

## THE LENGTH OF THE CURRICULUM.

SIR,—Those of us who have watched the proceedings of the General Medical Council during the past few sessions have seen that the *impasse* between that august body and the Royal Colleges of England has been gradually but inevitably developing.

The position of the average medical student in the Seventies and Eighties was that any knowledge of science he might acquire had to be obtained during his four years curriculum. The increase of that period from four to five years still left the acquisition of science within the period of the curriculum, the extension being intended to provide for a further period of clinical instruction, either in some institution or in private practice.

Now that scientific education is more generally prevalent, and more readily obtainable, the standard of the medical student's science has been raised, and places other than a medical school or a university have become available for that instruction.

The real question now seems to be, shall the first of the nominal five years be devoted to science in any suitable institution where the teaching, etc., is adequate—or shall a year's science be demanded before the five years curriculum commences?

Arguing from the conditions that existed before 1886 the former four years course included what was then necessary in science, and therefore the present five years course should include whatever is now considered necessary. But it is unquestionably desirable that the year's science should be taken before a five years purely medical course, which means a six years scientific and clinical course—with another year, making seven, if a D.P.H. be desired.—I am, etc.,

THOMAS CARR, M.D.Durh., M.R.C.S.Eng., D.P.H.Camb.  
Blackpool, June 17th.

## DEFECTIVE VACCINATION.

SIR,—May I point out to "Tolerans," who states in the BRITISH MEDICAL JOURNAL of June 15th that one insertion is as good as four, because after one vesicle has taken successfully a further vaccination will have no effect, that he has not quite clinched the argument as he appears to think? The fact is as he states it, but the inference, or rather result, quite different. That a temporary protection is afforded is undoubted, but it is quite temporary, and if he follows his cases up he will find as I have done, that after the lapse of five years or less that his "vaccinated in one place" cases are susceptible of revaccination, and therefore presumably of small-pox; whilst those who have been well vaccinated in four places are protected for a much longer period, probably for life. He will find an illustration also of even a shorter kind of protection if his experience has been extensive. It sometimes happens that in using lymph almost, but not quite, inert no result is obtained, and that even when active lymph is used the following week the result is again unsuccessful, and this may happen even to the extent of three or four operations. After the lapse of a month or two, however, it will be found that the child can be successfully vaccinated; a lymph which is too weak to cause a vesicle may nevertheless produce a temporary protection from the influence of even active vaccine. It is not realised by every medical man that the use of vaccine is identical with the use of antidiphtherial serum and the like, and that the dose is of considerable importance. A reference to the work of Pasteur in the last number of the *Quarterly Review* might do something to enlighten "Tolerans" and others as to the necessity of vaccination in four places.—I am, etc.,

Leigh, Lancashire, June 15th.

B. JONES, M.D.

## THE CHELTENHAM MEETING AND ACADEMIC COSTUME.

SIR,—I notice that in the preliminary programme of the above meeting published in the BRITISH MEDICAL JOURNAL of June 8th, it is stated that at the service to be held at St. Matthew's Church the Mayor and Corporation will attend in their robes of office, and the hope is expressed "that a large number of members will return the compliment by attending in their academical dress." The suggestion is a good one, and if the idea were largely carried out it would lend interest and picturesqueness to the proceedings. But why con-

fine it to this one occasion? I think few would trouble to take their academic gown and hood in addition to all the other changes required if it is only to be used once.

It has always struck me that the amount of impedimenta required for the three or four days, if one attends all the functions, is very large, especially as so many take their wives. Dress suits, morning dress of different kinds, tennis and cricket dress in some cases, have to be taken, and if academic dress is also expected it should be as an alternative to something else. My suggestion is that at the evening entertainments uniform or academical costume should be optional in place of the sombre, waiter-like evening dress. I am sure many (who never attend the dinner) would be pleased to take gown and hood as an alternative to their dress suit, but they will not take both. In that case one would at least be spared the amusing indignity of being asked by a fellow member to bring him a cup of coffee.

But if the change is to be successful and largely adopted "as a compliment to the Mayor and Corporation," as is suggested, it ought to be taken up and carried out more systematically by the Entertainment Committee, and some notice to this effect should be given beforehand in the JOURNAL and also on the invitation cards.

In this city, at the civic entertainments, this custom is often adopted; and the words "uniform or academic costume" on the invitation cards are sufficient indication.

