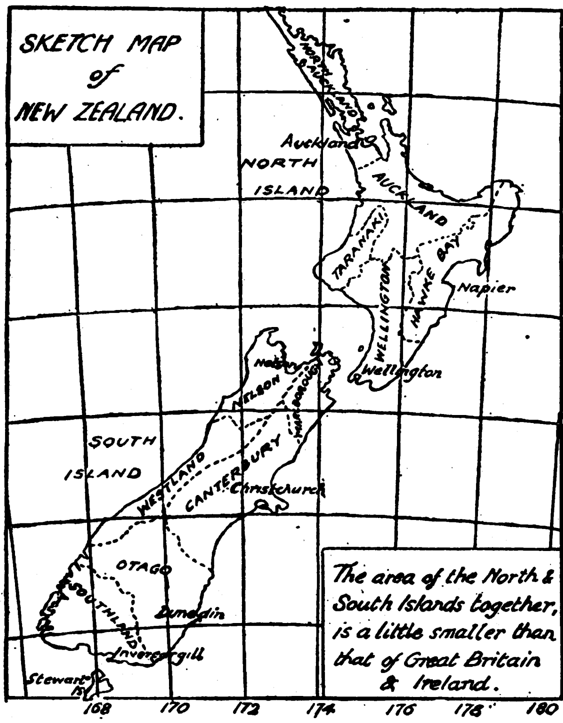
THE SECOND AUSTRALASIAN MEDICAL CONGRESS.

UNDER THE AUSPICES OF THE BRITISH MEDICAL ASSOCIATION, DUNEDIN, NEW ZEALAND, FEBRUARY, 1927.

LAST summer we announced that the second session of the Australasian Medical Congress (British Medical Association) will be held in Dunedin, New Zealand, in February, 1927. The scientific proceedings will be conducted in twelve sections, which will meet in the buildings of the medical school, to which important additions are now being made. The President of the congress is Dr. L. E. Barnett, C.M.G., Emeritus Professor of Surgery in the University of Otago. The congress will be opened by Sir Charles Fergusson, Bt., Governor-General, on February 2nd, and will continue until February 9th. A list of the sections was published in our columns of August 29th (p. 392). Further particulars can be obtained from Dr. W. P. Gowland, honorary general secretary, Australasian Medical Congress, Dunedin, New Zealand.

Early this year (January 16th, p. 117) we published an article furnished by the Executive Committee of the congress on the general arrangements and on the opportunities New Zealand affords, especially in its mountain districts, for tours of great interest. The authorities of the congress hope that as many members of the Association at home as can spare the time will attend the congress and visit the numerous beautiful and interesting places to be found in the two islands.



By the courtesy of the High Commissioner we are able to illustrate this article by a sketch map. The North Island is approximately 515 miles long and the South Island 525; the area of the two taken together is a little smaller than that of Great Britain and Ireland. The ordinary route from Dunedin to the North Island is by train to Christchurch, and thence by boat to Wellington. It is possible to go from Dunedin to the North Island by steamship direct; most travellers, however, will prefer the land journey, which will give them an opportunity of making a trip to the Southern Alps, which form the boundary between Westland and Canterbury. From Wellington there is a railway to Auckland and beyond to almost the extreme northern point of the North Island.

The journey from here is, of course, long. There are several routes, each of which presents certain advantages and disadvantages. We are indebted to the White Star Line for the following particulars:

SERVICES TO NEW ZEALAND.

By the White Star and Associated Lines.

Direct Route.—From Southampton, calling at Colon (Panama Canal), to Wellington. Return fares: first class, £175; second class, £122. (Shaw, Savill and Albion Company.) Time, five to five and a half weeks.

By South Africa and Australia.—From Liverpool, via Capetown, Albany, Adelaide, Melbourne, and Sydney. Sydney to New Zealand by intercolonial steamer. (Aberdeen, Blue Funnel, and White Star Joint service.) Return fares: first class, £179; cabin class (White Star steamers only), rates from £128. Time, about eight weeks.

