost insuperable difficulties in their way to arrive at a satisfactory conclusion on this subject; there should be room for them both to pursue their respective spheres of action without interfering with one another. They are bound to consider the interests of the corporations, but they have a still more important function, which is to advance the status and knowledge possessed by the rising generation of medical practitioners in this country.—I am, etc.,

N. C. MACNAMARA.

#### VACCINATION CERTIFICATES.

SIR,—The present form of vaccination certificate is open to improvement. The bare statement that the operation has been "successful" is certainly insufficient, since it makes no distinction between four or five well developed vesicles and one scarcely deserving the name, although the protection afforded by such vaccination is very different. It not only permits of what are practically failures passing as successes to the serious discredit of vaccination itself, but it enables unscrupulous medical men to yield to the prejudices of parents, and without detection to give a warranty of protection, the hollowness of which is not discovered until too late.

The reports of the Statistical Committee of the Metropolitan Asylums Board exhibit in a very striking manner the relative mortality from small-pox among the vaccinated under each of the classes into which they are divided according to the number, foveation, and aggregate area of the cicatrices. To foveation I am not inclined to attach much value, since its perfection depends on the undisturbed progress of healing, and the experiment of Dr. Cory on vaccination of a superfluous finger, its amputation on the fourth day, with further vaccination of the arm when the latter vesicles were at their full development on their fourth day,

that is, the eighth from the primary operation, proves that the actual removal, and, *a fortiori*, mere damage to a vesicle does not impair the constitutional effect, and consequently protective power, of the vaccination.

Again, the area cannot be properly estimated on the eighth or day of inspection—indeed, not until the scabs have separated and the cicatricial tissue contracted, but it would be easy to require that the vaccinator should state the number of insertions and of successful vesicles by introducing a few more words into the certificate, thus:—"I hereby certify, etc., in \_\_\_\_\_ places, of which \_\_\_\_\_ have been successful," and it might be added that if not more than two vesicles were raised, the child should be presented for revaccination at the expiration of one year. Such imperfect success would confer a reasonable protection for that period, though the efficacy would rapidly lessen in course of time, leaving the child practically unprotected after the lapse of a few years.—I am, etc.,  
D.P.H.

#### THE ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

SIR,—Will you allow me to direct the attention of your readers to the advertisement of the Biennial Festival of the Royal Medical Benevolent College, on April 17th? Sir James Paget has consented to take the chair, in the hope of aiding the fund for the support of the pensioners and foundationers of the college. The Council have each year to find not less than £4,000, to support 50 pensioners and to clothe, feed, and educate 50 foundation scholars. Towards this amount they have but a certain income of £600 a year. Can there be any cause more directly appealing to the medical profession, and through them to the public, than soothing the declining years of the aged and giving a sound and thorough education to the young? We ask for no money help for the school generally apart from the foundation. It is doing good work, which is steadily bearing fruit. The numbers are rising, but at present there is accommodation for more pupils.

It is with no little pride that we can point at this moment to as many as six Epsomians upon the teaching staff of our great metropolitan hospitals. This will sufficiently stamp the excellence of our scientific teaching. We offer immense benefits to the sons of medical men, but we do away with the evils of a class school by the admixture of the sons of laymen—sons of parents outside the medical profession. Each boy is under the special care of a house master, who is in close relation to him at all times, and he receives an education which will fit him in due course to go direct from the school to Oxford or Cambridge, to the London hospitals, or to enter the army or to go into a merchant's office.

It is the desire of the Council to extend the usefulness of the school and to increase the benefits it confers by attracting a larger number of pupils. They now appeal with confidence to the members of the medical profession for funds to carry on the benevolent side of their great work.—I am, etc.,  
C. HOLMAN,

Reigate, March 31st. Treasurer of Epsom College.

#### MEDICAL INSTRUCTION AT FEVER AND SMALL-POX HOSPITALS.

SIR,—From a communication which appears in the JOURNAL of March 20th, upon the above subject from a Medical Officer of Health, it might be inferred that the infectious hospitals under the control of the Metropolitan Asylums Board are still legally unavailable for purposes of medical instruction. So far from this being the case I would point out that by section iv. of the Poor Law Act, 1889, the "Managers may if they think fit allow the asylums provided by them for fever, small-pox, and diphtheria to be used for purposes of medical instruction, subject to any rules and regulations which the Local Government Board may from time to time make."

Acting under these powers the managers are now considering in general purposes committee the necessary regulations.—I am, etc.,  
AUGUSTUS C. SCOVELL.

London, March 29th.

#### TORONTO UNIVERSITY LIBRARY RESTORATION.

SIR,—If my recollection from two visits to the University of Toronto serves me correctly, its library, which has recently been destroyed by fire, included a valuable collection of medical and surgical works. There fare many authors and possessors of duplicate copies of such works in this country who have only to be reminded of the severe loss the colonial university has sus-

tained to desire to be included in the list of donors to the new library.

