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SOME PRINCIPLES AND AN EXPERIMENT.

IN responding to the invitation of the Annual Representative Meeting to speak on the Interim Report of the Medical Consultative Council, its chairman appealed to the profession to look at the position seriously. It was perhaps hardly necessary to make such an appeal, for the profession is profoundly interested. Of this our recent issues have afforded many instances, and again this week many pages of the JOURNAL are occupied by reports of events and discussions bearing more or less directly upon the many and difficult problems which arise. The discussion has centred round the Interim Report of the Medical Consultative Council, and Lord Dawson of Penn has not spared time or trouble in explaining to meetings of the profession the main features of the scheme. He has steadily maintained that the public, deeply moved by questions concerning the better treatment of disease, is looking to the medical profession for guidance. The main object of the Consultative Council's report is to afford the profession concrete proposals for its consideration and criticism. Already the air is being cleared in this way, and eventually the profession, having formed its own opinion on main principles, will be in a position to give the public and the legislature the guidance both recognize they need.

We will not attempt anything in the nature of a full investigation of the whole complex matter, but it seems desirable to call attention to a few recent events. It will be remembered that the Representative Meeting discussed the scheme of the report in a general way, and formulated certain principles, which will be submitted to the Divisions in the course of a memorandum the Ministry of Health Committee is engaged in preparing. The first principle adopted was that the establishment of primary health centres is the pivotal idea of the changes recommended in the report. The second was that any system for the prevention of disease, as well as for its treatment, should be based on domiciliary health service, and that general practitioners should be actively encouraged in the practice of both. The third was that the local health authority for each area should contain adequate representation of the medical profession in the area and of other persons or bodies engaged in public health work. The Representative Meeting also reiterated the opinion it had previously expressed that a whole-time salaried State service would be detrimental to the best interests of both the public and the medical profession.

The discussion at the meeting of the Bath and Bristol Branch on July 9th (page 83) was for several reasons particularly informing. One reason was that the area of the Branch includes a part of Gloucestershire, and the meeting had an opportunity of hearing from Dr. J. Middleton Martin, County Medical Officer, an exposition of the plan which has been developed there. In its general features it nearly resembles that of the Consultative Council, but there are differences traceable to special local conditions and financial considerations. Lord Dawson in this connexion emphasized the fact that the report of his Council was not final, and pointed out that the scheme it propounded, while intended to serve the profession as a guide to the principles governing the present situation, was capable of indefinite adaptation to special circumstances. The Gloucestershire scheme proposes the immediate establishment of thirty-three centres, varying very much in size and equipment. Out-patient departments are to be opened up at existing cottage hospitals and at a number of out-stations of the general hospitals. The county is divided into four hospital areas related to the general hospitals of Gloucester, Bristol, Stroud, and Cheltenham, the last-named area being subdivided into a home district dependent on the Cheltenham General Hospital and a Cirencester district, there being a cottage hospital of eighteen beds in that town. The scheme, Dr. Martin states, has been accepted by the county council, the general hospitals, and the general practitioners of the county. It will be administered by a board of management consisting of representatives of the county council and its committees, of the War Pensions Committees of the hospitals in Gloucester, Cheltenham, Stroud, and Bristol, and of the British Red Cross Society, a sum of £7,000 having been given by the Joint Council towards the total expenditure of £14,000, which it is estimated will be sufficient to set the scheme going. The annual expenditure is estimated to be £15,000, but as the hospitals and out-stations will be used for the communal services of the county this expenditure will, in large part at least, be met from the funds in the hands of the county council, including contributions from the Ministry of Pensions and the Ministry of Health.

