

decidedly better practitioners than are supplied to it at present.

Second, because I do not fear to challenge that army of champions which Mr. Savory predicts will rise when a proposal is made to remove or limit any single subject of medical study. I have never yet understood why the study of botany is compulsory in our schools. Nor do I know why it is thought essential that practitioners should be acquainted with the histology of all the tissues and organs of the body. I should be glad to see the first of these subjects removed from the curriculum, the second strictly limited. I would suggest, too, a limitation of the range of anatomy, physiology, and chemistry, and the publication of a syllabus stating the exact amount of each required by the student. Further, I have hitherto failed to comprehend the precise advantage which students are supposed to gain by having learned in lectures or from a book how to prepare the various salts, and, worse still, the alkaloids employed in medicine.

If the object of medical education is to produce good average medical practitioners, and the time now bestowed upon the work is insufficient, the first direction which reform should take is to sweep from the curriculum all work which does not tend *directly* to that object. I leave it to those who teach these subjects to prove how far they are essential, and remain, Sir, yours obediently,

HENRY T. BUTLIN,

Assistant-Surgeon and Demonstrator of Surgery,  
St. Bartholomew's Hospital.

Dec. 7th, 1880.

*To the Editor of THE LANCET.*

SIR,—Mr. Savory's cry, "Give us more time," will be echoed by every teacher who has the welfare of the student at heart; but, as he says, the obstacle is the increase of expense which will be necessary were the curriculum prolonged. I wish to point out, however, that the difficulty would be greatly met were the council of the College of Surgeons to modify its regulations, and require two full years to be passed in the study of medicine, surgery, and midwifery *between* the first and second examinations.

Theoretically this is the case at present, and a hard-working student who passes his primary or anatomical and physiological examination at the end of his second winter has then two winters and three summers for the study of the practical subjects of his profession before he goes up for his diploma. But the majority of students do *not* pass the primary examination in their second year at all; many go on to their third, some to their fourth, and a few to their fifth year before they scrape together enough anatomy and physiology to pass. In the meantime their lectures on medicine, surgery, and midwifery are all duly sat out, and by a pleasant fiction their hospital practice and clinical study run on contemporaneously, so that, six months, three months, or even only a week, after passing the primary examination, a candidate (who has completed his four years' study and got his schedule in due order) may present himself for two diplomas, and possibly obtain them!

A regulation that two years *must* elapse between the first and second examinations would prevent this scandal, and if permission were given that six months of this time might be spent in a country hospital, or with a qualified practitioner, the regulations allowing such attendance before entry at a medical school might be advantageously revoked.

Yours obediently,

CHRISTOPHER HEATH.

Cavendish-square, W., Dec. 7th, 1880.

*To the Editor of THE LANCET.*

SIR,—In a letter on the above subject Mr. Savory seems to think that the lack of knowledge possessed by many members of our profession is due to want of time spent in study and hospital practice. He is, I believe, right to a certain extent, but our examinations and the so-called higher ones are responsible for very much practical ignorance of ordinary duties. There are many men in London who give six, seven, or more, years to acquire a competent knowledge of their profession, and, naturally wishing to have some diploma to show they have done so, turn their attention to the F.R.C.S. or the London University. But what is necessary to pass either of these boards? A gigantic system of cram-

ming—taking the Fellowship, and speaking of so-called Surgery only. Each candidate who wishes to pass takes care to make himself as familiar as possible with the pet questions of the examiners, and as there are several gentlemen at the college, and their whims various, much time is wasted. Thus one examiner is fond of asking the structure of a lymphatic gland; another thinks highly of the treatment of lacrymal stricture by styles; certain laugh at a good deal of the "antiseptic treatment," whilst others like to hear it praised. The examination itself is, to a certain extent, a lottery; for I have known good house-surgeons and demonstrators of anatomy, &c., rejected. The operative surgery this last time bears the chance character of the examination out; for I was told, on very good authority, that about twenty-four candidates had each two operations, and as there were only two bodies such a trifling operation as an amputation of a finger could obtain the same number of marks as a colotomy! Judging by the results of the last few examinations, it has been a rule to reject about half of those who presented themselves. What effect has this upon the unfortunate ones, and so upon the profession? An extremely bad one in the majority of cases, for rejection only serves to them as a stimulus to obtain the diploma. They study afresh those minute points which please their examiners and carefully give their undivided attention for at least a whole twelvemonth to this single subject, surgery, and most limited surgery too—in fact, to that part of it represented by their examiners; for if we leave out two very recent gentlemen added to their body, both of whom are engaged in ophthalmic work, and one of these two, who is an authority on skin diseases, would any general practitioner venture to consult any one of them on such ordinary matters as ulceration of the vocal cords, inflammation of the membrana tympani, disease of the choroid, or psoriasis? I say nothing about craniotomy, which I suppose is not a surgical operation. It is very certain that scarcely any "hospital surgeon in London" would be called in to do it. Thus failure at the examination almost forces a candidate to tie himself for a long time to a very small branch of his profession. What does success lead to? Often good hospital appointments. I will take those attached to one of our largest and most famous metropolitan hospitals. For years past I have constantly noticed that a physician has to be called in to see if the presence of tubercular diseases of the lungs negatives an operation, an ophthalmic surgeon to diagnose hypermetropia after receiving an injury of the head, an obstetric physician to help with an uterine fibroid, &c. Thus failure or success often means wasted time and but a very small knowledge of the "healing art." What should be the remedy? Students who have successfully passed such examinations as the M.R.C.S. should be encouraged to remain longer at our hospitals by the prospect of obtaining some higher diploma without being obliged to ruin such valuable time by cramming for examinations.

