Correspondence.

"Audi alteram partem."

BIOLOGY AND THE MEDICAL CURRICULUM.

To the Editor of THE LANCET.

SIR,—I should like to support strongly Mr. T. G. Hill's plea for the more efficient instruction of the medical student in biology. That medicine is a biological subject is one of those truths so plain that we are all apt to forget it. The botany and animal morphology which have become conventional since Huxley and Martin are pretty good, but Mr. Hill's idea of merging them into a sound biology is very much better. In recent years there has been a progressive degradation of the relative position of biology in the medical curriculum in London, and by a curious coincidence the importance of the general ideas of biology to medicine has become increasingly obvious. The central point of pathology is adaptation, and on the whole I should say that no idea seems to be more novel to the average medical student in his third or fourth year. Yet it is pretty nearly the central point of biology as well, though I daresay I have some pathological prejudice as to this.

But let the student be taught biology, and not just the odds and ends which his teacher imagines will be useful to him as a medical man. There is nothing really very scandalous in the pathologist who did not recognise a spiral vessel so long as he knew who to worry for the solution of his difficulties. Knowing where to look for a thing is very nearly as good as knowing it off-hand. The principle of the relations of plants to one another and to their environment is the sort of general notion which will be of permanent and insistent value in the business at which the student is to spend his life. And if a more effective teaching of biology is necessary, it is equally impossible to cram anything more into the curriculum. If biology is to have more room it must be at the expense of some other subject. Chemistry is the most obvious victim; it is not a particularly educative subject, and as the key which we have been so often told is to undo all our troubles it has seemed to work rather stiffly. A good many people seem nowadays to be thinking that biological problems are best tackled by biological methods.

I am, Sir, yours faithfully,

Radlett, Feb. 17th, 1919.

A. E. BOYCOTT.

MEDICINE, PARLIAMENT, AND PUBLIC.

To the Editor of THE LANCET.

SIR,—In view of Sir Henry Morris's plea in your issue of Feb. 1st, of the turbulent meeting in Wigmore Hall on Feb. 9th, and of Dr. Addison's meeting in which he expounded some of his proposals for the Ministry of Health, may an old advocate of such a Ministry and a political candidate of 13 years' standing make a few suggestions?

The demands and rights of the profession cannot be authoritatively expressed by any body which will be qualified to contribute the special knowledge and experience of the profession to the conduct of the public services. The latter requires a specially selected body, such as the Medical Parliamentary Committee, or else the medical corporations and institutions themselves, to give expert advice. It will be the duty of the Minister of Health, with the help of his advisory councils, to attach relative weight to such advice, according to its internal or external evidence of importance. No democratically elected "Medical Parliament" could take over this function, nor would such a body be free from the necessity, where medical rights were at stake, of unconsciously subordinating its other recommendations to the defence of such rights. A medical trade union may or may not be necessary for such defence, but its advice to the State would be suspect. We must contribute advice that is not suspect. The two objects must be treated separately, and it is my own opinion that the existing corporations and institutions are able to give the advice required for the second and more general object. The Medical Parliamentary Committee may help as a clearing-house, but its authority will be indirect, voluntary, partial, and the work of such a body rests on a few men who have many claims on their time and energies.

The main requirement is to watch closely the statutory machinery to be set up in connexion with the proposed Ministry, to help it, scientifically to criticise it, and to bring weight to bear in Parliament to secure efficiency and prevent mistakes. For this purpose efficient Parliamentary representatives, medical or lay, are essential; and if the Medical Parliamentary Committee succeeds in putting effective representatives into Parliament and on to local authorities it will provide the only effective influence on behalf of medical science in public business.

It is too often overlooked that a Member of Parliament must primarily represent a constituency and not any profession, science, or other particular interest. He represents his constituents in all the proceedings, great or small, in which they or any of them may be concerned within the ambit of Parliament or of any Government department. And throughout he holds a brief for the particular policy or attitude of the political association that supported his candidature. It is only subject to these considerations that he can make use of his medical experience—and he will not find it of much help towards his election.

It is for lack of these considerations that the medical profession, as compared especially with the legal, is so weakly represented in Parliament. Quite apart from party, politics is a subject of great complexity, and requires no smattering, but a sound knowledge and a strenuous, practical experience. Without this equipment few candidates will be elected and none will exercise any considerable power in the counsels of Parliament. There, as in private practice, the most convincing facts, the soundest advice, are useless unless conveyed to the proper person, at the proper time, in the proper way, and in the proper place; and then they must be driven home with the aid of every direct or adventitious force that can be summoned to their aid. If a few of our best men, at the outset of their qualified career, instead of devoting their spare time to coaching and other by-play, will devote all their energies to this subject, as do many young lawyers, the medical profession may then confidently expect to play some part in the Government of the nation comparable with that which, despite all criticism, has on the whole so worthily been played by the legal profession and other sections of the community.