Lord Dawson in his speeches at Bristol welcomed the Gloucestershire scheme, as, for two reasons, was to be expected. First, because Gloucestershire will provide a working test, in its application to mixed rural and industrial areas, of a scheme analogous to that of the Consultative Council; and secondly, because the utilization of existing cottage hospitals as primary centres is part of the scheme of the Consultative Council. We publish this week a letter from Dr. J. N. Marshall of Rothesay, showing that a system, evolved in the Island of Bute and based on the Rothesay Cottage Hospital, has worked thoroughly well for twenty-five years, gradually increasing its usefulness during that period. The hospital contains 13 beds; the average daily number of in-patients during 1918 was between eight and nine. Nearly all the patients pay something, varying from 7s. a week to 42s., the amount paid by an occupant of one of the three private wards. All practitioners in the island are members of the staff of the hospital. The fear has been expressed that the right of every practitioner to send cases to the hospital might occasionally cause difficulties owing to the limited in-patient accommodation, but Dr. Marshall states that in practice no such difficulties have arisen.

The report of the Consultative Council expressed the opinion that existing Poor Law infirmaries might be adapted to the purposes of primary centres, and here again events are marching in the direction suggested. In response to representations of the Sheffield Division (p. 93) one of the boards of guardians responsible for the area has agreed to place 100 beds in its hospital at the disposal of the public to relieve the congestion of the voluntary hospitals.

Many members of the profession fear that the scheme of the Consultative Council will lead on to a whole-time State medical service, which the British Medical Association has declared would be detrimental to the best interests of the public and of the medical profession. It is not to be denied that there are

grounds for the fear that an effort may be made to thrust such a service on the country against the wishes of the medical profession. There is much weight in Lord Dawson's contention—that if a whole-time salaried State service is to be avoided the profession must be prepared with an alternative. At present that offered by the report of the Consultative Council holds the field, and, as this issue of the JOURNAL shows, evidence is accumulating that the general body of the medical profession, both consultants and general practitioners, is disposed to look upon it with favour.

THE PRELIMINARY SCIENTIFIC SUBJECTS AND THE CURRICULUM.

THE number of the sections at the Annual Meeting of the Association varies from year to year; some are constant, others appear intermittently. That at this meeting there should be a section on medical education was doubly appropriate—first, because it was in accord with the *genius loci*, since Cambridge is a chief seat of sound learning, and secondly, because in these days of active reconstruction and, it is to be anticipated, of considerable change and reform, medical education is in all our thoughts. Sir George Newman, the President of the Section, in his introductory address, after dealing with the present problems of medical education generally, went on to consider some of the aspects of the special subject for discussion, "The place of preliminary science in the medical curriculum." That the five years' medical curriculum is overloaded all who took part in the debate admitted, and they agreed also that it is important to lighten without lengthening the course. But there was no suggestion of abandoning the teaching of chemistry, physics, and biology; on the contrary, their progressive importance was emphasized, but the speakers advocated improved methods of instruction and a closer correlation with the science and art of medicine.

Sir Ernest Rutherford and Professor Smithells declared that the instruction in physics and chemistry now given to medical students was very unsatisfactory. To provide a constructive policy it is necessary to ascertain the causes of the failure; the system of schedules—often of some antiquity—in these subjects seriously hampers the teacher, and by keeping him in a narrow furrow prevents any elasticity in his presentation of the subject; closely allied is the want of correlation between these preliminary scientific subjects on the one hand, and biology, physiology, pathology, and medical practice on the other hand. It has become most essential to link up the subjects, and so do away with their splendid isolation in water-tight compartments. At present the average medical student regards his training in preliminary science as a labour to be surmounted and the subjects forgotten as soon as possible: usually the latter aim is successfully attained without any long delay; probably only a wise modification of the present methods of teaching these subjects is required in order to change the students' attitude. The consensus of opinion was generally in favour of school instruction in chemistry and physics, not with the object of getting them out of the way, but to enable further teaching and correlation with medicine to be more effectually carried out after registration as a student. The method of special classes for medical students adopted at Edinburgh by Professor Barger and by others elsewhere is a move in the right direction. In biology, which has even more intimate relations with medicine and pathology, the case for school instruction is not as strong as for the other two preliminary sciences, for, as Sir E. Rutherford pointed out, a reasonable acquaintance with physics and chemistry is a necessary preliminary; further, it is not so easily dealt with at secondary schools as in medical colleges, where it can be made both useful and interesting by correlation with parasitology and with other practical aspects of clinical work. Although at first sight it might appear that time would be saved and the curriculum lightened by banishing the preliminary subjects to the secondary schools, this is not the whole matter, for, as Professor Hickson points out, this step might tend to lower the standard of education, both special and general, and so medical education would suffer rather than gain.