I am, Sir, yours obediently,

Dec. 7th, 1880.

Z. Y. X.

## CHIAN TURPENTINE AND THE MIDDLESEX HOSPITAL.

*To the Editor of THE LANCET.*

SIR,—There is, perhaps, nothing remarkable in the medical board of the Middlesex Hospital adopting a resolution in the following terms: "That as the results of a prolonged and careful trial of Chian turpentine in the treatment of cancer prove the drug to be quite useless as a cure for that disease, directions be given to the dispenser not to obtain any more of the drug for the cancer patients." But as the resolution has been extensively published in the medical press, I must be allowed to say that it seems to point to a prejudice against the Chian turpentine treatment, not justified by the facts disclosed in the cases recorded in the last two numbers of the LANCET by Mr. Morris, who is the honorary officer of this department at the Middlesex Hospital. Mr. Morris heads his paper "On Chian Turpentine and its uselessness in Cancer," and, therefore, goes further than the resolution of the medical board, who have only declared the drug useless as a cure. The uselessness of the drug is the point at issue, as I have never yet affirmed it to be a positive cure for cancer, but have simply expressed my belief that it is possible by its

aid to formulate a plan of treatment for the removal of cancer in certain forms of that disease in the uterus.

To do Mr. Morris justice, no fault probably can be found with the manner in which he has executed the task of publishing his cases, for the honesty and candour he displays cannot but be commended; but it would have given greater satisfaction to myself, and I think also to the profession, if the cases selected by him for experiment had been worthy of equal approval, so that the experiments could have been conducted on a purely scientific method, and perhaps more in accordance with the "tradition" of the Middlesex Hospital trust. From such a selection of cases as Mr. Morris gives no one could be surprised at the results obtained. It was never contemplated by me that the remedy should be used in the treatment of cases verging on death, as five of the uterine cases reported by Mr. Morris evidently were; nor did I ever suggest or imagine that Chian turpentine would build up a new uterus, or repair a cancerous fistula of the intestines, or patch up a great cavity into the bladder, or restore a large recto-vaginal fistula with the fundus of the uterus extensively destroyed. Yet several of the cases described by Mr. Morris were of this character; and in these and in other cases of the same extreme gravity the remedy might well be deemed useless. I venture to suggest that in order to give the remedy a "prolonged and careful trial" it should not have been employed in such cases as those just described from Mr. Morris's report, but that three or four cases of uterine cancer should have been selected in which the destructive agency of the disease had not involved any other vital organs, and in which in all probability an extended trial of the remedy could have been secured.

Referring to my own experience—and it is abundantly confirmed by the published statements of other practitioners, as well as by numerous private communications in my possession—Chian turpentine, in cancer of the uterus, does relieve pain in the majority of instances; hæmorrhage is arrested; in some cases there is a marked diminution of the cancerous mass; and in others there is an apparent entire disappearance of it, as well as a marked improvement of the general health. In nearly all the cases which I have had under treatment for some time there has been a notable absence of glandular and secondary complications. Two of the cases, originally reported in THE LANCET, which came under treatment respectively fourteen and thirteenth months ago, are known to be still living, and in them there is no sign of a return of the disease, although one of the patients suffers from a difficulty in defecation from a stricture of the rectum; and a large number of cases have been under treatment at the Queen's Hospital during the past eight months which fully justify the previous observations as to the relief from hæmorrhage, &c., by the administration of Chian turpentine. These results have been so uniform and constant that I cannot understand Mr. Morris saying that "I am not able to report that there is a single symptom over which the drug seems to exercise even frequently, not to say constantly, an influence. It cannot be relied upon to assuage pain, to diminish or alter the character of the discharges, to check hæmorrhage, or promote the destruction of the growth by ulceration or sloughing." Relief has been afforded in cases of cancer in other parts of the body under observation, but then Mr. Morris would attribute this to a temporary arrest of the disease, of the possibility of which I have not been able to thoroughly satisfy myself.

