along the same lines, and 50,000 dollars have already been contributed. The establishment of this committee is in great part due to the efforts of Dr. Clarence M. Hincks, of the University of Toronto, who has succeeded in co-ordinating the various individual groups working along the same lines.

ADMISSION OF WOMEN STUDENTS OF MEDICINE.

The Corporation of McGill University has formally approved a recommendation made by the Faculty of Medicine, that women should be admitted to the study of medicine provided they have completed the first and second years in Arts at McGill University, or have taken an Arts degree from a recognized university, or are prepared to take the double course of B.A. and M.D. or B.Sc. and M.D. at McGill. Women students are now admitted also to the medical faculties of Toronto, Queen's, and the Western Universities.

A department of social service and a school for physical training for masseuses has been inaugurated at McGill University. It is probable also that a school for the training of nurses will shortly be established, and the establishment of a course of instruction for nurses in anatomy, physiology, and *materia medica* is at present under consideration.

Correspondence.

RECRUITS WITH DOUBTFUL HEART CONDITIONS.

SIR,—In the second of the valuable reports upon this question by Dr. Russell Wells,¹ Dr. Wells kindly alludes to my views on chorea, and writes thus: "Some writers following Poynton," etc. I should not for a moment desire to claim any priority for the view expressed as to the rheumatic nature of chorea. I was taught it by Dr. Cheadle, Sir Dyce Duckworth, Sir Thomas Barlow, and others of senior standing to myself. In France also the view dates back many years. My only claim for consideration lies in the evidence Dr. Paine, Dr. Gordon Holmes, and I brought forward to explain the association. This was briefly: (1) Demonstration of the strepto-diplococcus in the meninges and connective tissue of the brain in the region of the blood capillaries. (2) The isolation of the micro-organism from the cerebral tissues and the production of other rheumatic lesions when it was intravenously injected. (3) The production of choreiform movements. (4) The demonstration of morbid changes in the cerebral nerve cells.

I suppose no greater experiment on the importance of fright as a primary factor has been attempted on man than the London air raids. Yet there is no evidence that chorea has notably increased. It is more than probable that other infections may rarely produce chorea—for example, congenital syphilis and tuberculosis. Can any other agent than an infection produce chorea is the problem which it is so difficult to decide and yet so important to settle. If shock can do so, then in the future one sees some hope of studying the chemistry of shock through a deeper knowledge of the exact nature of the rheumatic poisons.—I am, etc.,

London, W., Sept. 6th.

F. JOHN POYNTON.

MEDICAL EDUCATION IN ENGLAND.

SIR,—Many years of teaching experience in a medical school make me endorse the conclusions of Sir George Newman's memorandum to the Board of Education in reference to the preliminary sciences—namely, (a) that these should form part of a post-school medical curriculum (p. 26), (b) that their syllabus cannot be materially reduced without detriment (p. 28). The right way to ease the student's "burden" is not to give him a preliminary canter in these sciences at school, but to so extend his mathematical and literary equipment there that he will know something of the language of these sciences when he begins their study. At present this preliminary equipment is in most cases so inadequate, or unsuitable, that the student is in the position of a reader who attacks a book in a foreign language which he has never learnt; it is the

use of the dictionary which he finds burdensome, and even with that the progress is slow. The statement that a property of an element is a periodic function of its atomic weight should illuminate his chemical path at once, but it often bewilders him because he has no idea what a function of a variable is. The logical deduction of such important conclusions as $\frac{VP}{T}$ is constant, or $\frac{F}{Ma}$ is constant,

from the experiments is only difficult because he has not learnt the proposition in variation which sanctions the deduction. The convenient notation of the differential calculus is rapidly becoming part of the alphabet of science; the student should learn at school to use this fluently and to differentiate and integrate simple functions with respect to one variable; his preliminary equipment should also include sufficient dynamics and hydrostatics to follow easily an account of the kinetic theory of gases, osmotic pressure, etc. It seems superfluous to say that his literary education should have made him quite conversant with the prefixes and suffixes of classical origin which abound in the vocabulary of science and medicine, yet many students have assured the writer that the lack of this education proved a real obstacle to their progress!