Professor Keith, who, probably intentionally, rather overstated the case in declaring that the urgent problem was the education of the teachers rather than of the students, insisted on the importance of showing the students the practical applications of the preliminary sciences. In this he had many supporters, but he went further, and urged that the science teachers should not only be medically qualified, but should keep their clinical knowledge up to practice pitch. From experience gained as a pathological teacher Professor Lorrain Smith maintained that it was desirable to continue the instruction in what are called the preliminary sciences throughout the various stages of the curriculum by special biochemical and biophysical teachers, who would enable students to enter more thoroughly into metabolic and other problems.

The whole course of the debate showed that teachers of the preliminary subjects have become alive to the need for what may be called concentration in teaching. The opinion of the meeting as summarized was that chemistry and physics should be school subjects, and that evidence of a knowledge of them up to matriculation standard should be required of a medical student before registration as such. The recommendation that the earliest age at which a candidate should be allowed to register as a medical student should be 17 was perhaps a corollary.

THE FUNERAL SERVICE FOR GENERAL GORGAS AT ST. PAUL'S.

THE funeral service of Major-General William Crawford Gorgas, K.C.M.G., D.S.M., late Surgeon General of the United States army, was held on July 9th in St. Paul's Cathedral at noon. The coffin was borne from the Queen Alexandra Military Hospital at Millbank, where General Gorgas died, on a gun carriage of the Royal Horse Artillery. It was escorted by six military pall-bearers—Major-Generals Sir W. G. Macpherson, A. P. Blenkinsop, Sir G. B. Stanistreet, and Colonels O. L. Robinson, H. A. Hinge, and J. R. McMunn of the Army Medical Service. Headed by the band of the Coldstream Guards, the military escort, under the command of Brigadier-General Steele, marched along the Embankment towards the cathedral. General Gorgas's saddled charger, led by a dismounted Lifeguardsman, followed the gun carriage. During the progress of the funeral procession through the streets a salute of minute guns was fired in Hyde Park. On the steps at the west end of the cathedral the coffin was met by the Dean and cathedral clergy, who preceded it up the nave, the choir singing sentences from the burial service set to Croft's music. The pall-bearers in the cathedral were the naval and military attachés of the United States Embassy; Sir Anthony Bowlby, the newly elected President of the Royal College of Surgeons of England; Major General Sir Havelock Charles, Medical Adviser to the Secretary of State for India; Brigadier-General John Finney, of the United States Army Medical Service;