I have no doubt that the Honorary Secretary to the Toronto University Library Restoration, 13, King's Bench Walk, Temple, will take charge of and acknowledge any donation that may be sent to him.—I am, etc.,  
REGINALD HARRISON.  
Lower Berkeley Street, W.

## NAVAL AND MILITARY MEDICAL SERVICES.

### "THE MEDICAL SERVICE IN MODERN WAR."

A CORRESPONDENT sends us the following remarks upon the lecture on the above subject by Surgeon-General Marston, C.B., before the Royal United Service Institution:

On reading over Dr. Marston's lecture, it seems to me he goes too little into detail to excite much discussion, yet there are some points I think should have been more criticised by those present when it was delivered. He says: "It has almost come to be an article of popular faith, if not of popular conviction, that you can by a very limited training convert an intelligent but uneducated individual into an expert and skilful dresser of wounds;" and further on, "that you can teach any number of men at once as a drill what must virtually be acquired as the result of personal experience." I may be wrong, but this seems to cast doubt on the possibility or utility of teaching any but the specially educated first aid to wounded, or bearer or ambulance drill; and indirectly, therefore, on the reliability of our Army and Volunteer Medical Staff Corps for the discharge of their important duties. I do not share these doubts, having had ample opportunities of judging of the capacity of our Medical Staff Corps for learning, and also for putting into practice in the field what they had been taught. They are not expected to discharge the duties of highly-trained medical officers, but to arrest hemorrhage and adjust such appliances as will enable the wounded to be conveyed to the medical officer with a minimum of risk and suffering; this I have had ocular demonstration they can do in a most satisfactory manner.

In a further paragraph the lecturer appears to advocate that field hospitals should be pushed more to the front than at present. I cannot agree with him, and for the reason he says elsewhere, that it is a great object to get the disabled to the rear as speedily as possible, so as not to encumber the front. The bearer companies should always be in full touch of the fighting line; but the hospitals should not, I think, be advanced, especially in war with semi-savage people, who in the event of a reverse would not respect the Geneva flag. The lecturer talks of an army corps of 30,000 men in India wanting 30,000 "defenceless followers" to accompany it. A large number of these will be dhoolie bearers, and I maintain very many could be dispensed with. In the past, when there were no roads in India, dhoolies were a necessary mode of conveyance, but not so now in many cases. I recollect, in 1881, a large convoy of sick being sent from Kandahar almost wholly in dhoolies, when there was a very fair road for spring-wheeled carriage. I have seen dhoolies employed as the only sick transport along the Grand Trunk Road—the finest road in the world. In my opinion spring-wheeled sick carriage is not utilised in India as it might and ought to be nowadays; there are few places where it could not follow field guns. It would cut down the host of followers, of which Dr. Marston complains. We took with us in the Zulu and the Secoceni expeditions in South Africa, in 1879, Woolwich ambulance and pharmacy and surgery waggons; and in 1881 Hawke's feeder ambulances went as far as Maivand from Kandahar, and I witnessed their ability to get over bad ground. But why should the 30,000 camp followers be quite "defenceless?" Only the other day I listened to a most interesting discussion in the United Service Institution on naval affairs, and one of the points insisted on was that all so-called non-combatants on board ship should be taught to handle a pistol, cutlass, and rifle. Why should not the same be done with a large portion of these followers? It could certainly be done with the native army hospital corps. The men of the Medical Staff Corps have on more than one occasion had to act as guard and escort when in an enemy's country. I heartily agree with Dr. Marston in his strictures on the want of field hospitals and bearer companies organised and working as distinct units at any of our stations. I know that when fly columns were sent out from Aldershot fully equipped as for field service, the medical was the only branch not furnished with a properly equipped and manned unit. This is grievously unfair. How can defects be found out without trial? I further certainly agree that if in the new Queen's Regulations the principal medical officer of an army in the field is to be omitted from the list of officers on the general's staff, a very grave mistake will be committed. I do not envy the responsibility which the general who dispenses with the advice of his principal medical officer recklessly takes upon his shoulders. It is another attempt to make the medical department a mere civil body in the army.

### REDRESS OF GRIEVANCES.

CANTAR writes: Will you allow me to suggest further considerations as to the methods which should be adopted for redress of grievances in a dignified and constitutional manner.

Is it certain that the attempt to close the schools, as in 1878-79, would now succeed? Competition in civil life is now more severe than then. To inferior men the solid advantages of the service will be likely to outweigh the more sentimental, though real enough, grievances. The entrance of this class will tend to further humiliate the service and the profession, and foster the class prejudices against medical men.

Let us in future concentrate our efforts on three points: First, rank pure and simple; secondly, the formation of a corps on the model of the Royal Engineers; thirdly, treatment as combatants in the matter of sick leave. Let us take our stand on the higher ground of "sentiment," and drop the smaller items that tend to obscure the main question. Let us bring Parliamentary influence to work, and if possible enlist the advocacy of the lay press. Let us work on, assured that our claims are not merely just, but necessary for the good of the army and the country, and the elevation of our liberal profession in the body politic.