

which is so much in vogue at present. Of course, I am not speaking of it as a continuous form of administration for prolonged operations.

In all my operation cases, with the exception of post-nasal and tonsil cases and dental extractions, I give to males $\frac{1}{2}$ grain morphine and $\frac{1}{150}$ grain atropine, and to females $\frac{1}{2}$ grain morphine and $\frac{1}{150}$ grain atropine, three-quarters to one hour before operation. In anaesthetic administration it is not so much the anaesthetic that counts if a fatality occurs—it is not the guu, but the man behind the gun.—I am, etc.,

R. W. HORNABROOK,
Anaesthetist, Melbourne Hospital, Women's Hospital,
Feb. 12th. Melbourne, No. 11 A.G.H., Melbourne.

AWARDS FOR MEDICAL DISCOVERY.

SIR,—After the deputation to Mr. Balfour which was reported in the JOURNAL of March 6th, 1920, I was asked to publish a letter clearing up several points of difficulty which had arisen; and my letter appeared in *The Times* of March 16th. I am, however, advised to publish a note for the information of medical men.

The proposal of the Conjoint Committee of the British Medical Association and the British Science Guild (see BRITISH MEDICAL JOURNAL, January 3rd, p. 25) was that the State should give £20,000 a year in the form of thirty or more life pensions to men whose medical researches have been of general value to the nation. When this proposal was put before Mr. Balfour several minor difficulties were raised. Thus it was suggested that the selection of recipients would not always be an easy task. But the same difficulty exists whenever any award is made, as, for instance, in selecting new Fellows for the Royal Society, or in giving medals or Nobel prizes, or, indeed, in allotting all public honours. If the mere difficulty of selection is held to be a bar to the feasibility of our scheme, no awards at all could be given. The matter appears to me to be one merely of detail. Registers of all possible candidates must be kept, particularizing the work done by each, and then a proper committee must make the selection. This is done in the similar cases mentioned above. The Council of the Royal Society makes a very careful scrutiny of the claims of candidates for its Fellowship; the procedure of the Nobel Committees is, I believe, still more rigorous, and occupies many months; and let us hope that the State is no less careful before recommending His Majesty to award the valuable distinctions conferred by him. All this costs, indeed, some trouble, but it is generally held that the stimulation of merit is worth the trouble involved. Just the same principle will have to be adopted for the proposed awards for medical discovery. I should add, however, that, in my opinion, the selecting committee should be chosen with particular reference to their own achievements in medical research; and, after the first selections are made, that the men selected should themselves have seats on that committee.

It is impossible to define our proposals further at this stage until it has been decided by what official route the awards are to be given, if and when the general principle has been accepted. Perhaps an extension of the existing Civil List pensions would suffice; but I understand that these are conferred only by the Premier on applications from influential friends of candidates, and I doubt whether this procedure will commend itself to many medical men. Another possible route is by petition to the Chancellor of the Exchequer, according to the precedent of Jenner in 1802; but by rule the Chancellor can refuse to forward such petitions to the House of Commons, and no one will know his reasons for such refusal; so that this again is not a very satisfactory route. A third possible route is to make a legal application to the Royal Commission on Awards to Inventors; but this appears to be difficult for legal reasons which apparently apply to medical discoveries and inventions as distinct from all those made outside the profession. It is argued that medical men are obliged to disclose their discoveries and inventions at once, and that therefore they have no claim for protection or compensation by the State—so that medical men are punished for their own altruism. I know of two cases in which this argument has been actually used already; but I have been informed that I may have the case argued at my expense before the Commission if I like; and, if our other proposals fail, I propose to adopt this procedure, and

trust that the profession will not object to my doing so. Personally I think that medical men would prefer a procedure which will enable them to approach the State for compensation through a legal channel and not through the influence of friends or through applications to Ministers. In our opinion, persons who have added greatly to medical science without remuneration for themselves and at the cost of much time and trouble which might have been spent by them more profitably in acquiring or increasing medical practice, have a distinct claim for compensation by the State—as was admitted by Parliament in the case of Jenner.

The personal opinions of private individuals like myself are, however, of little value, and the matter ought to be thoroughly discussed by some committee appointed by Government for the purpose. I urged this upon Mr. Balfour at the deputation and trust that he will accept the idea. But here again the committee which considers the details should contain men who have themselves done medical research of distinction and who therefore know the difficulties attending such labours.

Those who have read the original report of the Conjoint Committee will see that we were in favour of similar awards being given for other branches of science, and indeed for great labours in entirely different fields. They will also know that we do not propose in any way that the funds at the disposal of the Medical Research Committee should be diminished for the sake of the awards which we favour. We are, however, unanimous in the view that such awards should be given in addition to the subventions for current researches allotted by the Medical Research Committee; and I feel sure that the great body of the medical profession will support us in this. In the meantime we are waiting to see whether the Government is going to accept the general principle which we put before it at the deputation.

I was requested by the Conjoint Committee to keep a list of names of possible candidates furnished to me by members of the Committee. I have done so and have received about forty names. Of these I am sure that at least half are the names of men the whole profession would be glad to see rewarded in the way mentioned. Whether all of them would wish for compensation or not, I cannot say, but I am quite sure that some of them need it and that all deserve it.—I am, etc.,

London, N.W., March 26th.

RONALD ROSS.

EARLY DIAGNOSIS OF SYPHILIS.

SIR,—Dr. Bryans's letter in the JOURNAL of March 20th (p. 416) furnishes excellent, though quite unintentional, evidence of the danger of relying solely upon microscopical examination in the diagnosis of syphilis. Dr. Bryans apparently is only prepared to accept a diagnosis of syphilis when the *S. pallida* is shown by dark-ground illumination, and regards Fontana's method of staining as unreliable. In this he is at variance with many pathologists. However, this is a matter of secondary importance; the main point is that syphilitic chancres, which are clinically obvious, not infrequently give negative results with either method. As a result of the false teaching which places laboratory diagnosis before clinical experience, not a few of the victims of syphilis suffer from delayed treatment, or even escape treatment altogether.

With regard to chancroids, Dr. E. Harrison's statement, to which Dr. Bryans takes exception, that chancroid is a rare condition and nearly always has "syphilis at the back of it," is in our opinion perfectly correct. One of us, after an experience of many thousands of cases of venereal diseases in the army, has come to the conclusion that there are very few cases of chancroid pure and simple. These cases are invariably contracted from professional or amateur prostitutes, the great majority of whom are infected with syphilis as well. This accounts for the fact that nine out of ten chancroids are followed by syphilis. Indeed, if all cases of apparent chancroid were treated at once for syphilis, much less harm would be done than by keeping them under observation, and thereby losing invaluable time for the majority which, in due course, are followed by syphilis.—We are, etc.,

C. F. MARSHALL, M.D., F.R.C.S.,

E. G. FRENCH, M.D., F.R.C.S.E.,

London, W., March 25th.

Major R.A.M.C.