

## MEDICINAL AND DIETETIC PREPARATIONS.

*Casona Cheese.*

WE referred recently in these columns to the employment of agar-agar in the treatment of chronic constipation, on account of its property of preventing the formation of hard faecal accumulations in the bowel. An ingenious application of this property has now been brought to our notice by the Severn Valley Dairy Products Company (Stonehouse, Glos.) who has submitted samples of "Casona" cheese, prepared with the addition of agar-agar so as to form a non-constipating and easily-digestible cheese. The samples submitted consisted of a soft cheese of mild and agreeable flavour; analysis of the plain "Casona" showed it to contain: Protein, 18.2 per cent.; fat, 21.9 per cent.; water, 57 per cent. Other samples were "piquant," "savoury," and "celery" flavoured. No doubt this form of cheese will permit those who are unable to digest ordinary cheese properly to enjoy again a valuable article of diet; it is intended either to be eaten with bread or biscuit, and to be used in the preparation of various dishes.

## MEDICAL AND SURGICAL APPLIANCES.

*A Combined Tongue Clip and Junker Terminal.*

DR. G. A. H. BARTON (London) writes: During operations on the upper air passages the anaesthetist not infrequently has his hands literally full. To render his task a little easier I have designed the combined tongue clip and Junker terminal here illustrated, and made for me by Messrs. Mayer and Meltzer. The tongue clip is of the Watson Williams pattern, except that the point protector has a little slit on either side, allowing of the passage of the fine end of the pin in or out when the spring is depressed, rendering its adjustment slightly easier. The



terminal is short, its cross section oval, and slightly curved upwards at its free end to carry the orifice away from the dorsum of the tongue. Whilst not suggesting for a moment that this device should replace the many excellent gags which are supplied with Junker terminals attached, I think it a useful alternative in the class of case indicated above—and, indeed, in many operations on the head and neck region where Junker's method is a convenient one. When no traction is required on the tongue, the pin serves to hold the terminal in place; if traction is required it can be effected by a single finger in the loop.

*New Cellulose Films.*

We have received from Mr. W. Martindale (10, New Cavendish Street, London, W.) samples of cellulose films in three forms and thicknesses: "Taffetas" (yellow, moderately thick, and substantial, as thick as ordinary gutta percha tissue); "aseptafilm" (colourless and thin); and "cellafine" (colourless and very thin). They are all transparent, and tear equally in all directions. These films are intended for use as substitutes for oil silk or green protective, gutta-percha tissue and such like materials. The advantages claimed are that they are sterilizable both by boiling and by dry heat in a sterilizer, that they are indifferent to the action of chloroform, ether, and alcohol, and that they are cheaper than the other substances mentioned. They are machine-made, and can be supplied in rolls 33 inches wide, and any desired length. We have applied the tests described by the manufacturers as well as some others, and have found these cellulose films stand them all. It is a very decided advantage that they can be boiled in an ordinary soda solution for five minutes without the slightest perceptible alteration. We find them in every way most elegant preparations, worthy of the reputation of the manufacturer. The only fault we have is that the descriptive names of the three different kinds are not happy. These cellulose films may be strongly commended to the notice of surgeons in such operations as skin-grafting, where a delicate strong membrane is to be interposed between the graft and the gauze dressing, and in drainage of abdominal abscesses, where it is undesirable that gauze packing should become firmly adherent to the wall of the cavity; the family practitioner also will be glad to have at hand such excellent and fine materials for everyday use.

## THE MEDICAL SCHOOL AND THE HOSPITAL.

*Address by Lord Ilkeston.*

THE prizes gained by students of the Westminster Hospital Medical School were distributed on December 15th, by the Right Hon. Lord Ilkeston, P.C. Sir JOHN W. WOLFE-BARRY, chairman of the hospital, presided, and among others present were Lady Ilkeston, Sir Douglas Straight, Mr. H. D. Erskine (Serjeant-at-Arms), Colonel Sparks, Mr. Montague Smith, and the members of the hospital medical staff. Among those who sent letters of regret at enforced absence were Mr. Justice Swinfen Eady, Mr. Justice Warrington, Lord Hemphill, Mr. Burdett-Coutts, M.P., Sir Edward Davidson, Mr. Frank Heath, and Mr. Edmund Sargent.

