university. It is not likely to come from the University of London, which would remain what it is, an honours university, drawing its *alumni*, as it now draws them, from all parts of the world and from many established universities. May we not hope that a movement for justice to the London medical student and for better educational facilities for London, will be opposed by none whose mission is to instruct and improve?

I am, Sir, yours truly,

A. ERNEST SANSOM, M.D.

Harley-street, Cavendish-square, W., Nov. 10th, 1885.

THE FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The assumption in your leader of last week that the Fellows of the Royal College of Surgeons, as well as the Members, are in favour of the first resolution carried at the meeting on Oct. 29th, induces me to ask you to put on record some of the reasons why I for one voted in the minority, and to say that I am well aware that a large number of Fellows are not in agreement with the vote which was then cast.

The reasons are these. I am not convinced by the argument that because a man has passed the examinations for the M.R.C.S., and has paid his fees, he has *ipso facto* acquired the right to vote for the election of the Council; and I conceive Mr. Gamgee's simile of taxation and representation to be founded upon an altogether false analogy. As regards the fees, the candidate receives distinctly a *quid pro quo*: he obtains his diploma, which is really his object in submitting himself to the examinations; he pays a small tax to Government in the shape of a stamp; he pays for being examined, the labour entailed in which process he probably never thinks about; and he contributes a certain amount to the funds of the College, which sum goes in great part to the payment of officials and the maintenance of the machinery that is necessary in order to provide the benefits referred to, but which also provides him with one of the best libraries and museums in the world. And yet he is not contented!

Again, there is no analogy, as far as I am aware, in the constitution of similar bodies and corporations, for such a state of things as it is proposed to institute. This may be said to be a high Tory argument, not to be tolerated in these days of change, if not of advance; but it may fairly be answered that, even if much more could be said than has yet been said in favour of the justice of the proposed change, it behoves those who are advocating it to point out very clearly the advantages which are to be anticipated from it. Now, Sir, I hold that if proof were to be sought for the opposite contention, a strong argument might be urged from the proceedings of the meeting of which you speak in such complimentary terms. I have scarcely met with anyone, even amongst the many who are jubilant over the result, who did not seem to be really ashamed of both the matter of many of the speeches and the intemperate manner in which they were delivered. I am not intending to defend the Council for the way in which their part of the business was conducted. They would, perhaps, have acted more wisely in submitting to the meeting an actual report rather than a confused collection of minutes, and putting forward one of their number to act as spokesman. Perhaps this would have been more business-like and more conciliatory. But what I wish to point out is that, if these so-called reforms are carried out, it will be to meetings such as this, or more likely to much smaller ones of the same sort, that the affairs of the College will be handed over; for the unmanageable constituency of 16,000 medical practitioners can never be polled, and if it could, it would have but little knowledge of the matters on which it was required to vote. Fancy those army and navy surgeons for whom Mr. Gamgee makes such a plaintive appeal, scattered all over the world, taking an active part in the politics of the College. The result, therefore, must inevitably be the handing over of the power now exercised (and admittedly not exercised badly) by the Fellows to meetings called together by a few active spirits, and guided by the inspiration of anonymous and irresponsible writers; and one may be excused for deprecating this introduction of the irritating influence of the caucus into our hitherto

peaceable profession. As for Mr. Swain's notion of submitting all the important decisions of the Council to meetings such as these, it seems to me like referring every vote in supply to the vestries throughout the country.

Lastly, Sir, are we not the College of *Surgeons*, and is not our Council largely occupied with matters which concern the *surgical* part of medical education—that is, the surgical as opposed to the medical? Is it, then, reasonable that nearly half the members of the Council should, as the proposed scheme suggests, possess the distinguishing qualification of not being surgeons but general practitioners, or at least of not having obtained the special surgical distinction which the College offers to them?

I am, Sir, your obedient servant,

Wimpole-street, Nov. 9th, 1885.

RICKMAN J. GODLEE.