I am, Sir, yours faithfully,

F. E. FREMANTLE,

Lieutenant-Colonel, R.A.M.C., T.F.

Queensberry-place, S.W., Feb. 19th, 1919.

STATE MEDICAL SERVICE:

A COMPARISON WITH THE MILITARY PATTERN.

To the Editor of THE LANCET.

SIR,—A good deal has been written for and against a State Medical Service. The subject continues to be discussed from diverse points of view, and in support of the argument for such a service and of the lines on which it should be framed the Army Medical Service has been much quoted. Again, the proposed civil service has been discussed in a manner which makes it evident that some regard its adoption as necessarily involving the disappearance of the general practitioner, and that the survival or suppression of general practice is the crux of the whole business. The medical service of the Army does not make provision for some needs that amongst the civil population a medical service must provide for, and though in general the military could serve as a model for the civil service, they must necessarily differ in some detail. While the Army Medical Service is organised with a view to removal of the sick and injured to central hospitals, and treatment "in quarters" by visiting medical officers is made the exception, among the civil population the reverse holds good, the majority of sick persons being treated in their homes ("in quarters") and but comparatively few in hospital. It is not feasible, with advantage, to alter the position materially in either case. The medical officer to a regimental unit (e.g., a battalion of infantry) may be taken as the equivalent of the general practitioner of civil practice, but he does not retain under his care any but those who are suffering from quite trivial ailments which do not unfit them for some form of duty. In times of peace regimental units do not ordinarily have a medical officer attached to them. A system is adopted for dealing with the sick or injured soldier which resolves itself

into treatment being given in hospitals and at medical inspection rooms, located conveniently in garrisons, according to the nature of the disability.

It will at once be obvious that this method of dealing with the sick is the reverse of what obtains in civil life: the patient comes or is brought to the doctor instead of *vice versa*. It also results that the military medical officer has at hand means ready for the diagnosis and treatment of such injuries and diseases as he finds are beyond his resources. Since inter-communication is established between hospitals and officers in immediate medical charge of troops, and as these officers have access to wards and laboratories, if not actual duties to perform in hospital, it follows that every opportunity is afforded them of watching or practising methods of diagnosis and treatment which the conditions of their service debar them, for the time being at least, from actually carrying out themselves. Obviously this arrangement is highly beneficial to both "doctor and patient," since the former has no difficulty when need arises for expert assistance in diagnosis and treatment in obtaining it, and for keeping well abreast of all advances in both matters, while the patient need suffer no delay in obtaining "further advice" or special forms of treatment when such are required.

Turning to the conditions of civil practice, there is no organisation affording equally and to all the assistance they may require beyond what can be given by the general practitioner. The Public Health Service has means for dealing with certain diseases in a limited way, charitable institutions and the Poor-law provide for the least well-to-do, but a large percentage of the population is unassisted by these means, and as more costly methods are naturally not very readily sought after the public health suffers accordingly. The pressing need is to assist the general practitioner in obtaining diagnosis and treatment of those cases beyond his resources in a way that will neither injure his reputation nor excuse him from availing himself of them.

If this principle is accepted and developments are shaped along these lines there will be no suppression of general practice, it would rather be reinforced, supervised, and made more effective. In a tentative sort of way the Public Health Service does this by treating certain diseases, and affording means of diagnosis for all (e.g., tuberculosis), and it does not require great imaginative power to see how these small beginnings could be developed to cover a much wider field so as to render assistance both to doctor and patient which it is difficult for any but the very poor or rich to obtain. A service of the kind indicated would be costly if it is to include the whole field of medicine, surgery, and midwifery, for to run it on decent and efficient lines would entail the provision of buildings, equipment, and personnel of unquestionable quality. But it should cause at its inception less disturbance to existing conditions than any scheme involving the abolition at the outset of the general practitioner.

I am, Sir, yours faithfully,

Feb. 14th, 1919.

J. H. P. GRAHAM.

THE QUALITY OF COMMERCIAL VACCINE LYMPH.

To the Editor of THE LANCET.