I should like to hear the views of some other members, and also of some of the Entertainment Committee, on the subject, as I am sure, unless it is taken up by the latter, casual suggestion in the JOURNAL of June 8th will not be attended by much success, especially as it is limited to one occasion only.—I am, etc.,

Manchester, June 8th.

MEMBER.

## SUMMER ATTIRE.

SIR,—When during a recent visit to friends in Cheltenham I happened to mention that the annual meeting of the Association was to be held there this year, a young lady exclaimed, "Oh, what fun it will be to see all the doctors in their top hats." Now whatever may have been the point in this remark, it is a fact that in Cheltenham, as well, I suppose, as in other fashionable towns, top hats are mostly worn by cabmen, while linendrapers' assistants are the most frequent wearers of frock coats, and as most of those who will attend the meeting make more or less of a holiday of it, might we not agree beforehand to disport ourselves in holiday attire, and, in fact, dress like other gentlemen in the place, with the resulting comfort to ourselves?

It has been proposed to hold a meeting at sea—well, I followed the sea as a profession in early life, getting wrecked and all sorts of thing, and in the name of Neptune would beg that no top hats be taken on board ship.—I am, etc.,

June 23rd.

M.D.D.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

SIR,—Will you be good enough to allow space in your columns for the enclosed copy of a letter which has been handed to me as Honorary Secretary of the Birmingham and Midland Counties Branch?—I am, etc.,

Birmingham, June 25th.

J. T. J. MORRISON.

Dear Dr. Saundby.—As I understood that some of the Birmingham doctors, doubtless under a misapprehension, have been meeting Dr. Martin, the Medical Aid Association officer of Kidderminster, in consultation, I would ask you to point out to the members of the Birmingham Branch that it is Dr. Martin of Stourport, not Dr. Martin of Kidderminster, from whom the disabilities have been removed.—Yours sincerely,

O. C. PENRHYS-EVANS,  
Hon. Sec. Kidderminster Medical Society.

## LONDON DIPLOMATES AND THE TITLE OF "DR."

WE have received a number of communications on this subject which, owing to the pressure of other matter, we have been unable to publish, but the following abstracts contain the chief points made:

Mr. Frederick Collingwood, M.R.C.P.Lond., M.R.C.S., Wimpole Hotel, 63, Wimpole Street, desires it to be understood that one of the principal objects of the London Licentiates and Members Society is to obtain the signature of London Conjoint men to a petition to be addressed to the Royal Colleges. As the organisation required entails expenditure, he

trusts that all Conjoint men will join the society and send their subscriptions.

Dr. Robert R. Rentoul (Liverpool) considers such a society unnecessary. No university or corporation can grant the so-called title of "Dr.," a university can grant the term "doctor of medicine." Any person can use the word doctor, and any person can in baptism give the name of doctor to his child. No such title as "Dr." is recognised at Court by the Heraldic Office. At Court a doctor is either a Mr. or an Esq. "Let us," he adds, "as a body become proud of the designation 'medical practitioner.'"

"Nauticus" thinks that even if the petition to the College of Physicians to revoke the by-law which enjoins a licentiate not to call himself "doctor" were successful, though the title of doctor might certainly be assumed, the practitioner would have no more right to it then than now, not being a doctor of medicine or any other art or science. The proposal to create an M.D. Westminster would involve the creation of a University of Westminster, which would grant degrees in arts, science, etc., and be at once a rival of the present London University. He thinks there is but one course open to London diplomates, and that is to obtain the practitioners' M.D. degree of the University of Durham, or the M.D. of the University of Brussels.

M.R.C.S., L.R.C.P. Ireland desires to protest strongly against the proposal. He has been reading upwards of five hours a day since October last, has passed the Arts portion of the M.D. Durham, and hopes to obtain the degree next September. During this period he has been conducting a large practice, and suggests that others who desire the degree of M.D. should follow his example.

M.D. thinks that if "a man wants to enjoy legally and not illegally the distinction of M.D., let him, backed up by his past reading or his 20 years' experience, buckle on once again the armour of application, and wrestle openly with the warriors of medicine in the Senate House, for the malcontents there are still opening the doors of Durham and of Brussels. .... If degrees are to be had by Royal favour, no residence, and no examinations, who would seek them in future, and what would be the outlook to come of the Universities? ..... The argument that the public in spite of being told to the contrary continues to call those doctors who are not doctors of medicine, neither warrants diplomates in putting "Dr." on their plates, or seeking a legal sanction for the prefix, for two wrongs never make a right!"