The CHAIRMAN, after welcoming Lord Ilkeston, dwelt upon the advantages of a close alliance between the hospital and the school—advantages which, he said, the House Committee and governors recognized to the full. These advantages were mutual. It was not possible to obtain a proper education for the medical student without the clinical teaching in the ward; the hospital gained in increased efficiency by adding to its ordinary functions that of a teaching centre, and the public gained most of all, because one of the great hopes of the future lay in a thorough education for those who intended to seek medical practice. The financial resources of Westminster Hospital were not very great, and the governors had been able to assist the school only to a moderate degree. The help they had been able to give was strictly in accord with the recommendation of Sir Edward Fry's committee, namely, that no money should be diverted from the sick and suffering poor to medical education unless with the consent of the subscribers. Sir John added that the House Committee had been able to start a laboratory under Dr. Carmalt-Jones, which was now in full operation, and already it had been of service to their medical staff.

The DEAN (Mr. E. Rock Carling, F.R.C.S.) then read his report, in which he stated that since the last occasion, two years ago, when the prizes gained in the school were distributed, there had been continued progress in every direction. The work of the students, as evidenced in the examinations for which the prizes were awarded and in the examinations of the licensing bodies, had been very good. The arrangement with King's College whereby the earlier subjects of the curriculum were taught by the University continued to work successfully. The conditions which had embarrassed metropolitan medical schools of late years were still in operation, but some measure of relief was confidently anticipated from the labours of the Royal Commission on University Education in London, which was now sitting. In the meantime the school had greatly improved its position and status by the recognition it had obtained from the Board of Education.

Lord ILKESTON, after distributing the prizes, said:

I am glad to have been able to present these prizes to men who will, I hope, become distinguished members of a great profession. When your Dean asked me to perform this duty I was induced, after a little thought, to consent, and that for two reasons. In the first place, during the last twenty-five years I have on many occasions visited Westminster Hospital in order to see sick colleagues of mine—members of the House of Commons—who had been sent here by accident or illness. I also recall several occasions on which, in cases of sudden illness occurring among members of the House of Commons, we were able to have at St. Stephen's the valuable and immediate aid of your resident medical staff.

But there was another reason which made me glad to come here to-day. I have been looking forward to seeing again the keen, bright, eager faces of medical students. It was fifty years last October since I began to teach medical students, and during forty-two years, year in and year out, I was never without a class of students at the Birmingham Medical School. The memories of those happy days crowd back upon me positively with a rejuvenating effect. Forty-two years is a long period in the history of any profession, and much more in the life of a man, and during that time we have seen great changes. Students to-day have a great deal more to learn and a great deal

more to do than when I was a student, and indeed more than was the case during the first twenty years or so that I was teaching anatomy and other subjects. But while you have, on the one hand, enormous tracts of learning to explore and to master, yet, on the other, you have splendid assistance in the shape of improved appliances and methods of teaching. When I compare the modern school with the scanty help that we had in my time—we were practically without a library, and we never saw the other side of the laboratory door except when we made certain chemical tests during the summer session—I marvel at your advantages. Indeed, I sometimes think that too much is done for you and too little left for you to do for yourselves. It is hardship and difficulty that make men, and it would be well perhaps if the struggle on your own part were even a little more strenuous than it is.

But if you have the path made smooth at the splendid medical schools and institutions which are now open to you, you still have a hard and difficult time before you when you start in practice. For although there are many more openings now for medical students than there used to be, and although there are larger opportunities in the public services, the army and navy, and the colonial service, as well as the great public health service of this country, offering increasing chances of useful and remunerative work, and paying more honour and regard to your profession than formerly, yet, after all, general practice is the end and aim of most of you, as it is of the greater number of members of your profession. And general practice is beset with more difficulties and greater competition than ever it was. It is not only in competition with public institutions, but it is threatened—possibly in the near future—with a great State medical service, which is bound, if it is realized according to the dreams of some of our friends, to be a very grave competitor with the ordinary general practitioner.