By Canada or United States.—Southampton or Liverpool to New York (or Montreal during summer season). Rail journey through United States, or Canada, to San Francisco or Vancouver (with option of various routes). Steamer from Vancouver, via Honolulu and Suva, to Auckland, or San Francisco, via Papeete and Rarotonga, to Wellington. Return fares: first class £212 10s.; cabin class Atlantic, first class beyond, £188; second class Atlantic, first class beyond, £183. (These fares cover an Atlantic fare of £44 first class, £31 cabin class, and £28 second class.) Meals and sleeping-berth charges extra on the railway portion of the journey. Time, four and a half to five weeks.

Passengers selecting to go out by any of the above routes (excepting only White Star cabin class Australian steamers), and purchasing a return ticket at the rate quoted, can, if they wish, arrange to use the return ticket by any of the other routes above mentioned; the return tickets would also be available by steamers of certain other lines homewards via Australia and the Suez Canal. In the case of such availability being used, the fare would be readjusted to the *half return fare* of the carrying line, by extra collection or refund. If it is desired to visit other points outside the above routes, the White Star Line (1, Cockspur Street, London, S.W.1) will be pleased to make up itineraries and give advice in accordance with any special requests received.

Similar accommodation by Canada or United States can be arranged by the Canadian Pacific Company (62-65, Charing Cross, S.W.1).

The P. and O. Steam Navigation Company (32, Lime Street, London, E.C.3) has kindly supplied the following particulars:

P. and O. Service by the Cape and Australia.

The P. and O. one class steamers to Australia via the Cape (with through connexions for Dunedin) carry third-class passengers only, including a large number of assisted migrants. The accommodation is excellent of its kind, but naturally the conditions generally are essentially those which would be found in the third class of any steamer. The fares for through tickets to Dunedin via Sydney range from £39 to £55 single, £71 to £100 return, the fare being governed by the size and position of the cabin occupied.

Messrs. Thomas Cook and Son (Berkeley Street, London, W.1) have also expressed their readiness to give information.

New Zealand has been called the paradise of the trout fisher, and the chief places at which this sport can be enjoyed are easily reached. But there are other sorts of fishing, including sea fishing.

We have now received an article by Professors Malcolm and Carmalt-Jones on the development and present condition of medical education in New Zealand.

MEDICAL EDUCATION.

In order, they say, to understand more clearly the present position of affairs, it is necessary to recall briefly the early history of the colony.

Following the visits of Captain Cook towards the end of the eighteenth century, the history of New Zealand for about seventy years consists chiefly of accounts of whaling and trading expeditions, with frequent encounters between the natives and landing parties, and of the missionary efforts of such men as Marsden, Selwyn, Williams, and others. About 1840 the British Government somewhat reluctantly decided to recognize New Zealand as a British colony, and soon afterwards settlements began to be made at Wellington, Nelson, and New Plymouth, in addition to the earlier trading and missionary stations at the Bay of Islands and at Auckland.

About 1850 two important church settlements, in the style of that of the Pilgrim Fathers, were made—in Otago by the Presbyterian Church of Scotland, and in Canterbury by the Church of England. In each of these cases the conditions on which the settlements were founded included the setting aside of a certain amount of public land as an endowment for the purposes of education, including the establishment of universities or colleges.

For ten to fifteen years these were small communities isolated from each other by almost trackless bush and almost fordless rivers, while communication by sea was infrequent and uncertain. But about 1861 the discovery of gold in Otago and in Westland led to a great influx of emigrants, and for a few years Otago was one of the chief gold-producing areas in the world, while, by supplying food to the increased population, the Canterbury settlement shared in the general prosperity.

When the rush had died down, owing to exhaustion of the more readily worked gold, the agricultural and pastoral value of the new country began to be more fully realized, and a great impetus was given to the settlement of parts of the country that would otherwise have developed but slowly. The main routes for all kinds of traffic to these more remote districts still follow the tracks made by the toiling men and heavy laden pack-horses of those strenuous days, and the small townships have generally started as the lonely "pubs" of the same period.