SIR,—I am anxious to draw attention to the present condition of some of the vaccine lymphs as sold to general practitioners. Being attached to the Infant Department of one of the leading hospitals, part of my duty is to vaccinate infants there with lymph obtained from the Government laboratories. At the same time I am vaccinating children in my ordinary practice with lymph supplied commercially; for the Government lymph is not for sale and quite unprocurable for use in private practice.

For six months past I have been suspicious as to the efficacy of the lymph sold to us and I am now able to prove the comparative worthlessness of some of these lymphs. At the hospital, where I use Government lymph, failure to obtain a perfect vesicle at the site of every inoculation is rare. It is rarer to get all places to "take" when using a commercial lymph in private practice. Far more commonly one or perhaps two places take in a feeble and unsatisfactory manner. Sometimes no inoculation takes and this even after vaccination has been repeated. Recently, for instance, I vaccinated an infant in private practice with lymph with a good name from a well-known chemist. I

inoculated in three places—none took. After an interval I inoculated again in three places with fresh vaccine—none took. I succeeded in getting a tube of Government lymph and, using this, obtained three perfect vesicles.

Now the public are not fond of having their infants revaccinated due to failure of lymph, and when after a second time a feeble result occurs in one place only, the practitioner certifies the child as "successfully vaccinated," warning the parents that the infant is only partially protected and should be revaccinated in a year, or he may even fail to do this, when the child remains a standing danger to the community. There is one lymph for the rich and one for the poor, and in this case I plead for the rich.

The importance of this matter can hardly be exaggerated, and if we *must* use a commercial lymph I would urge for an adequate control by Government of such lymph. But I would go further and press for the suppression of all commercial lymph establishments and the distribution for use of lymph adequate in power and free of cost by the Government. The risk of life and the danger to others of these partially protected, and soon unprotected, children is becoming ever greater, and I trust that one of the first duties of a Health Minister will be to deal adequately with the question.

I am, Sir, yours faithfully,

Kensington, Feb. 3rd, 1919.

E. A. BARTON.

THE PRESENCE OF A FILTER-PASSING VIRUS IN INFLUENZA, ETC.

To the Editor of THE LANCET.

SIR,—Dr. Robert Donaldson's several recent letters have raised many interesting questions which, it is to be hoped, will not escape attention. When discussing last year in your columns (May 18th, 1918) those cases then thought to be examples of botulism, and now referred to, in the Viennese style, as encephalitis lethargica, I made some reference to Rosenow's pleomorphic coccus, which had till then almost escaped allusion in this country. The possible identity of this organism with that found by von Wiesner in the Viennese cases was discussed by me with my friend, Dr. L. Rajchman, the author of the Memoir on Influenza, so justly eulogised in your issue of Jan. 4th (p. 25). Shortly afterwards, in the first case of "encephalitis lethargica" that he had the opportunity of investigating, he found, as a denizen of the naso-pharynx, a remarkable organism which, so far as could be determined, was identical, on the one hand, with that found by Rosenow in poliomyelitis, and, on the other, with that found by von Wiesner in "encephalitis lethargica." He found the same organism in other cases of an "influenzal" nature, which at the time we regarded as possibly "abortive" cases of the nervous disease. Further, by strict and peculiar methods of anaerobic cultivation Dr. Rajchman (whose critical acumen and bacteriological skill no one can doubt) produced from his pure cultures of "Rosenow" a free growth of minute bodies which to us appeared not distinguishable from Flexner's "globoid bodies," and which now may be said to resemble those described by the investigators at Etaples.

A little later, when engaged in writing the memoir alluded to, Dr. Rajchman came to the conclusion that phases of Rosenow's coccus, or at any rate of a closely allied organism, had been described by many observers in different countries in relation to the vernal epidemic of influenza. Dr. Rajchman was fully alive to the possibility of relation between the filter-passers and the non-filter-passers, and pointed out to me the interesting bearing of these newer bacteriological developments on the epidemiological conclusions that, following Dr. Hamer's line of thought, I had formulated and was about to express in the Chadwick Lectures. Dr. Rajchman left England some months ago; his work was unfinished, and his cultures, I fear, have died out.

Dr. Donaldson knows, I am sure, that these lines are written, not to detract for one moment from the originality and value of his own work, but, on the contrary, to show in what measure his ideas and results are supported by those of others. Truly, there is no *a priori* reason to assume that filter-passing organisms have no other stage or form of existence. The work of Rosenow and others goes some way to prove that the contrary assumption is sometimes true, and that pleomorphism sometimes occurs to a quite unorthodox extent. We allow even a tapeworm the luxury of "alternate