

by them, to the exclusion of civilian male patients. The special grant of £10 in respect of each discharged man is the only contribution from outside sources receivable in respect of the treatment afforded to this class, and does no more than pay for five or six weeks' treatment, whereas the average length of stay should be at least twelve weeks. The feeling was expressed that the cost of giving adequate treatment to discharged soldiers should not in the main fall upon funds contributed by or in respect of the civilian male population, to the almost total exclusion of those contributors. A letter was read from the Commissioners stating that the treatment of discharged soldiers must not be excluded from the Committee's scheme; the Committee was responsible for the arrangements in these cases as for other classes of the population who were eligible for benefit, but the Commissioners added that they hoped to be in a position to supplement existing funds by an Exchequer grant. The Committee proposes to send a deputation to the Commissioners in relation to sanatorium benefit arrangements generally.

## Correspondence.

### UNIVERSITY REPRESENTATION IN PARLIAMENT.

SIR,—In your issue of April 20th Dr. E. Rowland Fothergill takes exception to the formation of a political association in connexion with the combined English universities, though at the same time he somewhat inconsistently suggests that those who think like him should support a candidate who holds views similar to his, forgetting that any association supporting parliamentary candidates is of necessity a political association. His letter is inaccurate in certain particulars, as he must be aware from our reply to a postcard from him some weeks ago. Our committee is not self-constituted, but was elected at a meeting to which were invited all the graduates resident in London whose names and addresses could be found. In addition to those who accepted the invitation, a very much larger number wrote expressing approval of the proposed association.

Dr. Fothergill suggests that we are endeavouring to secure the election of a candidate who holds our views. This, of course, is obvious, and it would also be the purpose of the association which he suggests should be formed. As there are, however, to be two members, and not one, and as these are to be elected under proportional representation, there is no question of our trying to monopolize the representation of the seven universities. He indulges in the gratuitous assumption that our candidate will not be keen on social questions. In this we think he will prove to be wrong, though we would point out to him that many of the so-called "social reforms" merely aggravate the disease which they profess to cure.

In any event, we think it a *sine qua non* that the members who represent the seven universities should be graduates of one or more of them.

While our association has certain definite political objects, it also intends to interest itself in all appropriate educational matters.

Perhaps the best justification for our action lies in the fact that already more than twice as many graduates have expressed approval as there are members of the senates of the seven universities. We mention this because these are presumably the official bodies whom he suggests should wake up. We must protest against the proposal that these official bodies should take any part in the matter, particularly as most of the members thereof will not be electors in the division, being graduates of other universities.—We are, etc.,

W. M. ABBOT ANDERSON,  
Chairman.

HERBERT G. WILLIAMS,  
Honorary Secretary.

Combined Universities Conservative  
and Unionist Association.

130, Ashley Gardens, S.W.1.  
April 27th.

### THE MILITARY SERVICE ACT, 1918.

SIR,—There is no class in the community who have given their services more freely and ungrudgingly to the nation during these years of stress than the medical pro-

fession. Their reward is to be singled out for compulsory service to an age five years beyond anyone else—an invidious distinction in which Sir Watson Cheyne finds "an honour,"<sup>1</sup> but many of his professional brethren see rather a slight. I have yet to find the medical man here who approves it.

We have heard enough since the war began to convince us that the average general practitioner at home has been working harder than the average man with a commission, either at home or abroad. There are many men from 56 to 65, say, who are still vigorous and active; if the men below this age are largely absorbed into the army, as is suggested by the drift of the Act, these older men will be called upon to bear a very heavy additional strain.

At this stage, surely, the object of the authorities should be to take for the easier work and more regular hours of hospitals, etc., at home and base hospitals abroad, the oldest men fit for them rather than the youngest, and to leave for the severer test of endurance in depleted general practice those who are more active and have a greater reserve of energy.

If the War Office offered commissions for a limited period to those up to 60 or 65, I have no doubt they would have many applications from fit and capable practitioners; and fewer of these older men would break down than under the system which the Act foreshadows.—I am, etc.,

Edinburgh, April 23rd.

R. A. LUNDIE.

P.S.—I am pleased to see a suggestion in the same direction in yesterday's JOURNAL, from an anonymous F.R.C.S.

April 28th.