M.R.C.S. asks what is to be done with regard to Members and Fellows of the College of Physicians if the Licentiates receive the title of "Dr." He considers that the only claim to such a title is the degree of Doctor of Medicine from a recognised University, whatever the general public, who call every man "Dr." who attends them medically, surgically, or in midwifery, quack, or otherwise, may think.

R. F. T. asks whether the profession should not come to the conclusion that all registered practitioners shall be called doctor, describing themselves on their plate or billheads as Dr. —, M.D., or Dr. —, M.R.C.S. The clergy, he adds, are addressed as Rev. —, M.A., or Rev. — if they hold no degree. Every solicitor or barrister is a lawyer in the sight of the public, and every medical man a doctor. He thinks that titles matter little, for about twelve years ago a patient said to him "I see you are a surgeon; I thought you were only a doctor."

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

DEPUTY-INSPECTOR-GENERAL ROBERT GRANT, M.A., M.B., has been promoted to be Inspector-General, May 23rd. He was appointed Surgeon, May 7th, 1868; Staff Surgeon, June 7th, 1879; Fleet Surgeon, April 29th, 1888; and Deputy-Inspector-General, April 10th, 1897. As Surgeon of *Flora* he served on shore with the 88th Regiment during the Kaffir war, 1877. He was specially promoted for services when in charge of small-pox patients of *Boadicea*, 1879. He landed during the Zulu war in 1879, and accompanied the Naval Brigade to Port Durnford (mentioned in despatches, medal). He was Staff-Surgeon of *Orion* during Egyptian war, 1882 (medal, Khedive's bronze star). Staff-Surgeon of *Orontes*, served during naval and military operations in the Eastern Soudan, 1884; was Medical Officer in charge of transports, and accompanied the Royal Marine Battalion in action at Tamanieb (mentioned in despatches for his admirable arrangements for the sick and wounded, clasp).

The following appointments have been made at the Admiralty: JOHN F. M. McDUGALL, Surgeon, to the *Harrier*, June 22nd; RAMSEY M. RICHARDS, Surgeon, to the *Wildfire*, lent to the *Triton*, June 22nd.

### INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL J. DUKE, Bengal Establishment, is appointed to officiate as Principal Medical Officer, Presidency District, with effect from May 9th, *vice* Colonel J. T. B. Bookey, granted leave out of India on medical certificate.

### IMPERIAL YEOMANRY.

TEMPORARY CAPTAIN W. J. NAINSMITH, M.D., Medical Officer, 6th Battalion, South Africa, is granted the temporary rank of Major, March 23rd.

### ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL W. W. POPE retires on retired pay June 22nd. He was appointed Surgeon February 5th, 1881; Surgeon-Major, February 5th, 1893; Lieutenant-Colonel, February 5th, 1901. He served in the Egyptian war in 1882, including the battle of Tel-el-Kebir (medal with clasp and Khedive's bronze star); in the operations in Zululand in 1888; in the campaign on the North-West Frontier of India in 1897-8 with the Tirah Expeditionary Force (medal with clasp); and in the South African war in 1899-1900.

Civil Surgeon RICHARD C. WILSON is appointed Lieutenant May 3rd. Quartermaster T. F. KENNEDY retires on retired pay June 22nd. He

joined as Lieutenant of Orderlies June 9th, 1877; was made Quartermaster July 1st, 1881; and granted the honorary rank of Captain June 9th, 1887.

Lieutenant-Colonel W. BABTIE, M.B., V.C., C.M.G., is temporarily appointed Assistant Director Army Medical Service *vice* Lieutenant-Colonel W. Johnston, M.D., retired pay, who has resigned the appointment, June 1st. Lieutenant-Colonel Babbie was appointed Surgeon July 30th, 1881; Surgeon-Major July 30th, 1895; and Lieutenant-Colonel from November 29th, 1900. He served in the occupation of Crete in 1897-8 as Senior Medical Officer, for which he was appointed a Companion of the Order of St. Michael and St. George. He was also in the South African war in 1899-1900 with the Ladysmith Relief Force, and was at the battle of Colenso, being mentioned in despatches and awarded the Victoria Cross.

