are to be solicited which will not exclude independent gifts; thus the Society of Russian Physicians has subscribed £50 and other similar contributions have been received.

The gold medal founded by the late Sir Gilbert Blane, Bart., to be given biennially has been awarded by the Director-General of the Royal Navy Medical Service and the Presidents of the Royal College of Physicians of London and the Royal College of Surgeons of England, to Staff Surgeon S. T. Reid, R.N., for his journal of H.M.S. *Vestal* for 1901–02 and to Surgeon R. W. G. Stewart, R.N., for his journals of H.M. ships *Latona* and *Thames* for 1903.

# Correspondence.

"Audi alteram partem."

## MEDICAL TEACHING IN THE METROPOLIS.

*To the Editors of* THE LANCET.

SIRS,—As senior physician to one of our teaching hospitals in London I feel compelled to say something in answer to the letter of Dr. Harry Campbell in THE LANCET of Feb. 18th on medical teaching in the metropolis. He says that it cannot be said that clinical medicine is well taught in London and that few of our London physicians are experts in the art of imparting the knowledge and skill which he allows they possess. He states that this is mainly owing to the fact that in the election of physicians to teaching hospitals due regard is not had to their teaching capabilities and his remedy is that all who are subsequently found incapable should be dismissed and, further, that certain gentlemen attached to hospitals unconnected with schools should be appointed to assist. This charge of incompetence, which is brought against the large number of 91 physicians and assistant physicians connected with the 12 teaching hospitals, besides medical tutors and registrars, is unsupported by a single statement of fact. He says *few* are capable of teaching. What is Dr. Campbell's definition of few? Is it 10, or 20, or 30 per cent.? Does Dr. Campbell's knowledge of London clinical teaching justify him in saying that 70 per cent., or even one-half of these gentlemen—and these would amount to 50—are incapable of teaching?

Now I am not concerned at present to do more than defend the hospital with which I am connected from its share of this charge. I have no doubt that other teaching hospitals will have an answer ready. But I am quite sure that as long as I have been connected with Guy's Hospital it is few of the physicians who have *not* been good teachers and that the clinical teaching has been, and is, carried out earnestly, thoroughly, and effectively, day after day by all concerned. With regard to the alleged cause I think I can safely say that no assistant physician during the last 40 years has been elected to the staff of Guy's Hospital who has not had experience in teaching and whose capacity to teach has not been taken into consideration as a factor in his election. The experience in teaching has been generally acquired in some probationary appointment requiring re-appointment every one or two years, such as that of demonstrator or registrar. Dr. Campbell's suggestion that we might pick up some worthy persons from the non-teaching hospitals presents this difficulty: How are we to know that they can teach? I am, Sirs, yours faithfully,

Wimpole-street, W., Feb. 18th, 1905. FREDERICK TAYLOR.

*To the Editors of* THE LANCET.

SIRS,—Obvious perils beset the path of any writer who attempts to argue from the known to the unknown or who ventures to generalise upon the assumption that his major premiss will meet with universal acceptance; these perils and this assumption are to be found in painful prominence in the letter under the above heading which appeared in THE LANCET of Feb. 18th, p. 458, in which the writer assumes that all will agree that clinical surgery is well taught in the London schools but that the like cannot be said of clinical medicine. He proceeds to deplore the assumed dearth of good clinical teachers of medicine as though all were equally agreed about that point. As one of the clinical teachers of medicine recognised by the University of London I feel that a protest should be made against the sweeping assertions of the writer of the letter. It is possible that he may be mistaken both as to the general agreement of the excellence of surgical teaching and as to the weakness of that of clinical medicine. He surely cannot pretend to be personally acquainted with the teaching of every school. He can only speak with a semblance of authority of the teaching of his own school, and it may be well to leave that school to deal with his criticisms. On the other hand, I venture to think that the suggested superiority of surgical teaching might be submitted to a truer test than that of average attendances—viz., the test of results. The records of the examinations of the Conjoint Board show that a larger percentage of men are rejected in surgery than in medicine, in spite of the suggested excellence of the teaching of surgery and the greater average attendance of students in the surgical wards. That it is more difficult to impart a knowledge of medicine is self-evident since students have to be taught to observe, and though it may be easy to tell them what should be heard with their stethoscopes they must take personal trouble to educate their special senses.

That there are "not a few capable men in London connected with non-teaching hospitals" it would not be wise to question, but surely they have at one time had their opportunity of being chosen to fill vacancies in the ranks. Having been passed over when their merits and their teaching powers were freshly within the recollection of the electing body of their own school it is scarcely to be expected that they should be called back to supersede those who have been continuously engaged in promoting the interests of the medical school. I am, Sirs, yours faithfully,

Harley-street, W., Feb. 20th, 1905. NESTOR TIRARD.