Lieut.-Colonel Sir James Kingston Fowler, M.D., representing the Colonial Office; Surgeon Rear Admiral Sir R. Hill, Medical Director-General of the Navy; Sir George Makins, late President of the Royal College of Surgeons; Dr. Charles Mayo, of Rochester, New York; Sir Norman Moore, President of the Royal College of Physicians of London; Sir Humphry Rolleston, President of the Royal Society of Medicine; Professor W. J. R. Simpson, Vice-President of the Society of Tropical Medicine and Hygiene, and Mr. Henry S. Wellcome. There was a very large congregation in the Cathedral, and under the dome stood official representatives of Royal persons, governments and institutions. The King was represented by Lieut.-General Sir John Goodwin, Director-General of the Army Medical Service; Queen Alexandra, by Colonel Sir Henry Streatfield; and the Duke of Connaught, Colonel-in-Chief of the Royal Army Medical Corps, by Colonel Sir Edward Worthington. The American Ambassador and Mrs. Davis attended, and the widow was accompanied by Major-General Noble, of the United States Army. His Majesty's Government was represented by Dr. Addison, Minister of Health, and the Army Council by Major-General Sir G. F. Ellison. There were representatives of the High Commissioners of the Dominions, and officials of the Admiralty, War Office, Foreign Office, and of South American Republics. There were also many naval and military officers from the United States and a large number of prominent Americans resident in London or visiting this country. Dr. Alexander Granville represented the Egyptian Government, Colonel Sir Lisle Webb the Ministry of Pensions, Lord Goschen the Medical Research Council, Sir Donald MacAlister the General Medical Council, Sir David Bruce the Royal Society, Dr. Alexander Blackhall-Morison the Royal College of Physicians of Edinburgh, and Professor Sir Archibald Garrod the University of Oxford. The President, to his regret, was unable to attend, but the British Medical Association was represented by the Chairman of Representative Meetings, the Treasurer, and the Medical Secretary, and the BRITISH MEDICAL JOURNAL by Dr. N. G. Horner (Assistant Editor). When the clergy and choir had reached their stalls, and the coffin, covered with the Stars and Stripes, had been placed on the catafalque under the dome, the choir sang the 90th Psalm. The lesson was read by the Dean of St. Paul's, from 1 Cor. xv. The following hymns were sung: "Nearer, my God, to Thee," "Lead, kindly Light," and the Republican battle hymn, "Mine eyes have seen the glory of the coming of the Lord," never, we suppose, heard in St. Paul's before. As the coffin was carried out to the West Door, the band of the 2nd Life Guards, stationed on the Chancel steps, played Chopin's *Marche Funèbre*, while all the congregation stood. The body was conveyed back to the hospital by motor and was taken thence by train to Southampton, for interment in the United States. The service was deeply impressive and will not be forgotten by any who were present. All felt that it was fitting that the highest honour this country could pay him should be paid to William Crawford Gorgas, the great medical administrator, who died in our midst.

EPSOM COLLEGE.

FOUNDER'S DAY will be celebrated at Epsom College on Tuesday next, July 20th. At 12.30 o'clock there will be a service in the College Chapel, and at 3.15 Dr. Christopher Addison, Minister of Health, will distribute the chief prizes and address the school. There will be refreshments in the college grounds immediately after the prize-giving. The sixty-seventh annual general meeting of the governors of the college was held on June 25th at the offices, 49, Bedford Square, London, W.C., with the treasurer, Sir Henry Morris, in the chair. The annual report of the council states that heavier expenditure will be necessary in the next few years to make good the deficiencies and defects in the buildings, the result of ordinary and prolonged wear and tear. Heavy additional expenses are incurred by the higher scale of salaries, by increases in the cost of board, and by the general rise in wages and other outgoings. The expenditure account shows a total deficit for the past year of £4,425. As a result of the greatly increased cost of maintaining the school the council has had to increase the school fees as from September next for all boys. For many years there has been a mortgage of £14,000 on the college lands and buildings; the interest on the mortgage is higher and a sum of £6,000 must be paid off at once. The council has decided to create mortgage debenture bonds of £100 at 5 per cent., on the security of the college land and buildings, up to the amount of £25,000. The council is confident that many friends of the college will take up these debentures, and thus show their appreciation of the good work carried out not only by the college itself as an educational institution, providing a first class education for the sons of medical men at low cost, but also by the Royal Medical Foundation attached to the college, in assisting necessitous medical men, their widows and families.

MEDICAL GRADUATE WORK IN LONDON.

