Theodore Julian Preston, William Pearson, M.D., and Charles Lym Vasey. The following appointments have been made:—Staff-Surgeon William Pearson, M.D., to the *Raven*; Surgeon Alfred H. Miller, to the *Vernon*, additional; and Surgeon George Bate, to the *Boscawen*.

Correspondence.

"Audi alteram partem."

THE TITLE OF "DOCTOR" FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Mr. C. St. J. Wright, M.B. Aberd., in his recent letter to you ignores the point of the grievance of London students against the English Royal Colleges. Were the point at issue really what he states it to be—viz., that it is proposed to give students who have undergone an inferior course of study, and who have obtained the diplomata of the conjoint Colleges, the title of "doctor," which "is given to those who have taken the extra trouble, and gone to considerable extra expense, to gain a university degree in addition to the membership of the College,"—there would be some just grounds for the Colleges declining to accede to the proposal, originally, I believe, put forward by myself, and since so ably advocated by Mr. Hickman, M.B. Lond., for them to obtain a charter granting the right of giving degrees instead of diplomata. The truth is, the men on whom the Colleges inflict a serious loss of status are many; while the men who have been driven to incur "extra trouble" and "considerable extra expense," in order to obtain a mediocre Scotch or Irish degree, are a small minority of those who obtain these qualifications. The great majority of these graduates have passed the whole of their studentship at the university selected; they have paid much in small class, hospital, and examination fees; they have found living much cheaper; and if all one sees, hears, and gathers from experience is to be relied on, they have found the work easier and the terms shorter than in London. Even in Edinburgh the term of study is four months shorter than in London, since four academical years only equal the period of forty-five months required by the College of Physicians, while in Scotland the winter session commences on November 1st, a month later than the English session. We have it on the authority of Dr. Arthur Jacob of Dublin that degrees can be obtained after two years and nine months' study. The men who, having already passed four years in study in England, go over the border or across the Channel, and who then (after undergoing an extra course of study to keep the terms required by the regulations) obtain a degree, are in a small, though unfortunately an increasing, minority. They are not the men against whom the public generally, and the Royal Colleges in particular, have to measure the professional calibre of the English diplomats. Any man, no matter how well read he may be, must necessarily increase his knowledge by an extra course of study. My complaint is that men who have not undergone this extra course, nor indeed a period of study equivalent to the English course, pose themselves before the world as men of superior education simply because they have studied in a school, often but little known to fame, where they give a certificate, form X, while men who have been the pupils of the first surgeons and physicians of the day, and who are *alumni* of the grand old English hospitals, only obtain a certificate, form Z.

I should like to ask Mr. Wright whether it was not the fact, when he was at Aberdeen, that the London hybrids held themselves aloof from the true Aberdonian students, on whom they looked down, and by whom they were proportionally revered and looked up to as men who, knowing a thing or two, and who had seen something of the professional world. If it was not so, his experience was peculiar; and if it was, what then becomes of his argument that graduates of most of the British universities are, as such, superior in acquirements to the diplomats of the English Colleges? In Trinity College, Dublin, there is an approach to the academical systems of Oxford and Cambridge, which Englishmen, the University of London notwithstanding, usually include in their idea of a university; but elsewhere,

the undergraduates appear to live in lodgings, or with friends, just as the English students do; indeed, students living in hall, as some do at Bart's, King's, University, St. Mary's, and Queen's, Birmingham, are following the ideal university curriculum more closely than are most Scotch and Irish undergraduates.

What London students require is a University—i.e., after all, only a union of Colleges, so styled by Royal Charter—which shall grant them degrees after undergoing a curriculum of study and after passing examinations equal in stringency to those of most of the British Universities. The English Colleges should not be permitted to put up their standard unduly. London students hold that the examinations of the English Colleges are now at least equal as tests of professional acquirements to those of most of the existing universities in the three kingdoms.

To attempt to lower the London University standard to that of the Scotch and Irish universities, which would alone meet the wants of London students (and which must, I contend, affect the standards of the Intermediate and Second M.B. Examinations quite as much as it does those of the Matriculation and the Preliminary Scientific Examinations), would be a grave misfortune. To do so would inflict a serious injury on many men who have worked hard for six or seven years to obtain what is now rightly esteemed the blue ribbon in medicine. It would be as reasonable to ask the College of Surgeons to make all members Fellows on payment because the Edinburgh College has thought fit to make gentlemen who have attained its L.R.C.S. Fellows after having been nominated and after having paid extra fees.