*To the Editors of* THE LANCET.

SIRS,—The letter from Dr. Harry Campbell in your last issue deplores the system of election at the medical schools and its suggested influence upon the teaching of medicine. The writer states, and we must take his word for the accuracy of the statement, that "there are not a few capable men in London connected with non-teaching hospitals." The adaptation of sundry remarks by the immortal Captain Cuttle and his friend Jack Bunsby may be of service. "A man's thoughts is like the winds, and nobody can't answer for 'em for certain, any length of time together." "Overhaul the ... (Medical Directory) and when found make a note of." "For why? Which way? If so, why not? Therefore." "The bearings of this observation lays in the application on it."

I am, Sirs, yours faithfully,

Feb. 18th, 1905. A STUDENT OF "BOZ."

*To the Editors of* THE LANCET.

SIRS,—I have read with much interest Dr. Harry Campbell's letter upon this subject and as it is one of wide-reaching public and professional interest I venture to make a remark upon it and to put forward a practicable suggestion. It is hardly possible to get all the governors of the London teaching hospitals into one way of thinking as to the methods of selecting their physicians and surgeons nor, perhaps, would the staff agree to losing a comrade through his failure to come up to Dr. Campbell's test. Medical teaching might be very much improved, not only in London but elsewhere, if it became compulsory to spend the last two years of the five years' curriculum in centres where there are large numbers of teachers to choose from and if one uniform fee allowed a student to attend any teacher he chose. Suppose all the teachers in London formed themselves into a body and freely admitted anyone possessing such qualifications as are now required for teachers and for clinical teaching all who had a requisite number of beds or out-patients from which to teach. An annual fee of £25 or £30 might be charged to each student and distributed *pro rata* to each teacher, school, or hospital, according to the numbers attending. This would enable men to attend several hospitals at one time, to choose their teachers, and not be compelled as they are at present (on account of the composition fee) to attend such teachers as the hospital board appoints to teach them.

It must be granted that some hospitals and schools have advantages over others and doubtless every one of them has some special advantage which a student may reap, but can it be said that every hospital and school are perfect in every particular? Whatever defect in the teaching there is it is

reflected upon the student, and though he may be unusually well armed at one part his armour has serious weaknesses. Such a scheme would relieve the strain of maintaining a staff for the primary and scientific work and allow the universities and university colleges to fulfil their proper duties to the profession. Dublin, Glasgow, and Edinburgh might be similar centres and work upon similar lines. This project I respectfully submit is feasible, cannot injure anyone, and only requires the support of the General Medical Council to effect the reform. Your space is too valuable to dilate upon other obvious advantages.—I am, Sirs, yours faithfully,

Feb. 18th, 1905. R. C. H.

## EFFECTS OF ANÆSTHETICS UPON PLANTS.

*To the Editors of* THE LANCET.

SIRS,—Besides the effect upon the sensibility of "mimosa pudica" noticed by your correspondent Dr. R. Macdonald and the enhancing of rest to which you refer several other effects of anæsthetics upon vegetable life have now been observed. It may interest Dr. Macdonald to be referred to some of these. The streaming of protoplasm, cell division, and cellular respiration are all affected in the direction of paralysis by solutions or vapours of ether and of chloroform. Elfving and Lauren[1] state that respiration in the higher plants is increased by ether and by chloroform but this is denied by other authorities. Claude Bernard showed that fermentation can be inhibited by chloroform. Again photosynthesis (the manufacture of sugar and starch from $CO_2$ and $H_2O$ in chlorophyll-containing cells) is stopped by placing plants in an atmosphere which contains quantities of ether not enough to stop respiration. It would seem indeed, generally speaking, that vegetable life is as susceptible as animal life to the peculiar action of anæsthetic drugs but these are not so easily brought to bear upon the vegetable tissues as in the case of animals.

I am, Sirs, yours faithfully,

eb. 20th, 1905. J. BLUMFELD.

## THE TREATMENT OF FRACTURES BY EARLY STRAPPING, EARLY MASSAGE, AND EARLY MOVEMENT.

*To the Editors of* THE LANCET.