THE TITLE OF "DOCTOR" FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—It is not without reason that Continentals credit the ordinary Englishmen (not Scotch or Irish) with the peculiar characteristic of viewing all institutions and customs which are not in strict accordance with those which exist in his own country as necessarily inferior, and it is often the somewhat discourteous manner in which he gives expression to this form of egotism, and so airs his fancied superiority, that makes him so disliked on the Continent and elsewhere. This peculiarity is naturally intensified in Londoners who consider that anything not produced or procurable in London is of little value. This belief I have frequently found exemplified, and it is well illustrated by the demand lately made on the part of the diplomats of the London colleges to have the title and degree of M.D. legally conferred upon them, and by the allegations which have been adduced in support of their demand. The letter in your issue of Oct. 24th by Mr. Shirley Deakin, F.R.C.S., reiterates these allegations, which simply are: 1. That the diplomats of the London colleges are better educated than the graduates of the Scottish and Irish universities. 2. That the Scotch and Irish universities are not real universities in the true—i.e., English—sense of the term. 3. That therefore the London diplomats should be put on an equality with the graduates of those so-called universities by being immediately turned into M.D.'s. In reply to all this, I utterly deny the pretended equality of the London diplomats, and for these reasons:—

1. The proficiency in Arts required by the London colleges from their diplomats is notoriously behind that required by the Scottish and Irish universities.

2. The Science Examination, as it obtains in the Scottish and Irish universities and the University of London, is not provided for by the London colleges, excepting to the limited extent in which the College of Physicians examines in Chemistry and Medical Botany.

3. I do not think the London students have such facilities for systematic training and clinical instruction as are procurable in the Scottish and Irish schools, and this want, which I take to be a defect in medical education, I consider, is mainly due to the very plethora of London hospitals and the absence of some great central teaching body in touch with all those hospitals—a want which is now making itself felt, and with the expression of which I fully sympathise.

4. Nothing has been, or can be, urged on behalf of the London diplomats which could not be urged with equal justice on behalf of the diplomats of the Edinburgh, Dublin, and Glasgow colleges, who also hold double qualifications, and whose examinations are certainly equal to those of the London colleges; but until all these diplomats undergo examinations in Arts, Science, and Medicine equivalent in every way to those of the Scotch and Irish universities, then, but not until then, will these diplomats have a just and honourable claim to the M.D. degree.

Having disposed of contention No. 1, I will now proceed to No. 2; and here, again, I must note the obliquity peculiar to English vision when looking at anything foreign, which appears to afflict Mr. Deakin. He totally overlooks the fact that the university system of Scotland is a national one, which has existed for over 400 years; and that was not framed to suit the views and requirements of the wealthy

class only, as in England, but to especially provide, in the truer sense of the term, university education and culture for all classes of the nation. That its influence has permeated the Scottish people, raised the educational standard of the masses, and generally promoted the well-being of a naturally poor country in a manner that the English universities have never done, are facts that cannot be controverted; and it is only now that the English universities are awaking to the necessity of following in the wake of Scottish custom by removing tests and restrictions, and introducing the system of "unattached students," which is, in fact, the Scotch university system. This imitation is the sincerest flattery. As regards the universities of Ireland, they have been performing a similar function in that country; and for an Englishman to attempt, in the face of these facts, to depreciate these Scotch and Irish institutions is simply to render himself ridiculous. Seeing that the first and second contentions above referred to are by the nature of facts unsupportable, the third naturally falls to the ground.

While upon this subject, however, permit me to say that with the desire for a Teaching University for London I fully sympathise, and, moreover, recognise the justice and necessity of the claim, not only in the interests of medicine, but also in those of law, science, and arts. The present University of London might, by a modification of its regulations, which would in no real sense detract from the value of its degrees, place itself in that position: but if it wilfully shut its eyes to the requirements of an immense population, and refuses to be wise in its generation, it must be prepared to see itself, at no great distance of time, superseded by a more useful institution, and perhaps its own charter abrogated.

While fully alive to the many benefits derivable from "residence," in the Scottish sense, at a Teaching University, I would yet advocate the abolition of *compulsory* residence: I would make it *optional*. Many students have neither the means nor opportunity to reside at a university town, and it is certainly unjust that such men, if they can pass, should be refused admission to the examinations and degrees of any of our universities. I would have no close corporations. Of course such a proposition would meet with great opposition on the part of those universities whose professors were mainly supported by the class students in residence; but I do not think they need fear any great reduction of their incomes on that account. There would always be a great number of resident students at any teaching university; and it would be still more in the interests of the universities always to obtain the best professors and teachers. Moreover, if these degrees were thrown open to non-resident candidates, they would be better appreciated by the public; and, after all, this would only be a further extension of what the universities have been lately recognising as part of their legitimate work—viz., the duty of examining. I would even go further than this, and permit all the universities to grant a *limited* number of M.D. and M.S. degrees to diplomats above forty years of age who passed a searching examination in the purely medical and surgical subjects of their profession. This would bring the best diplomats to the front and be a fitting reward for private study and professional ability. I do not consider it creditable to our university system that a diplomat who, by close observation and intelligent interest in his profession, should make himself a first-class man, should be for ever shut out from that public recognition of his worth which it is in the power of a university *imprimatur* to give him.