The University of New Zealand.

It was during the later stages of this prosperity that the University of Otago, the earliest of its kind in New Zealand, was founded. At that time (1869) the separate communities of New Zealand had a large degree of local government under the control of a General Assembly in Wellington. The project of establishing a university at Dunedin roused the jealousy of the older, but at the same time less prosperous, provinces of the North Island, and, although Otago had secured by legislative enactment the right to confer degrees, the conflict ended in the establishment (in 1870) of the University of New Zealand as an examining body, to which Otago University, and subsequently the University Colleges of Canterbury, Victoria (Wellington), and Auckland, were affiliated. The organization corresponds to that of the University of London, and, as in that case, it has been subjected to much adverse criticism, but on the whole it has suited the country and a recent Royal Commission has recommended its continuance, at least until the population in the four centres warrants a separate university in each.

The Otago Medical School, Dunedin.

The one great difficulty is the question of the special schools for medicine, engineering, law, mining, etc. At present the Government cannot afford to maintain a separate medical school in each centre or even in each island, and yet there are facilities for hospital work in all the centres. The only medical school in the dominion, that of Otago, is in Dunedin. This was established about 1876, when a chair of combined anatomy and physiology was set up, with Dr. Millen Coughtrey as the first occupant. It is interesting to note that D. J. Cunningham, afterwards famous as the professor of anatomy in Edinburgh University, was an unsuccessful applicant. He was then a final-year student.

The history of the Otago Medical School, like the development of the embryo, epitomizes to some extent the evolution of medical schools in general. At first only the fundamental sciences, with anatomy and physiology, were taught, and those who worked for the establishment of the school had great difficulty in keeping the project alive. Only two years of the proper medical curriculum could be provided, and the home universities would not recognize the training till the school was more fully established and equipped with teachers and students in attendance, while, on the other hand, it was difficult to induce students to commence study in the expectation that the school would be recognized.

In 1877 Dr. J. H. Scott was appointed professor of anatomy and physiology in succession to Dr. Coughtrey, who had resigned, and for nearly forty years, till his death in 1914, Dr. Scott was the ruling spirit of the school. In little more than a year after his arrival some distinct progress could be noted. The University of Edinburgh, from which Scott had come, recognized a sufficient number of classes to cover two years' work in Otago, and recognition by other British schools followed soon afterwards. In 1883 the University of New Zealand was able to recognize the Otago Medical School as a school capable of giving a complete medical curriculum, and the granting of degrees in medicine naturally followed.

From then onwards the existence of the school has never been in serious danger, although progress was retarded by the financial depression of the years between 1880 and 1890. During this period, and even up to the end of the nineteenth century, owing to the depredations of rabbits and to the fall in the price of wool, the rentals of the lands set aside by the early pioneers for university education fell to a very low figure. Since then, with the development of the frozen-meat trade and the rise of the dairying industry, and other causes of increased prosperity of the country, the Medical School has been financed more and more by the Government, and is now generally recognized as the National Medical School.

Recent Developments.

From time to time extensions of the original medical buildings have been made. Dr. Scott, in his earlier years, had little more than a small dissecting room, museum, and a cellar for subjects. Extensions took place from time to time, including a new physiology department (under a separate professor) in 1905, extensions to anatomy and physiology in 1914, and a complete new medical block on a site facing the hospital in 1916. These additions, as well as the provision of new chairs and lectureships, have been made possible largely by the generosity of the public of Otago aided by Government subsidies.

At present there is in course of erection, on a site adjoining the block built in 1916, a new block to house the departments of anatomy and physiology, with some provision also for medicine and surgery. The funds for this extension have been promised by the Government, thanks largely to the persevering efforts of the present Dean of Faculty (Sir H. Lindo Ferguson), who succeeded Professor Scott as dean in 1914, and under whose able guidance the school has made remarkable progress in every direction during the last twelve years.

As contrasted with the three professors and the few hospital surgeons and physicians of fifty years ago, the teaching staff now consists of twelve professors, twenty-five lecturers and senior assistants, as well as a number of junior assistants and demonstrators.