SIRS,—Having for the last 20 years treated sprains, fractures, and dislocations upon the system described by Mr. J. Stafford Mellish in THE LANCET of Feb. 11th, p. 350, and having applied such treatment to my own fractured leg some years ago, I am in a position to write with considerable personal knowledge of the results. My own case of Pott's fracture of the leg I brought before the Medical Society of London and it was reported in the *British Medical Journal* of Feb. 15th, 1896. It was also referred to in an article in THE LANCET on Feb. 5th, 1898. A few of my personal experiences may be of interest now. My surgical friends were at first very much opposed to my using plaster strapping, but having applied it myself within half an hour of the accident it entirely prevented swelling of the injured part and gave me great comfort

Throughout the treatment I realised all the advantages which have been claimed for this system and I began to walk 21 days after the accident. It is always advisable to shave and to cleanse carefully the injured limb before applying the plaster. The plaster should be cut in strips from one to two inches wide, long enough to surround the limb and overlap at the ends. It should be just laid on the skin without any attempt to produce pressure. The ordinary adhesive strapping which does not require artificial heat is very effective, but all the rubber plasters are apt to irritate the skin. Oxide of zinc plasters suit some skins but the best kind is one called Eccles' plaster. Gentle massage cannot be commenced too early and Mr. Mellish's suggestion of applying the strapping from above down so as to facilitate this rubbing is much to be commended. The effect of massage in my own case was absolutely delightful.

While early movement is being carried out the bones may be steadied by the hands of the surgeon or by a temporary clamp located to the injured part. The whole treatment by strapping, early movement, and massage not only gives immediate comfort to the patient but also prevents wasting of muscles and enables the patient to get about much earlier than under the old-fashioned plan of fixation for weeks. Moreover, it prevents the occurrence of that stiffness of joint which so often comes before the surgeon after fractures that have been treated by the ordinary plan.

I am, Sirs, yours faithfully,

E. NOBLE SMITH.

Queen Anne-street, London, W., Feb. 19th, 1905.

[1] Botanischer Jahresbericht, 1892, p. 92.

## DUODENAL ULCER.

*To the Editors of* THE LANCET.

SIRS,—With reference to "flushing" in the treatment of perforated duodenal ulcers might I refer Mr. W. Bruce Clarke to the series of nine cases of perforated gastric ulcer, eight of whom recovered, published in THE LANCET of July 16th, 1904, p. 145? Seven of these cases were under my care and two were under the care of Mr. T. Crisp English. Since then three cases of perforated duodenal ulcer, two of which recovered, have been treated by the same method of flushing at St. George's Hospital by Mr. English and myself. I feel very strongly from my experience of this flushing or irrigation method combined with suprapubic incision that it is a most efficient method of dealing with perforated ulcers, whether of the stomach or the duodenum.

I am, Sirs, yours faithfully,

Half Moon-street, Piccadilly, Feb. 19th, 1905. G. R. TURNER.

*To the Editors of* THE LANCET.

SIRS,—In reference to the questions of Mr. W. Bruce Clarke I desire to say:—

Firstly. The difficulty of diagnosis between the perforation of a duodenal ulcer and the perforation of the appendix is sometimes very great; so great, indeed, as to have misled surgeons of unquestioned aptitude in the recognition of these conditions. In my original paper in THE LANCET I showed that in approximately 40 per cent. of the cases of perforating duodenal ulcer that had been submitted to operation the incision had been made over the appendix. In my own experience no real difficulty has arisen, though one of the patients was sent into hospital with a diagnosis of acute appendicitis. The difficulty can only arise, it seems to me, after the lapse of a few hours; after the time, that is, during which the area of pain, rigidity, and tenderness has ceased to be local. After the first few hours the peritoneum along the outer side of the "hillock" and down the ascending colon becomes infected. It may be seen covered with plastic lymph when all other parts of the peritoneum are unharmed. In this stage a confusion of diagnosis is not improbable, for the localisation of the signs mentioned reproduces the circumstances of a case of appendicitis—the "mimicry," in fact, is complete. In the last stage of all, when the peritoneal infection is universal, the discovery of the point of origin of a general peritonitis is virtually impossible. Mr. Bruce Clarke's question may therefore be answered by the statement that in the early hours after a perforation diagnosis should be easy, after a few hours appendicitis may be mimicked, in the last stage of all an accurate diagnosis is extremely unlikely. Nowadays the cases are seen early and therefore, as Mr. Bruce Clarke says, the difficulty in diagnosis is not likely to arise when the cases are "earlier recognised and more promptly treated."

Secondly. The question of flushing and drainage of the peritoneum is determined entirely by the conditions found. In the first few hours it is not necessary (it is probably harmful) to do either; in the stage of general infection it is my practice to drain freely and, generally, to flush the peritoneum with hot saline solution. The last case in my list (Series 1) was an exemplary instance of the kind of case that would seem to demand irrigation and drainage. The facts that Mr. Bruce Clarke has not, except in the one case mentioned, felt any difficulty in making a correct diagnosis and that he regards the flushing of the peritoneum as unnecessary are both eloquent in proof of the earlier recognition of the cases in his own experience. There are, however, cases, unfortunately still too many, in which the recognition of the disease is tardy; in them difficulties of diagnosis are not unlikely to be encountered and measures necessary for the cleansing of the greatly damaged peritoneum must still be practised. I am, Sirs, yours faithfully.

Leeds, Feb. 20th, 1905. B. G. A. MOYNIHAN.