

We regret to see, from the *Daily Picayune* (New Orleans), that the State Board of Health of Louisiana and the National Board of Health have disagreed about a question of quarantine. We trust that the disagreement arises rather from a misapprehension of facts than from any dissent from the general policy of the National Board.

It is proposed to give the inhabitants of Painswick, near Stroud, a free water-supply, using for the purpose of procuring it a bequest of £5000 left to the town by Mr. F. Gyde.

### THE SERVICES.

#### THE ROYAL MILITARY ACADEMY, WOOLWICH.

Surgeon-Major G. J. H. Evatt, M.D., has been appointed to succeed Surgeon-Major Roberts as Medical Officer to the Royal Military Academy, Woolwich. Dr. Evatt has recently arrived from Afghanistan, where he had been in charge of one of the field hospitals with the Cabul Field Force for the last two years.

Brigade-Surgeon J. Ekin, M.D., is appointed to the administrative charge of the Allahabad Division, with the officiating rank of Deputy Surgeon-General.

Brigade-Surgeon J. Hanbury is appointed to the Rawal Pindi Division, with the officiating rank of Deputy Surgeon-General, *vice* Deputy Surgeon-General A. Smith, C.B., on sick leave.

Sickness has considerably increased in the Candahar Force since the inactivity and reaction after the siege and late battle with Ayoub Khan. By the last advices, the European Army had nine per cent. in hospital, and the native troops eleven. The coming cold weather will, we trust, considerably improve the health of the garrison.

MILITIA MEDICAL DEPARTMENT.—Surgeon-Major William Batley, Royal Sussex Militia, resigns his commission; also is permitted to retain his rank, and to continue to wear his uniform on retirement.

ADMIRALTY.—Staff-Surgeon W. B. Fletcher has been appointed to Devonport Dockyard; Staff-Surgeon J. L. Sweetman to the *Fawn*; Staff-Surgeon C. J. Fennel to the *Téméraire*, when recommissioned; Staff-Surgeon W. P. L. Boyle to the *Dotterel*, when recommissioned; Staff-Surgeon Valentine Duke to the *Champion*, when recommissioned; Surgeon James Porter to the *Orontes*; Surgeon John Tyndall to the Haulbowline Hospital; Surgeon H. M. Ellis to the Royal Marine Artillery Division; Surgeon James Simms to the *Excellent*; Surgeon H. E. F. Cross to the *Téméraire*.

## Correspondence.

"Audi alteram partem."

### ON MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—The great question of medical education, at all times an urgent one, has been of late pressed forward with more vehemence than ever. And no wonder. For after all that has been said and done, a solution of the difficulty which can be, in any sense, called satisfactory seems as far off now as when many years ago the conjoint scheme was first proposed. I would suggest that our failure hitherto has been due to the fact that we have dealt with the evil in the wrong way. We have from the first been attempting to prescribe for the symptoms without previously ascertaining the cause of the mischief. Witness the lengthened discussions of the subject, and especially what was said in some of the sections at the recent meeting of the British Medical Association at Cambridge. Speak to a teacher of medicine, and he tells you how inadequately the study of medicine is carried on. Speak to a teacher of surgery, and he tells you the study of surgery is strangely neglected. The obstetric physician bewails the indifference shown to the study of obstetric medicine. The psychologist is shocked that so little heed is given to his side. Then all the teachers

of natural science with one voice declare that it is idle to expect of students, in the circumstances in which they are at present placed, anything like a genuine knowledge of anatomy, physiology, or chemistry. What is to be done? Reduce in some degree the amount of knowledge required of some of the subjects, so that more attention may be given to others? But only let some one propose to remove from the curriculum of study any single subject, or to reduce the proportion in which it challenges the attention of the student, and at once an army of champions arises not only with irresistible arguments against obliteration, or even reduction, but with many very forcible ones to show why the study of that particular subject should be extended. There appears to be one point only on which all teachers are agreed; eager criticism, always more or less unfavourable, of examinations and examiners, while examiners, in their turn, deplore the shortcoming of teachers and the way in which they waste the time of the student. The student, himself the victim, of course, heartily agrees with the criticism on both sides. Now, what does all this mean? Surely there must be something wrong somewhere. I, for one, think there is something wrong everywhere, and that it is this—*want of time*. The student has not time enough for the work which ought to be done. Only think for a few moments of what is required of a student during the period at which it is arranged he shall be at a hospital. Think of the few months allowed for anatomy and physiology, for medicine and surgery. Is it practicable for average human intelligence, or even for extraordinary ability, thus in any way to do justice to the several subjects of study? By degrees the evil has arisen, and so it has come to be endured. Surely, if we were placed at once face to face with the existing order of things, we should think it too absurd for consideration. Let us try to contrast the demand made upon a student at the present day with what it was a quarter or half a century or so since, and compare this with the additional amount of time at a hospital given to him within the same period. Surely, then, one may begin to understand how this supreme difficulty has arisen, and to anticipate, in the present state of affairs, its inevitable increase. Obviously, therefore, the first step forward to take in the way of education is to lengthen the period of the students' work at the hospital. I should say at once that, in my opinion, seven years is not an hour too long. But how impracticable! Why? I suppose chiefly or solely on account of the additional expense. Well, I cannot now, in this letter, enter into this objection further than to declare that it seems to me to have little magnitude in proportion to the evil which exists, and for which I believe it to be the sole remedy. I cannot help setting forth this view, although, of course, I have no expectation of its acceptance, and, failing its adoption, I must say, after some experience in the matter, that rather than consent to the existing state of things I would reduce within far narrower limits the area of studies, insisting, however, at the same time, that what was actually required should be thoroughly learnt. For I am convinced that the system of cramming, which now passes current for knowledge, is not only, in chief part, useless in practice for any technical purpose, but that it is positively mischievous, in no slight degree demoralising, to the student. In many it is altogether, and in all it is in some degree, opposed to honest study, to real genuine knowledge, to thoroughness of purpose, and devotion to truth. For it is, in its very nature, essentially false.

I am, Sir, yours, &c.,

Nov. 30th, 1886.

WM. S. SAVORY.

### ON WATCHING THE PULSE DURING THE ADMINISTRATION OF CHLOROFORM.

To the Editor of THE LANCET.

SIR,—In reading the article on the Administration of Anæsthetics by Dr. Saundby in THE LANCET of Nov. 20th, I was surprised to find that he says with reference to the administration of chloroform, "The pulse may be disregarded, as it gives no timely warning of approaching danger." As this is in direct opposition to my own experience, I shall be glad if you will permit me to give my reasons for saying that the careful watching of the pulse during the inhalation of chloroform is of the utmost importance.

During the present year I have given anæsthetics at