A CONSIDERABLE amount of post-graduate work has been arranged in London during the summer months, and within the next few weeks additional courses are likely to be announced. At the National Hospital for Diseases of the Heart a course extending over two weeks will begin on Monday, July 19th. Work will begin at 10 a.m., the first session being devoted to practical instruction in graphic methods (including the polygraph and electrocardiograph); at 11.15 laboratory and clinical demonstrations will be given illustrating the physiology, pathology, and therapeutics of the heart and circulation; clinical work in the wards and out-patient department will occupy the afternoon, and a lecture will be delivered at 5 p.m. The number of entries for this course is limited, and it is now almost complete. The North-East London Post-Graduate College (Prince of Wales's Hospital, Tottenham) has arranged, in conjunction with the Fellowship of Medicine, an intensive course during the same period covering the various departments of medicine and surgery. Demonstrations will be given each day at 10.30 a.m., 11.45 a.m., 2 p.m., and 3 p.m. A lecture (open to all qualified practitioners without fee) will be delivered each day at 4.30 p.m. Luncheon will be obtainable in the neighbourhood of the hospital, and tea will be provided at 4 p.m. Courses of lectures are now being given at the London Hospital and the Cancer Hospital. At the former Dr. Theodore Thompson and Dr. George Riddoch are giving a course on neurology on the Tuesdays and Wednesdays in July and August at 2 p.m., ending on August 18th. At the Cancer Hospital a course of clinical lectures on the diagnosis and treatment of cancer is being given on the Tuesdays and Fridays in July and August at 4.30 p.m. Mr. Victor Bonney has resumed his "Talks on Gynaecology" at the Middlesex Hospital each Saturday morning at 10.30 during July and August. The Wednesday afternoon lectures at Queen Charlotte's Hospital come to an end on July 28th. For September a course of proctology is being arranged at St. Mark's Hospital, City Road, and the postponed course on spa treatment will open at Bath on September 20th. The *Bulletin* of the Fellowship of Medicine contains the detailed syllabus of these courses, together with an extensive list of daily hospital appointments open to members of the Fellowship of Medicine. Graduates who intend to devote any portion of their time to study in London are invited to communicate with the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, stating the class of work in which they are most interested.

PRESENTATION TO SIR JOHN MACALISTER.

THE presentation of a testimonial to Sir John MacAlister, subscribed by his numerous friends, took place at the house of the Royal Society of Medicine on July 7th, when Sir Humphry Rolleston, as the last act of his presidency, handed over to Sir John a cheque for £711. Sir Humphry said that those who had subscribed to the testimonial came from a far wider circle than the Fellowship of the Society; at the same time it was fitting that the ceremony should take place at the Society's house, for it was impossible to think of Sir John MacAlister without thinking of the Royal Society of Medicine. His friends knew him as a most unselfish and devoted comrade, capable not only of warm sympathy, but of promptitude, even sometimes of impetuosity, in rendering help. The late Sir William Osler had most happily described him when he said that he was "the man who poked the fire." The treasurer of the testimonial fund, Sir Arbuthnot Lane, joined in Sir John's praises, laying particular stress on his patience in the mastery of detail; and the Secretary, Mr. Percy Dunn, indicated from how far afield many of the contributions had come; there were subscribers in Bombay, Calcutta, Adelaide, Mombasa, and various cities in the United States, and one contribution from Peking. Sir John MacAlister, after expressing his thanks for the gift, said that he had never served the Society for money. As a youth he chose medicine for the love of it, but circumstances foiled his ambition, and, largely through the help of Sir Clifford Allbutt, he secured the post he had most coveted—that of librarian of the old Society in Berners Street. There he had hoped still to find opportunity for the pursuit of his medical studies, but as he became more and more absorbed in the Society's affairs and saw the Society to be an entity capable of great expansion, the idea of a medical career for himself was finally abandoned. After a grateful tribute to his staff, he thanked various officers of the Society, past and present, in particular the retiring president, who, he said, had taken a more intimate and affectionate interest in the work of the Society than any president in his experience. When the Wimpole Street building was erected a duplicate set of keys was made for the president's benefit, but they had hung listless on their ring until Sir Humphry Rolleston's tenure of office, when they had been used, and used constantly.

A PIONEER IN AMERICAN NAVAL MEDICINE.