SIR,—It may be practically futile at this date to say a word more on this question, but it may not, as things have not infrequently been changed or modified during the past three years. I have just learnt that in fixing the age limit the National Service Ministry consulted the English and Welsh war emergency committee, but not the Scottish. Considering the more than generous way in which Scotland has responded to the demands for medical and man service, it surely deserved better treatment than to be ignored. I strongly protest against this action of the National Service Ministry. It would have been wiser to have refrained altogether from fixing an age limit as applied to doctors, for obvious reasons. It has for long been my conviction that the best use has not been, and is not being, made of the medical man service at home and abroad. Great things were hoped for when the Commission appointed to investigate the medical service in France issued its report. Has that report been published?

I believe that a great many more men could be spared for home and foreign service, provided it is gone about in the right way. The only and proper way is by organization.

1. In cities and large towns bureaux should be established, whereby the attendance on the public could be equally distributed among those who are left without doing harm to any one in particular.

2. In one or two men districts the position should be left undisturbed. Substitution would be bad for doctors and public.

3. In populous districts greater use should be made of registered midwives for labour cases, thereby relieving many doctors of the hardship of loss of sleep.

4. Many men over 55 who are retired or semi-retired are perfectly able to undertake part-time service at home, thus relieving younger men for foreign service who at the present time are engaged in clerical work.

5. The public should be educated to expect war-time attendance, not peace attendance.

—I am, etc.,

Edinburgh, April 30th.

MICHAEL DEWAR.

### THE EXTRA MILEAGE GRANT.

SIR,—It seems to be little realized that the method of distributing this grant, agreed upon in consultation between the Insurance Commissioners and the Insurance Acts Committee, will result in a very large number of rural practitioners being ruled out of participation in the grant. For instance, in Shropshire, where every practitioner on the panel is a rural practitioner, probably 50 per cent. will receive nothing from the new grant, although every one of the doctors on the panel has incurred increased cost in travelling owing to war conditions. The following case is

<sup>1</sup> BRITISH MEDICAL JOURNAL, April 20th, p. 462.

one I can vouch for: A panel practice of 2,000, 1,200 of whom live more than one mile from a chemist, and up to seven and a half miles from the practitioner, who travels between 9,000 and 10,000 miles a year. This practitioner will not receive anything from the new or extra mileage grant because of the method of distribution which the Insurance Acts Committee agreed to as being equitable. As the mover of the only resolution dealing with this subject at the Conference of Panel Committees, I regret that my remarks were not more fully reported in the account published in the SUPPLEMENT of April 20th.—I am, etc.,

Newport, Salop, April 21st.

THEO. MARTIN CUTHBERT.

### Obituary.

J. MICHELL CLARKE, M.D.CANTAB., F.R.C.P.LOND.,  
Physician to the Bristol General Hospital and Professor of Medicine  
in the University.

WE announced last week the death of Dr. J. Michell Clarke of Bristol; he had been ill for some time, and died at Looe, Cornwall, where he had gone for the benefit of his health. He was the son of the late Mr. W. Michell Clarke, surgeon to the Bristol General Hospital, and was 58 years of age. He was educated at Clifton, Caius College, Cambridge, Bristol, and St. Thomas's. He was for a time junior demonstrator of anatomy at Cambridge and afterwards house-physician to St. Thomas's Hospital. He graduated M.B.Camb. in 1885 and M.D. in 1892, became M.R.C.P. in 1887 and Fellow in 1896, and was elected a member of the Council of the College in 1917. His association with the Bristol General Hospital began early, and continued to the time of his death, when he was senior physician. He took a leading part in the establishment of the University of Bristol and its medical faculty, as related below by Dr. Parker. He had been lecturer on practical physiology, and became professor of pathology in the university, and afterwards of medicine, and the esteem in which he was held by his colleagues is shown by the fact that he was holding the office of pro-Vice-Chancellor at the time of his death.

Dr. Michell Clarke had given special attention to diseases of the nervous system. His Long Fox lecture at Bristol in 1910 was on cerebro-spinal syphilis, and his Bradshaw lecture before the Royal College of Physicians in 1915 was on nervous affections of the sixth and seventh decades of life. He was the author of a work on hysteria and neurasthenia published in 1905, and contributed a number of papers to *Brain* and to our columns, including a case of removal of an intrathecal tumour of the lumbar region of the spinal cord, followed by a remarkable degree of recovery. Dr. Michell Clarke, as Dr. Parker notes, was an active member of the British Medical Association. He was for many years honorary secretary of the Bath and Bristol Branch, and was afterwards its president. He was secretary of the Section of Medicine at the annual meeting in Bristol in 1894, vice-president of the Section of Pathology in 1903, and vice-president of the Section of Medicine in 1912. He was also president in 1909 of the Bristol Medical-Chirurgical Society.