I look forward with some apprehension lest the prospects of the general practitioner should be vitally injured, for after all he is the backbone of our profession. He is the man I wish to guard and protect in his calling. I trust we may always have with us that noble class of men we have had during my lifetime—men who have done their work among all classes of the community with no hope of great pecuniary reward, although having, perhaps, the greatest of all rewards in the knowledge that their lives are well spent in alleviating the sufferings of others. The general practitioner in his daily work in the community is the representative of the medical profession. He is given the most responsible of all charges—the charge of our loved ones in times of suffering and danger. He enters the home as a friend and not as an official, and I should be sorry to see him replaced by any man acting as an officer of the State, because the attention which a State official can give could never replace the personal devotion of the family doctor.

Students of Westminster School.—Some of you may think my praise of general practice is a little overdone. In your mind general practice may not be an attractive prospect for young men of ability and character like yourselves, and it necessarily entails a large amount of drudgery. Well, be as ambitious as you please, but never be afraid of drudgery, because it is the drudgery in all callings which trains the best men. It is the man who works daily in the sick ward of the hospital, or, what is perhaps still more difficult, in the out-patients' department, who wins the most useful place in his profession. Lectures do not make practitioners. The only way in which you can learn your business effectively is by constant study of disease at close quarters, and therefore the drudgery the general practitioner has to undergo after his student career is often the best possible means of making his life-work more useful and more effective to that end to which the most commonplace medical work is consecrated—the lessening of suffering and the blessing of humanity.

One advantage that you possess at the Westminster Hospital Medical School is that you are closely attached to the hospital during your student career; and it is this attachment which furnishes you with the opportunity of becoming thoroughly practical men. It is by doing the ordinary work, seeing the ordinary cases, learning the common teachings of daily practice that you are fitting yourselves best to become useful, if not eminent, in your

profession. In addition to the Westminster School, you are also students of another great institution—the School of Medicine of London. I think of the School of Medicine in London in comparison with the schools of medicine in Paris, Vienna, Berlin, and New York, and I am bound to say that if you searched the world over you could not find a worse organized medical school than that of our own metropolis. Nevertheless, it is the greatest, and in some respects the best, of all the medical schools. Under the conditions of modern civilization we have gathered together in this city the greatest population the world has ever known aggregated in one place, and for that reason it furnishes us with the grandest of all collections of clinical material for the study of medicine and surgery. You have before you the richest of all fields of study. It is your great and inestimable privilege to have the advantages of that school open to you, in order that you may learn all the intricacies of the maladies that affect human kind.

In this great school of medicine I think that changes are impending, and that improvements in it in the future will, through more co-operation and better concentration, give to the whole of the academic side of the teaching of the London School a great impetus. That, I think, will sooner or later be brought about. But I want it brought about mainly in the direction of the academic portion of your teaching. I want your science teaching to be obtained through the best possible teachers, and if London would only concentrate on the effort there is no reason why you should not have the advantage of sitting under the best men in the world. But what I do not want is to see taken away from the hospital a single branch of the teaching it gives at present so excellently in the arts of medicine and surgery. However well your academic teaching may be carried through, it is in the wards and out-patients' rooms of your hospitals that you really learn the daily work of your calling. In 1860, when I was, like you, a student just entering upon the practice of his profession, I was appointed assistant physician in the hospital at Birmingham. Here circumstances forced me, though I was little more than a boy, to do the work of two full physicians. There were about thirty or forty beds in the hospital under my charge, and I had five hundred out-patients a week to see for a considerable period. It was hard work, but it taught me to be a physician, and I owe my success to the hard discipline of doing all that work under the critical eyes of medical students. After all, the critical eyes of medical students are of great help to the man who is doing the work. The students of medicine gave me valuable discipline, as I have no doubt they give their teachers in the present day. I know of no class of men more keenly critical as to the efficiency of their teachers, or more generously appreciative of that efficiency when it is found. Altogether I would say that systematic lectures on medicine and surgery must go; the time for them in their academic form has long passed. Eloquent word-pictures of disease must be replaced by practical demonstrations in connexion with hospital work. Book-learning, laboratory work, and academic lectures are all good in their way, but they can never of themselves make good doctors. To be a physician or surgeon you must learn your work at the bedside and absorb your knowledge day by day in the hospital wards.