I have only space to indicate a few educational lacunae which the secondary schools could, and should, fill; by filling them they would do the student a real service. The preliminary canter in chemistry, etc., does not prove to be of great use: for some reason or other, students who have not had this canter often by the end of the first year reach a higher standard in the science than those who have had a school course. Moreover, in the study of science the initial point of view is so important that every teacher likes to begin *de novo*. The general principles of every science must be exhibited in illustrations and, when the science is part of a professional curriculum, the interest and progress of the student is most easily secured by illustrations which have some professional flavour or application. These, however, are only suitable when the audience is practically homogeneous: that can only be expected in a medical school. I incline to think, too, that school teaching, necessarily more dogmatic in type, is more suitable as a vehicle for the exact science of mathematics than as an instrument for the development of the open mind so essential to a medical man.—I am, etc.,

London, W.C., Aug. 30th.

HUGH C. H. CANDY.

MEDICAL REPRESENTATION IN PARLIAMENT.

SIR,—The decision of the British Medical Association to further the candidature for Parliament of approved medical men, and the appointment of a Parliamentary Elections Committee, is gratifying to many of us who for years have taken special interest in public affairs, including those affecting the profession. The composition of the committee, however, as announced in last week's SUPPLEMENT to the JOURNAL, excellent as it is, calls for one comment. In addition to the woman member and the four *ex officio* members, fourteen men have been selected, most of whom live in London, several being consultants. There appear to be only three typical general practitioners from the provinces.

To ensure the success of the movement, and of the proposed financial appeal, it would seem advisable for the committee to meet without delay and promptly to co-opt four representative general practitioners of repute (outside London) who will command the confidence and esteem of their provincial colleagues.—I am, etc.,

Bilston, Sept. 10th.

T. RIDLEY BAILEY.

THE TREATMENT OF SCARLET FEVER.

SIR,—The note in the JOURNAL of August 24th on a circular letter from the medical officer of health embodying a request made by the Metropolitan Asylums Board that mild cases of scarlet fever and "bacteriological diphtheria" should be treated at their own homes, thus leaving beds available for more serious cases, raises a number of questions. You state certain of these, perhaps the most urgent; but you ignore one which asks itself, week in, week out, year after year, to practitioners and parents and the public generally, one which threatens the foundations upon which our isolation hospitals are built, one which leaps from the request of the Asylums Board—How should cases of scarlet fever "be treated in their own homes"?

¹BRITISH MEDICAL JOURNAL, September 7th, p. 248.

It appears to me that the present difficulty in regard to hospital accommodation offers the profession in the London area a splendid opportunity to prove that more things are wrought by drugs than the newest school of medicine dreams of. It is the fashion to scoff at physic, and in many hands (ready and skilful enough in other emergencies) the treatment of scarlet fever has declined into what their owners would reckon "a wise and masterly inactivity"—symptoms are treated as they arise—and six weeks of seclusion end in vague hopes that the lash of one colony of microbes has been effectually cooked, or in dogmatic assurances which too often prove unfounded. There are many ways to treat scarlet fever; most of them claim but little in the line of striking results, and a glorious uncertainty attends their issue: there is one method—only one that I know of—which frames big promises, and generally makes good. That is the Milne method. It is begun the moment the case is diagnosed—sooner if there be reasonable grounds for suspicion. The patient is rubbed with pure eucalyptus oil carefully all over the body, from the crown of the head to the soles of the feet, both morning and evening, for the first four days, then once daily until the tenth day; the throat is swabbed with carbolic oil, 10 per cent., every two hours for the first twenty-four hours. At first the diet is soda-water or hot water and milk in equal quantities; in a few days light diet is allowed; and by the tenth day ordinary meals. For three weeks care must be taken to avoid cold, and patients must be warmly clad. "When the patient is moved from one bed to another before the treatment is used, then the first bed and bedding should be disinfected. The same applies to clothes the patient may have been wearing before the treatment." Otherwise nothing need be done—"clothes, toys, books, etc., are harmless."

That in outline is the whole affair—simple to a fault; but it works, as many a man who tried it incredulously has been forced to confess. Years of experience of the method have only confirmed my faith in it. Sometimes I have tampered with the original prescription to the extent of substituting for the detested oil swabbing a throat spray of paroline and medical izal, and the results have proved unfailingly satisfactory—cases have run an easier course than seems possible by any other plan, and infection has ended with the inception of treatment. I cannot say that severe symptoms and complications are impossible, but they more rarely happen. From the purely selfish aspect, what a comfort for the medical man abides in this method's solution of the infection question! Visit your scarlet fever patient when you like, you carry no mischief into other houses; if but the simple necessities of this treatment be observed, a patient's home and its members cannot menace the community. At the period when, attending my own child in my own home for scarlet fever, I put this method to the sincerest test, I had to manage a difficult first labour. Explanation was made to the patient and the alternative of another practitioner offered, even urged, but she insisted. So I went. The case necessitated a long chloroform anaesthesia, instruments proved ineffectual, and finally podalic version had to be done. Mother and baby did well. Neither in that case nor in a couple of other cases attended during the same period was there any rise of temperature, and I practically lived in the fever room at the time.