The name of Major T. DALY, brought to notice for service in South Africa in despatch published in *London Gazette* of May 7th, is as now and not as previously stated (*vide* BRITISH MEDICAL JOURNAL, May 11th).

The undermentioned officers have been discharged from hospital in South Africa to duty:—Majors M. O'D. BRADDELL, T. BROWNING, and R. I. D. HACKETT, Captain F. G. FAICHNIE, Lieutenants H. F. SHEA, R. H. LLOYD, and J. M. BUIST, Civil Surgeon H. C. BAKER.

The following are returning home:—Major G. RAYMOND, Civil Surgeons P. H. LANG, PRIDMORE, MARTINE, and WEIR.

The progress report states that Civil Surgeon WILBOND is still improving, June 21st.

### ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT H. L. DE LEGH is promoted to be Surgeon-Captain, June 22nd.

Surgeon-Captain T. F. DEWAR, M.B., is promoted to be Surgeon-Major, June 26th.

### THE VOLUNTEERS.

CAPTAIN AND HONORARY-MAJOR F. R. RUSSELL, retired, is appointed Surgeon-Major in the 2nd Volunteer Battalion the Queen's (Royal West Surrey Regiment), June 26th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified, dated June 26th: BERTRAM W. HOGARTH, M.D., 2nd Volunteer Battalion the King's Own (Royal Lancaster Regiment); HENRY H. L. PATCH, 1st (Hertfordshire) Volunteer Battalion the Bedfordshire Regiment; FRANCIS CHOWN, M.B., 1st Volunteer Battalion the Duke of Cornwall's Light Infantry; THOMAS H. LIVINGSTONE, M.B., 2nd Volunteer Battalion the Durham Light Infantry.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated June 26th: K. W. MONSARRAT, 1st Volunteer Battalion the King's (Liverpool Regiment); H. J. HOLMAN, 1st Cinque Ports Rifles; W. T. CRAWFORD, M.D., 4th (Nottinghamshire) Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment); F. H. WESTMACOTT, 2nd Volunteer Battalion the Manchester Regiment; H. C. DONALD, M.B., 2nd (Renfrewshire) Volunteer Battalion Princess Louise's (Argyll and Sutherland Highlanders).

Surgeon-Captain A. DONALD, 2nd (Renfrewshire) Volunteer Battalion Princess Louise's (Argyll and Sutherland Highlanders), resigns his commission, June 26th.

### VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-LIEUTENANT-COLONEL BRUCE GOFF, M.D., retired, late 2nd Volunteer Battalion the Cameronians (Scottish Rifles), is appointed Honorary Commandant to the Glasgow Companies, June 26th.

Messrs. HUGH MILLER and JAMES D. WALKER are appointed Quartermasters in the Glasgow Companies, June 26th.

### THE REORGANISATION OF THE R.A.M.C.

M.D. F.R.C.S., writes: "After thirty-five years' experience in the Army Medical Service I can corroborate the statements that social difficulties lie at the root of its unpopularity. The social snub system so long carried out under the regimental system was extended to the unified; and this, not only within the army itself, but in civil circles in and about garrison towns. Such social snubbing much more affects the bachelor than the married medical officer. Mere professional ability or excellence does not seem to affect these social stumbling blocks."

### CIVIL SURGEON ACTING FOR VOLUNTEER SURGEON.

W. L.—There is nothing to prevent a civil surgeon acting for the medical officer in camp if the arrangement is sanctioned by the commanding officer. The sanction of the General commanding the district might be required for the grant to be drawn by the corps for the medical officer. If it could be arranged, it would seem better to get a volunteer medical officer from some other corps to take the duty.

MUNICIPAL CONTRIBUTIONS TO COLLEGES.—Mr. Chamberlain in the course of a recent letter addressed to the Lord Mayor of Birmingham asking for a contribution towards the cost of the maintenance of the new engineering buildings for the University of Birmingham, gave the following particulars as to the annual amounts contributed by certain other corporations to local colleges. He states that Nottingham contributes £7,380 a year to Nottingham College, that Sheffield gives nearly £6,000 a year to Firth College, that Leeds gives £1,500 a year to the Yorkshire College, that Manchester gives £1,100 a year, and that Liverpool gives £1,800 a year to University College, and has in addition given land worth £30,000.