And now let me say a few words about the medical school as a help to the hospital. It is a help because it forces every member of the staff to do some teaching. If there were no medical school there would be no compulsion upon the members of the staff to do teaching daily in the wards, and every man who has to teach has to keep on learning. Moreover, each member of the staff has to do his work constantly under the watchful eyes of young critics, who thus insensibly teach their teachers. You are mutually helping one another to make the work of the hospital better, more thorough, more perfect than it would be if you were not brought together in common. In that way the school has a wonderful influence upon the hospital, and, on the other hand, the whole tone of the place and the character of the teaching are raised by the combination. I admit that hospitals where there have been no students have done excellent, and in some cases magnificent, work, especially in connexion with surgery, but I venture to think that it

would have been done even more perfectly if it had been carried out before a clinical class. And it is that clinical class, going round the wards, studying individual cases, questioning the teacher, that makes for the efficiency of the hospital; and the hospital, on the other hand, gives to the medical school the best, and indeed the only, field in which a young man can properly learn the work of his calling.

In conclusion, I want to say a word or two about the school and the public. In these days there are amongst us some people who would remove all connexion between medical schools and hospitals. If this were done, I say that not only would they injure the hospitals to a great extent, but that they would injure the public even more. After all, a hospital like this does the public enormous good, and that in two ways. In the first place, it does good by relieving every applicant that comes to its doors, helping him to bear the ills of life more successfully, often giving him back the best of all blessings in the shape of restored health, and this work of alleviation is reinforced and perfected by the medical school. But, in the second place, the great mass of the public—the public that does not come to your doors—is benefited too. Every rich man in this town who requires the most skilled help of the physician or surgeon to save him can obtain that help through a man who has taught and been taught in the school attached to a hospital. The rich man on his bed of pain and suffering gets better value for his money—to put it on the lowest ground—because there is a medical school, and one which is attached to such an institution as this.

That portion of the public that is called the middle class does not perhaps get as much benefit as the richer class on the one hand, commanding the most skilful and best-educated men in science, or the poorer class on the other, receiving assistance directly at the hospital. Nevertheless, the middle class does receive help from the institution of the medical school and the hospital. It receives it indirectly through the general raising and improvement of the whole tone of medical practice outside the hospital as a result of the combination of medical education with hospital work. In London with our dozen medical schools we are apt to overlook this aspect of the influence of a school, but we have only to go for an example to any provincial town. If we take two towns, one of which has a medical school while the other has not, we shall find that although there may be brilliant and able doctors in both, yet where the school exists we have a body of men who through the daily influence of the teaching work which is going forward are able to raise the profession locally to a pitch of greatly increased efficiency. The fact that students frequent the wards and the class-rooms raises the whole tone of medical practice in that town. In another town where there is no school the stimulus and inspiration which comes from a medical staff employed in teaching is lost.

Therefore the public draws from every medical school immeasurable benefit in the way of help and relief in suffering. I hope that, as time goes on and wiser counsels prevail in the committees and cabinets of Governments, statesmen through one or other of their departments may see their way to bestow public grants more and more upon such institutions as the Westminster School of Medicine. I am confident that grants from public funds or gifts in the way of private benevolence will yield a rich harvest of blessing when bestowed in this direction, and a blessing which will reach and help every class of the community.

A vote of thanks to Lord Ilkeston was proposed by Sir ROBERT HUDSON Mr. T. F. SQUAREY, Chairman of the School of Medicine Committee, in seconding the motion, said they loyally accepted the decision of the King's Hospital Fund Committee, and, nevertheless, hoped not only to survive but also to flourish.

Sir WILLIAM H. ALCHIN asked to be allowed to associate himself with the motion.