In conclusion, until London has obtained its much-needed Teaching University, I fail to see why any average London student, with steady work, should not pass the various examinations of the London University as easily as the Edinburgh student passes the Edinburgh University. Although the examinations of the two bodies differ somewhat in details in each examination, yet, taken as a whole, the examinations of both are much on a par; and I have generally found that it is only those students whose education in arts has unfortunately been too long neglected, and are so excluded by time from attempting the university curriculum, or who are wanting in sufficient application to master the science subjects, who grumble at what they are pleased to term the undue severity of the examination of these universities.

I am, Sir, yours faithfully,

R. M. MOFFAT, M.D. & C.M. St. And.

Oldham, Oct. 23rd, 1885.

CHOREA AND RHEUMATISM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 31st is a lecture by Dr. Cheadle on "Heart Disease in Children," in which mention is made of some statistics of mine in reference to the rheumatic origin of chorea, and the conclusion is drawn that my results are based on "faulty data of cases imperfectly investigated." It may be so; but I could have wished that my friend and colleague, instead of merely asserting this and quoting some lectures of mine given at Great Ormond-street nearly ten years ago, had referred to what I have written on this subject between that time and the present. During that period I have noted every example of chorea that came under my notice, and have now collected more than 200. Particulars of these cases and of the precautions taken to avoid error in respect of rheumatism have, by your favour, been published in THE LANCET, from time to time and are now collected in a humble volume which, I have reason to believe, lies neglected at this moment on Dr. Cheadle's bookshelves. I would plead for a short respite and the perusal of this little book before his harsh sentence upon my poor efforts is finally ratified. The more so, because the precise connexion of chorea with rheumatism is not—or was not before the publication of Dr. Cheadle's lecture—regarded as a settled question. I have now before me statistics from as many as thirteen different sources upon this point. Excluding those where the cases reported on fall below 80 (Dr. Cheadle's own number is 84), the record is as follows:—Hughes in 108 cases of chorea had 14 with rheumatism; Sée in 128 cases had 61; the Collective Investigation Committee (first report) in 128 cases had 31; Steiner in 252 cases had 4; and Oger in 80 cases had 8. With so wide a divergence little good could come of striking an average. All will admit that Steiner's results, though dealing with the largest numbers, are quite exceptional. My own discredited investigation gives 15 rheumatic children in 202; but I have been careful to take note of some 24 cases in addition, where there was a history of joint pain, the precise nature of which, whether rheumatic or not, was uncertain. It is but fair that a proportion of these should be reckoned to the rheumatic account; and if half of them be so regarded, my figures would fall between those of Hughes and Oger, while they are in substantial agreement with the conclusions of Dr. Donkin, who has lately published in the Westminster Hospital Reports a careful analysis of 105 cases of chorea under his care at the East London Hospital for Children. It is, in fact, not my results that are exceptional, but Dr. Cheadle's own. In attributing rheumatism "either in the patient or a near blood relative" to as many as 62 children out of 84, he differs almost as widely from most other observers as does Steiner with his 4 cases of rheumatism in three times 84. It must be admitted, however, that if blood relatives are to be appealed to, even near ones, we must be prepared for high percentages, for there are probably few families in this country who are not "related" to rheumatism.

My present purpose, however, is not to raise discussion on a much-vexed question; still less is it to disparage Dr. Cheadle's observations upon chorea in connexion with heart disease—observations which, equally with those which he quotes from Dr. Stephen Mackenzie, are a valuable contribution to the literature of this difficult subject. But I believe I shall carry your readers with me in this humble protest against the summary condemnation of more than ten years of labour at the hands of a critic who confesses himself unacquainted with all but a fragment of that work, and that fragment the earliest, uncorrected, and presumably least accurate part of it.

I am, Sir, your obedient servant,

Wimpole-street, Nov. 4th, 1885.

OCTAVIUS STURGES.

MALARIAL TYPHOID.

To the Editor of THE LANCET.

SIR,—I was very pleased to read Dr. Chaplin's paper on malarial typhoid in your issue of September 19th, for he there clears up a doubt which for some time I entertained of the precise character of a case of my own, which I now am perfectly satisfied was of a like nature to those described by Dr. Chaplin under the above-mentioned name. I will