We are indebted to Dr. GEORGE PARKER, his colleague at the General Hospital, for the following tribute to his character and attainments:

The death of Dr. J. Michell Clarke in the full vigour of his powers is an irreparable loss to his numerous friends, to his colleagues, and to the medical profession. In his life I look back on one of the finest characters I have ever met. From the day when, as old Cambridge students, we met trembling on the steps of the College of Surgeons (there was no Joint Board then) to the end of his days he was always the same able, kind-hearted man, with a boundless capacity for work, and a wonderful power of self-restraint and sound judgement.

From his earliest years he had made up his mind to excel in whatever he took up, whether it was science or golf, and to this he added an unwearied industry which made his life a fountain, ever pouring out a full stream of valuable work without a moment's loss. His fellow workers hardly realized the greatness of the output, for it came so regularly and quietly and with so little display of effort through his ceaseless devotion to his duties. As a scientific man he threw himself from the beginning

of his career into the development of neurology, especially on the pathological side. His brilliant and careful work in this department has a permanent value in the great structure which has been raised during the last thirty years. To the last he took the keenest interest in the subject and found time for a steady output of papers and laboratory work of the highest order. But he had endless other duties. He had to take a large share in the changes which led to the Bristol Medical School becoming a faculty of the new university, and here, as in everything else, his clear judgement, his quiet determined energy, and his capacity for grasping a complicated problem were of enormous value.

For the British Medical Association, too, he did yeoman's work. How few consultants there are who have toiled year after year in carrying out the routine work of honorary secretary for a large Branch and the delicate and troublesome duties under an ethical committee in composing local disagreements; and again, in representing on the local Insurance Committee the needs of panel practitioners at a time when party feeling ran high; and finally, as a member of the Central and Local War Committees, in taking on the terribly responsible duty of deciding who could be spared to offer their lives and services. It is to the strain of all these duties in addition to his military functions as Lieutenant-Colonel R.A.M.C.(T.) when in charge of some 1,300 beds in the 2nd Southern General Hospital that we must ascribe the fatal breakdown.

His work at the Bristol General Hospital in Guinea Street, where his father had served before him, was marked by the same thoroughness, punctuality, and breadth of view. Both the lay committee and his colleagues constantly looked to him to grapple with difficulties and to compose differences. For thirty years he showed what excellent work could be done at a voluntary hospital, and his methodical and exact teaching was eagerly sought for by students, who cherish the deepest affection for his memory. He had a large and widely spread practice throughout the West of England, as his high character and scientific attainments were recognized on all hands.

I do not recollect his ever being drawn into an angry discussion. His uniform good temper and quiet determination always enabled him to state his side of a question with clearness and dignity, and an Aristotelian discretion and tact gave weight to his judgements. In his scanty leisure he ever found delight in the best literature, in the pages of Saint Beuve, or in some historical or philosophical writer. In his last illness he pressed upon me a review of McKenna's new work on Plotinus which had charmed him, and nothing gave him more delight than a discussion on such subjects. He bore up bravely under the loss of his second son, who was killed in action, but the strain of the war told upon his keen patriotic feelings. It is difficult to speak of the generous kindness and toil he gave to those in need around him, but it must suffice to say that few men of his time will be more regretted than our good colleague and friend.

HENRY MACNAUGHTON-JONES, M.D., M.Ch., M.A.O.,  
F.R.C.S.I. AND EDIN.

DR. HENRY MACNAUGHTON-JONES died on April 26th, at High Barnet, at the age of 73. He was the son of the late William Thomas Jones, M.D., of Cork. He received his education at Queen's College, Cork, where for ten years he was demonstrator and lecturer on anatomy, and subsequently professor of midwifery. He obtained the degrees of M.D. and M.Ch. of Queen's University of Ireland in 1864, the diplomas L.R.C.P.I. and L.A.H.Dubl. in 1865, and F.R.C.S.I. in 1870; in 1886 he was awarded the M.A.O. degree of the Royal University of Ireland (*honoris causa*). After a varied experience of Poor Law dispensary work in the city of Cork, he served for eleven years as physician to the Cork Fever Hospital. During this period of his career he founded the Cork Eye, Ear, and Throat Hospital, and some years later was largely concerned with the foundation of the Women and Children's Hospital, now the Victoria Hospital. Coming to London in 1883, Dr. Macnaughton-Jones devoted himself to obstetrical and gynaecological work, in which he took for many years a prominent position. Among the offices which he held were the presidency of the British Gynaecological