I think I am justified in coming to the conclusion that Chian turpentine is far from being "useless" in the treatment of cancer, and that as no other drug administered internally has hitherto been equally efficacious in relieving pain, arresting hæmorrhage, and causing the disappearance of the growth—thus showing that it does "touch" the disease—it is the duty of the profession to ascertain and determine its properties thoroughly by beginning the treatment early, and continuing it patiently, and to record the results; for I am fully convinced—leaving the ultimate results out of the question, as time can alone determine them—that, if only for affording relief, the Chian turpentine is of inestimable value in the treatment of many cases of cancer.

No apology is necessary for treating this question in a general way; consideration for your space, and the fact that I intend shortly to bring the results of my experience before the profession, make it needless for me now to enter into details.

I append the following extract from a communication to the November number of the *Medical Brief*, an American journal, from Dr. A. V. Banes, who has employed the

Chian turpentine in seven cases of cancer of the generative organs. Dr. Banes writes:—"I have been waiting for some abler pen than mine to start the ball rolling and proclaim to the medical world that even if we have not a specific for that dread disease, we have at least an agent that palliates symptoms and affords relief to the victim, which had never been secured before the remedy was exhibited."

I am, Sir, yours obediently,  
Birmingham, Dec. 7th, 1880. JOHN CLAY.

## TREATMENT OF PHTHISIS.

To the Editor of THE LANCET.

SIR,—Dr. G. H. Mackenzie's interesting letter in THE LANCET of November 27th seems to me to give very valuable hints for the treatment of phthisis. Tar, or its derivatives, have been found useful not only in phthisis, but also in bronchitis, by Sidney Ringer and others. I myself have used creasote inhalation a good deal in phthisis, and tar internally in chronic bronchitis and chronic phthisis, and, I believe, with benefit. I have no doubt Dr. Mackenzie's inhaler will be found to be an important addition to our therapeutic resources, though a very similar appliance has been invented by Dr. William Roberts of Manchester.

I must, however, object to the statement "that it is generally accepted that phthisis is a parasitic disease." I think there are still some who believe, with Niemeyer, Virchow, and others, that phthisis, in many, if not most, cases, is the result of catarrhal pneumonia following upon an ordinary bronchial catarrh, and who do not think it necessary that the catarrhal discharge should form a nidus for a parasite.

If we admit that in catarrhal pneumonia there is a rapid production of cells which take on a particular character, why should we not go a little further, and infer that these cells, when discharged from the body, may retain a certain amount of vitality sufficient to cause them to take root in a healthy lung, and reproduce their kind? Such a process would be similar to that seen every day in skin-grafting, only that in the latter case the cells are in their normal condition. I am inclined to doubt that caseation is any more rapidly fatal to vitality and reproductive power on the one set of cells than the natural development and induration of cell-wall are in the other. That cells in an abnormal condition can reproduce themselves very rapidly is seen in cancer, &c.

I, for one, think that the introduction of the parasites into the theory of causation of phthisis is quite unnecessary. I also think that there is a danger of being misled in our treatment by such a theory. Processes of a septic or quasi-septic nature, no doubt, enter largely into the clinical history of phthisis, and antiseptics are useful; but I think we should be careful not to have our eyes blinded to even more important indications.

I, who am myself a Scotch Highlander, can assure you that there are many other changes in the social condition of my countrymen besides the absence of peat-smoke that affect their tendency to phthisis.

I am, Sir, yours respectfully,  
DUNCAN J. MACKENZIE, M.D.  
Glossop, Derbyshire, Nov. 30th, 1880.

## ALL SAINTS CONVALESCENT HOSPITAL AND THE HOSPITAL SUNDAY FUND.

To the Editor of THE LANCET.

SIR,—Kindly allow me to inform all who are interested in this hospital that we have been compelled to return the grant lately made us by the Hospital Sunday Fund, on the ground that the conditions imposed upon its acceptance are such as to preclude the possibility of our availing ourselves of it. We have arrived at this conclusion after much lengthy and earnest consideration, and not without the co-operation and counsel of very influential friends, well able to assist us by their advice.

The "conditions" I refer to are that we give to the Hospital Sunday Fund 250 "letters" in return for the 500 guineas. The grant would thereby be reduced in value to 250 guineas, or, at the rate of thirty shillings, which is paid