London students, then, demand not only that they shall obtain a degree for the same amount of work that Scotch and Irish students do, but that the new arrangements to be made by the conjoint Colleges shall have a retrospective effect, and that all existing members and licentiates shall be included in the benefits of the scheme: Licentiates and Members of the Royal College of Physicians to be granted the degrees of Doctor and Bachelor of Medicine, and Fellows and Members of the Royal College of Surgeons the degrees of Master and Bachelor of Surgery respectively in the University of England or St. George—ambiguity should be avoided in selecting a title.

The gist of the whole matter lies in a nutshell. Unless the English schools, metropolitan and provincial, are prepared to see their students minish from among the children of men, they must be prepared to take action on the lines I have indicated, and that without further delay. It is simply monstrous that all our lunacy and hospital physicians appointments are practically handed over to Scotch and Irish students, all but some 3 per cent. of English students being practically disqualified to hold them. At Bethlem Hospital, I believe, it was recently the rule that a M.D. Q.U.I., who might have obtained his degree with less than three years' study, was eligible for an appointment on the staff, while a M.B. of the University of London was not, a doctor's degree being an essential. English students are surely strong enough to see themselves righted in this matter. Let them remember that union is strength, and I shall be glad to co-operate as long as I am in England with any gentlemen who will aid the formation of an association (if no existing organisation can undertake the duty) having for its object the granting of degrees for English students on similar condition to those on which Scotch and Irish students obtain them.

I am, Sir, yours, &c.,

SHIRLEY DEAKIN, F.R.C.S. Eng.,
Southsea, Sept. 25th. Surgeon, I.M.S.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION AND MEDICAL MEMBERS OF PARLIAMENT.

To the Editor of THE LANCET.

SIR,—At the meeting of the Council of the Poor-law Medical Officers' Association, held at their rooms, 3, Bolt-court, Fleet-street, on Thursday, the 8th inst., the case of Mr. Isaac Flower (*inter alia*), until recently medical officer of the Codford St. Peter's district of the Warminster Union, Wilts, was taken into consideration, and a resolution was come to that I should lay the facts before the medical public through the columns of THE LANCET, and, in accordance therewith, I have respectfully to request insertion of the following in this week's issue:—

Mr. Flower was appointed district medical officer on the formation of the Union forty-nine years ago, and has held office uninterruptedly during the whole of that lengthened period to the satisfaction of the poor and the board, before the latter of which he has never been arraigned, nor his conduct in any way questioned. His salary, inclusive of all extras, was £100. Last summer, finding that infirmities were coming upon him which would interfere with the due performance of his duty (he has entered on his seventy-fifth year), he tendered his resignation, and at the same time made application for a superannuation allowance. In due course the question came before the Board of Guardians for consideration. At such meeting Lord Shaftesbury moved that a permanent annuity should be granted; this was negatived. It was then proposed that one year's salary should be given in the form of a gratuity. To this an amendment was made that the sum should be £50 only. This, on being put to the vote, was carried by 12 to 11; but we learn that up to the present Mr. Flower has not signified his acceptance of this insulting offer. He has, however, written to the Local Government Board stating the facts, and asking their interference, and has received in reply "that it is entirely within the discretion of a board of guardians whether or not they will grant a superannuation allowance, either for a limited period or otherwise, to an officer on his ceasing to hold office; but they would, if he desired it, forward a copy of his letter for the consideration of the Warminster guardians"—a perfectly useless procedure *per se*, as the board would merely direct that the Department's communication should be laid upon the board-room table.

Having regard to the lengthened tenure of office, the high character of Mr. Flower, and his advanced age, this procedure of the Warminster Board of Guardians is in the highest degree unjust to this gentleman. And this brings me to the next point in my letter, where, let it be distinctly understood, I write for myself alone, and not under the direction of the Council. I refer to an increase of medical Members of Parliament, by whose aid only can this permissive Superannuation Act be amended, as well as other legislative requirements affecting the pecuniary and social interests of medical men.

I see that there are several medical candidates before the constituencies, and I further note that two of the Scotch Universities, as well as the London University, have candidates competing who are not of the medical profession. It is not to be expected that the present representative of the London University can be disturbed; but we surely can, if we like, wrest the two Scotch seats from the hands of the lawyers or laymen. In the case of Edinburgh and St. Andrews we have an able, nay gifted surgeon, Mr. Erichsen. I trust I shall not be held to be presumptuous in asking my fellow-graduates to disregard all considerations as to whether this gentleman be a Liberal or Conservative, but vote straight for him solely on the grounds that he is a high-class medical man. I would urge the same policy in every borough or division of a county where a medical man is a candidate, and I do so for the reason that there will be plenty of candidates left to take care of general political considerations. Unless we are up and doing on this occasion, we shall be in the future, as we have been hitherto, without political influence in the councils of the nation, a want which I have experienced most strongly during the thirty years I have striven to secure medical Poor-law and sanitary reform through the action of the House of Commons.