If a general confidence in the method could be established and the treatment carried out efficiently on the largest scale, two notable results would follow—(1) the liberation of very many big hospitals for military or other purposes, and (2) the saving of much public and private expenditure at a time when such economy is a national duty.—I am, etc.,

Belfast, Sept. 3rd.

ROBERT WATSON.

THE LABOUR PARTY AND THE MEDICAL PROFESSION.

SIR,—I have pleasure in replying succinctly to Dr. Brackenbury's courteous but searching inquiries.

Speaking for myself, but believing that I express also the opinions of the Labour party, I am wholly in favour of all the work of the medical profession which is paid for or aided from public funds, or of which the State takes any cognizance, being placed under the Ministry of Health, for the counsel and criticism of which there should be a statutory advisory medical committee. I do not under-

stand how it can be suggested that all the medical staffs can be "amalgamated" into a single staff, whether whole or part time, paid by salary or otherwise. But it seems to me that all branches of medical service should be effectively open to—and should, in fact, be recruited from—all kinds of duly qualified medical practitioners. There has been in the past too much separation, too much segregation, and too much virtual exclusion. There should be in future the closest possible relation ("co-ordination" is not enough) between the various services, whether central, or local; clinical or preventive; institutional or domiciliary; in connexion with maternity centres, schools, hospitals, and the manifold duties of local public health departments or with the treatment of the individual patient, under the Insurance Act or otherwise.

Similarly, I think that in each locality all such forms of "public" medical service should come under the supervision of a single local health authority, upon which the medical profession of the locality should be entitled to representation, and for the counsel and criticism of which there should be, in addition, a statutory advisory medical committee made up of the local practitioners, of all kinds.

I do not see how it is possible to make the medical profession, thus organized in the public service, either wholly full-time salaried, or wholly part-time salaried, or wholly fee-paid; wholly paid from the taxes, or from the rates and grants in aid, or from an insurance fund, or by the individual patients. This is equally the case whether we consider the Ministry of Health or the local health authorities. Let me say specifically that a universal whole-time salaried service, where no medical practice would be carried on by independent practitioners freely serving their own patients in their own way, is as inconceivable by me under the local health authorities as under the Ministry of Health.

But it is plain that there will have to be some increase of the various whole-time salaried services (whether, in the improvement of medical education, of professors and lecturers in the medical schools, of medical officers of health and other administrators of county and municipal health services, of resident officers of institutions, of medical officers of various kinds in the Ministry of Health, or what not). It is equally plain that there will need to be in the new services (if only by the absorption of the 4,000 Poor Law district medical officers) a great many part-time salaried medical posts of various kinds. It is no less certain that the very early increase in scope of the work now performed under the Insurance Act, notably in the rural districts, will necessitate a great increase in that part of the medical work of the general practitioner for which he will not be dependent on the fees that he can collect from his patients; and no other arrangement for the public payment that will have to be made to him seems practicable, at least over the greater part of the kingdom, than either a part time stipend, or some form of fee per capita, or per act of service—not, I hope, so complicated and inequitable as the present panel practice payments.

What has to be worked out—and this, I think, should be done by the medical profession itself—is the plan of co-ordinating all these different forms of the medical service for which the central and local governments will be responsible. The one thing I see clearly is that no simple or universal phrase or formula will suffice.

I entirely agree that it should be an essential part of the work of Government to maintain a central department of medical research and statistics; and that this should be quite independent of the administrative services, and not form a part of the Ministry of Health, or of any other executive Ministry. At the same time, this must not preclude the Ministry of Health from itself carrying out medical researches in matters arising out of its administration—so to speak, of "topical" character—as the Local Government Board now so usefully does; and, of course, the medical experts of the Ministry of Health would have to be in the closest possible touch with the independent Department of Medical Research. It must be remembered, too, that this independent Department of Medical Research, of which we have already the beginning under Sir Walter Fletcher, must, according to the British Constitution, be answerable to some Minister, who can speak for it in Parliament. It has been suggested that there should be, in the reorganization of government now pending, a distinct