There are whole-time professors in anatomy and physiology, and graduates who visit the United Kingdom to continue their studies certainly find themselves at no disadvantage in their training in these subjects. The chair of pathology and that of bacteriology and public health are also whole-time appointments, and their professors are respectively chief pathologist and chief bacteriologist to Dunedin Hospital, where the main clinical instruction is given, so that liaison between the wards and the laboratories is easily maintained.

Public health, as indicated by its inclusion in the title of the professor of bacteriology, receives unusually close study in the undergraduate course, and full recognition is given therein to the importance of preventive medicine, which has, of course, unusual scope in a country still in process of settlement, a point which is very strongly emphasized in all teaching.

Clinical Teaching.

Within the last few years half-time professors of medicine, clinical medicine, and surgery have been appointed, who are by statute members of the staff of the Dunedin Hospital, so that systematic and clinical instruction can be very closely associated and an unusually large amount of time devoted to the latter. In addition, the members of the clinical staff of the hospital who do not hold university chairs are also under an obligation to teach, and classes are detailed to attend them so that the important item of numerically small clinical groups of students can be maintained.

In addition, under a recent arrangement, and through the generosity of the hospital staffs concerned, students may take a part or the whole of their final year's instruction in the hospital of one of the other "centres" of the dominion. In this way a large amount of clinical experience can be gained, and use is made of all that is available, which, though necessarily less than that obtainable in great cities, permits of full instruction in all ordinary hospital practice.

At Dunedin the pathological and bacteriological departments are excellent, the x-ray apparatus is adequate and well served, and a new department is in course of construction. An electro-cardiograph will be established in the new buildings. Research is in progress on goitre and other subjects of particular interest to New Zealand.

The Congresses of 1896 and 1927.

An Intercolonial Medical Congress was held in Dunedin in 1896, and is still remembered in Australia by some of its participants. Should any of these revisit Dunedin for the Australasian Congress in 1927 they will find that for the University of Otago Medical School the past generation has been one of progress.

LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY.

THE annual meeting of the London and Counties Medical Protection Society, Limited, was held on June 9th, under the chairmanship of the president of the society, Sir JOHN ROSE BRADFORD, P.R.C.P.

The annual report, the adoption of which was moved by the PRESIDENT, stated that the number of applications from members for advice and assistance reached 801 during the year, as compared with 785 in 1924, and 662 in 1923. Satisfactory results were generally obtained without litigation; where litigation had occurred it had been almost wholly successful. The council continued to make provision, by special insurance for an unlimited amount, to defray damages awarded against members, together with costs allowed to the other side, in actions which the society undertook for members and in which a successful result was not achieved. The society bore the whole cost of defending or conducting cases, and it was only in respect of damages and costs which might be awarded against members in unsuccessful cases that this special provision had to be made. There had been a substantial increase in membership during the year, but the council observed with regret that there were still very many practitioners who neglected to avail themselves of the protection afforded at so small a cost. Members were particularly requested to insist upon their partners and assistants becoming members also. The solicitors to the society (Messrs. Le Brasseur and Oakley), in their report, stated that the feature of the year was the importance and weight of certain cases which arose under the Insurance Acts. Members had been supported in a number of appeals and inquiries, and in only one did a member fail to win his appeal. The solicitors remarked, however, that out of three cases in which the society, defending a member on appeal, succeeded in establishing certain technical objections to the procedure of either the Local Insurance Committee or its Medical Service Subcommittee, in only one did the Minister allow any costs to be paid in favour of the member, whereas experience showed that should a member lose an appeal costs were invariably awarded against him.