I am, Sir, yours obediently,

JOS. ROGERS,

Chairman, Poor-law Medical Officers' Association.
Montague-place, Russell-square, Oct. 12th, 1885.

MR. HOLMES' INTRODUCTORY ADDRESS.

To the Editor of THE LANCET.

SIR,—I see that in commenting on my introductory address you quote a passage which you believe to be intended to apply to the Scotch universities. It was not so intended; and, as far as I see, bears no such construction. I meant it to refer to any universities, whether in or out of England, in which there is no guarantee that the title given corresponds to any real superiority in professional acquirements or experience.

I am, Sir, yours faithfully,

Great Cumberland-place, W., Oct. 13th, 1885.

T. HOLMES.

THE

RECENT SANITARY CONGRESS IN LEICESTER: VACCINATION *v.* ISOLATION.

To the Editor of THE LANCET.

SIR,—There seems to be so much misunderstanding as to the position which Leicester and its health authority occupies in regard to the question of vaccination, that I shall be obliged if you will permit a short explanation to appear in your journal, and I ask this favour the more seriously after a perusal of the leading article in the last issue of THE LANCET. The system of isolating cases of small-pox, introduced by our late officer of health, was carried out as a measure of safety and protection, and in nowise with a view of depreciating vaccination, in the value of which Dr. Johnston was at the time a firm believer. Having proved its efficiency, year after year, we cannot do other than continue the plan whenever occasion calls for it; it would be criminal on our part not to do so. In speaking of the Sanitary Congress I did not say (as your article states) "there had been no death from small-pox during the last seven years." That is not correct. In 1882, out of a number of cases treated in our hospital, there were five fatal cases. What I said was that since 1872, now thirteen years, there had been no epidemic of small-pox, whereas in that year there were 346 deaths from the disease, and previous to that time—when vaccination was practised almost universally—epidemics of small-pox appeared at regular intervals. The result of our system of isolation has been a disappearance therefore of the disease in epidemic form, as yet; while the outcome of vaccination in towns like Birmingham, Nottingham, and London, where vaccination is duly observed, is the constant appearance of small-pox, in more or less virulent form. Surely, if your theory were correct, the facts ought to be precisely the reverse of this. But granting all that can be said in favour of vaccination, does it not become the duty of all health authorities—with the sad experience of constant failure of the existing system, from whatever cause, whether inefficient vaccination or neglect of re-vaccination—to adopt some other or additional method of stamping out this hideous disease? Ought we not to pity those who have so deeply suffered in towns where no reproach can be brought on the score of their being anti-vaccinators? These populations being vaccinated were, according to the medical theory, not susceptible, but the disease appeared and slew its victims notwithstanding. You compare Leicester to a town in which wooden erections should gradually replace those built of brick and stone, and have no difficulty in foreseeing the time when the best fire brigade would be perfectly helpless to prevent a general conflagration. Unfortunately for the figure the conflagrations constantly appear in towns such as I have named, where they do not change the brick and stone into wood; and in London alone, as Dr. Seaton, the officer of health for Chelsea, shows clearly in his last report, millions of money have been spent in the vain attempt to prevent or stamp out small-pox, with the result that its ravages are more fatal than ever! It is evident, then, that you have not yet extinguished the conflagration at your own doors, in the well-protected and non-susceptible population of London. Ought not your warnings therefore to be reserved for those nearer home, rather than for Leicester?

One other point in your article I should like to refer to. You say: "If Leicester could ensure its inhabitants against disease introduced into their town, it cannot extend the same protection to those who wander to other places. Already we are hearing of the results of the introduction of these unfortunates into other towns, and this raises a larger question than the safety of Leicester folk. . . . Leicester is, indeed, threatening to become a serious nuisance to other towns." This, of course, is a question which concerns the opponents of vaccination rather than the health authority. Still, I think it ought to be stated that as yet, since the isolation system was adopted here, the cases of small-pox we have had to deal with have been imported from other (and vaccinated) towns, London amongst the rest, which towns have thus been a constant nuisance to Leicester; and in the one case in which a working man from this town contracted the disease in London, and while suffering was sent back to Leicester, he had been vaccinated, and therefore ought not to have been susceptible to the disease, nor could