The vote was suitably acknowledged by Lord ILKESTON. Canon DUCKWORTH proposed a vote of thanks to the Chairman, which was seconded by Dr. F. DE HAVILLAND HALL.

The CHAIRMAN'S acknowledgement on behalf of the Dean and teachers, as well as himself, brought the proceedings to a close.

## LUNACY IN LONDON.

THE Twenty-first Annual Report of the Asylums Committee of the London County Asylums,<sup>1</sup> for the year ended March 31st, 1910, including the medical statistics for the year 1909, shows that on January 1st, 1909, the total number of lunatics chargeable to London County, and lunatics in Metropolitan Asylums Board's asylums and in workhouses, or with relatives and friends, was 26,848, and on January 1st, 1910, 27,003. This gives an increase for the year of only 155 as compared with 678 for the previous year, or with the average annual increase since the year 1890 of 532. Of the total number on January 1st, 1910, 19,914 were lunatics under reception orders (county cases), 6,676 were lunatics in Metropolitan Asylums Board asylums, and 413 were in workhouses or with friends, giving an increase of 198 in the county cases, a decrease of 89 in the Metropolitan Asylums Board cases, and an increase of 54 in those in workhouses or with friends.

It should be said here that the above figures exclude the private patients at Claybury Hall—and, of course, private patients, properly speaking, belonging to London—but include "private list" patients—that is, patients admitted in the first instance as paupers, but who are transferred to the private list on the payment of the bare maintenance rate. Practically, the above furnish a gauge to London pauper lunacy, and for this reason the diminution of the numerical increase is satisfactory. This is further supported by the fall of the ratio of the total pauper lunatics to population from 5.62 per 1,000 on January 1st, 1909, to 5.61 on January 1st, 1910. As bearing on this apparent diminution in the rate of increase of London's lunacy, the Asylums Committee prints a table showing the numbers of applications for beds received, month by month, during the past six years. The monthly average shows a fairly steady fall from 364 applications per month in the year 1904-5 to 314 in 1909-10. These applications, the Committee says, may be trusted to give a general idea of the number of cases of occurring insanity, and the decline seems not to be without importance.

Of the 19,914 county cases remaining on January 1st of this year 19,082 were parish patients at the Manor Asylum, and 2 at the Epileptic Colony, 453 were "private list" patients in various London County asylums, and only 206 were in other county and borough asylums. Practically the whole of London's pauper insane are thus now accommodated in London asylums.

### MEDICAL STATISTICS.

#### Admissions.

On January 1st, 1909, there were 19,440 patients on the registers of the London County Asylums, and on the last day of the year there were 19,823. The total cases under treatment during the year numbered 23,371, and the average number daily resident 19,643.

During the year 3,931 were admitted, as compared with 4,079 in 1908 and 5,289 in 1907. Further, of the total admissions in 1909, 3,449 were direct admissions, as compared with 3,613 in 1908 and 3,558 in 1907. As to the duration of disorder prior to admission, in 1,397 the attacks were first attacks within three, and in 414 more within twelve, months of admission; in 652 not-first attacks within twelve months; in 83 also within twelve months it was unknown whether the attacks were first attacks or not; in 167 the duration was unknown, and in the remainder (733), including 151 congenital cases but excluding 3 not insane on admission, the attacks were of more than twelve months' duration on admission. The proportion of old-standing cases was considerably greater than in either of the two preceding years. The average age on admission was 42.33, as compared with 42.44 for 1905 and 42.56 for 1900, suggesting that the certification of aged persons as insane has passed its maximum—a suggestion which is strengthened by an analysis of the ages at the commencement of the attack, Table B.4 showing that 409 were over 60 years of age when the illness began, as compared with 462 in the previous year, and 98 over 70, as compared with 135 for the previous year.

Turning to the forms of mental disorder, and considering

<sup>1</sup> The Twenty-first Annual Report of the Asylums Committee as to the London County Asylums for the year ended March 31st, 1910. P. F. King and Son, Great Smith Street, Victoria Street, Westminster, E.W. Price 2s., per parcel post 2s. 6d.