IN an article[1] based on much literary research, especially into many "Officers' Letters" scattered through the volumes covering the years 1809 to 1848 in the library of the United States Navy Department, Captain F. L. Pleadwell, M.C., U.S.N., gives a biography of William Paul Crillon Barton (1786–1856), whose influence on the medical and sanitary reform in the American Navy recalls that of Sir Gilbert Blane at a rather early date in the Royal Navy. Barton came of a literary family, and, as a contemporary writer remarks, "his forebears were eminently qualified to infuse into his mind the rudiments of knowledge and the principles of virtue." His brother, John Rhea Barton, was a distinguished surgeon and, as the inventor of Barton's bandage, is still remembered; his uncle, Benjamin Smith Barton, was professor of botany and in later years succeeded Benjamin Rush as professor of the theory and practice of medicine in the University of Pennsylvania. Called William after his father, the future naval surgeon received a classical education at Princeton, where, like the other members of his class, he assumed the name of some celebrated character—in his case that of Count Paul Crillon—whose initials he retained throughout his life. After qualifying in 1808, he practised for a year in Philadelphia, and then entered the American navy, in which he distinguished himself by his professional skill, and particularly by his bold and fearless advocacy of necessary reforms in the medical department and of improvement in the status of the naval surgeon. During his periods of shore duty he was most active, publishing in 1814 his *Treatise containing a Plan for the Internal Organization and Government of Marine Hospitals*, and in 1839 another entitled *Hints for Naval Officers Cruising in the West Indies*. In 1815 he succeeded his uncle as professor of botany in the University of Pennsylvania, and on this subject also he wrote. When the Bureau of Medicine and Surgery in the Navy Department was instituted he became the first incumbent (1842–4), and in this capacity corrected numerous abuses—not, however, without encountering opposition and unpopularity, so that after eighteen months he expressed his "earnest wish to retire from the scene of unavailing efforts." He opposed the introduction of the title "surgeon-general," which would otherwise have been his, and it was not brought in until 1869. He was a remarkable personality; he was vehement in manner, and a vein of irony and sarcasm was perceptible in almost everything he said; he had the eccentricity of genius, which was prominent in his dress. He was an accomplished performer on the violin and flute, and a vigorous advocate of temperance, and in his *Hints for Naval Officers* delivered himself as follows: "A brandy-drinking physician! I cannot conceive of such a thing. I will not admit it to be possible. I trust that there are none in the navy." Perhaps it was more than a coincidence that soon after this expression of opinion he was directed to hold himself in readiness for duty in a ship called the *Brandywine*.

[1] *The Military Surgeon*. Washington, D.C., 1920, xlvi, 241–281.

A MEETING of the Medical Board of the International Red Cross League was held in Geneva during the first days of this month. It was attended, among others, by Sir George Newman, Medical Officer to the Ministry of Health and the Board of Education, and by Sir Walter Fletcher, Secretary to the Medical Research Council.

DR. RICHARD A. BERRY, Professor of Anatomy in the University of Melbourne, has been appointed Stewart Lecturer for 1921 in that university. The lectureship was founded by the late Dr. Stewart to provide for the delivery of three lectures in Melbourne on some subject of national importance to Australia. Professor Berry has recently, in conjunction with Mr. S. D. Porteus, Director of the Research Laboratory of the Training School at Vineland, New Jersey, issued a report describing a practical method for the diagnosis of mental deficiency and other forms of social inefficiency. Professor Berry will devote his Stewart course to this subject.

THE Honorary Fellowship of the Royal College of Surgeons of England was, on July 8th, formally conferred on four distinguished foreign surgeons: Professor A. Depage of Brussels, M. Pierre Duval of Paris, Professor John Finney of Johns Hopkins University, Baltimore, and Dr. Charles H. Mayo of Rochester, Minnesota, whose brother, Dr. William Mayo, received the same honour in 1913. The admission of the four new honorary Fellows was the first official act of the new President of the College, Sir Anthony Bowlby, who had been elected to the office at the meeting of the council on that day. Sir Anthony Bowlby, K.C.B., K.C.M.G., K.C.V.O., became a Fellow in 1881, and, after the retiring president, Sir George Makins, is the senior member of the council, having held office since 1904. He was re-elected for a further period of five years at the head of the poll on July 2nd. Last year he was appointed senior vice-president of the College, and retired after long service from the post of surgeon to St. Bartholomew's Hospital. He was Bradshaw Lecturer in 1915 and Hunterian Orator in 1919.