Sir JOHN ROSE BRADFORD said that there were two things which had often been alluded to before from that chair, and which no doubt would have to be alluded to year after year. One was to impress on all members involved in a dispute of any kind not to take any action on their own account before communicating with the society. Numerous difficulties encountered would be avoided if members would place such matters in the society's hands from the earliest possible moment without taking legal action of any kind themselves. The second thing was to impress upon practitioners in cases of injury—not necessarily obscure injury—the importance of having an *x*-ray examination made, or, if the patient or his friends refused, of obtaining a statement in writing to that effect. The society was in a very satisfactory financial position. In 1924 it had a deficit on its year's working owing to the quite exceptional expenditure incurred in connexion with one case; but in 1925 the financial position reverted almost to what it was before that large expenditure was undertaken. The total surplus funds of the society for 1925 were £38,319, and for 1923 they were £39,621; there was therefore very little difference, and when it was considered that a sum of £7,000 was expended in that one case he thought it would be admitted that the society had come through very satisfactorily.

On the motion of Dr. C. M. FEGEN, Sir John Rose Bradford was re-elected to the presidency unanimously and with acclamation. Dr. Fegen himself was re-elected treasurer, and the vice-presidents and members of council retiring by rotation were all re-elected. One new member comes on to the council in the person of Sir William Hale-White. Votes of thanks were accorded to various officers, including the solicitors of the society; with them were coupled the names of the standing counsel, Mr. Neilson, K.C., and Mr. T. Carthen.

TENURE OF PART-TIME MEDICAL OFFICERS OF HEALTH.

SANITARY OFFICERS ORDER, 1926.

THE Sanitary Officers Order, 1926, dated May 27th, which revokes the Sanitary Officers Order, 1922, but continues some of its provisions, relates to the qualifications, duties, and tenure of office of medical officers of health and sanitary inspectors in England and Wales. The Order, which is made by the Minister of Health, does not apply to Scotland. The requirements prescribed may conveniently be noted in the above-mentioned sequence with respect to the two classes of officers named, taking medical officers first.

The medical officer of health of a district or combination of districts for the purpose of the Public Health (London) Act, 1891, or the Public Health Act, 1875, must, under the new Order, as under the Order of 1922, possess a diploma in sanitary science or have had three years' previous experience of the duties of a medical officer of health. This requirement covers all medical officers of health in England and Wales excepting medical officers of counties, who are appointed under the Housing, Town Planning, etc., Act, 1909, by reference to the Local Government Act, 1888. By Article 21 of the Order the Minister of Health reserves the right to dispense with the stipulated qualifications if a small district, for example, should prove unable to obtain a duly qualified officer.

The duties of a medical officer of health, as prescribed in the Order, are to render all services duly laid upon him by statute, order, regulation, by-law, or other instrument; to forward weekly returns of infectious disease to the Minister of Health and duplicates to adjacent medical officers; to submit an annual report to his local authority and copies to the Minister; to send to the Minister one copy of any special report which he may present to his local authority, and to report forthwith to the Minister any case of plague, cholera, or small-pox, or any serious outbreak of disease. Metropolitan medical officers are freed from the weekly returns of infectious disease, and county medical officers from both the weekly and emergency returns.

As regards the tenure of office of medical officers of health, it will be recalled that this question has been much under discussion. The freedom of action of a medical officer who held his appointment at the pleasure of his electors was checked by the insecurity of his tenure. If he did his duty without fear or favour, he might, wittingly or unwittingly, traverse the interests of influential members of his local authority and find himself dismissed from office. Such a position from the outset was clearly indefensible, but distrust of the expert has such deep roots in the English mind that reforms came slowly and were granted with apparent reluctance. Gradually, however, though not without effort, security of tenure has been won for certain medical officers. The new Order seeks to extend it, in a modified form, to certain others. It lays down that a part-time medical officer of a district must be appointed in the first place for a limited term ending on March 31st next ensuing, after which date he will continue to hold office from year to year without further appointment, subject to the right of the local authority to determine the appointment on March 31st in any year by not less than three months' previous notice. This arrangement would appear to offer to the part-time medical officer some kind of defence against the hasty indignation of an unrighteous local authority. So long as the post is on a part-time basis, appointment for a limited term appears to be obligatory; but the local authority may at any time, subject to the concurrence of the Minister, turn a part-time into a whole-time appointment, when the security attaching to a whole-time appointment would presumably accrue to the officer.