

# THE LANCET.

LONDON: SATURDAY, NOVEMBER 14, 1891.

WHETHER the proceedings at the annual general meeting of Fellows and Members of the Royal College of Surgeons of England, held in the theatre of the College on Thursday, the 5th inst., have advanced or retarded the cause of constitutional reform at that institution, it would be difficult at present to determine. The two resolutions of which notice had been given were unexceptionable, and no fault could fairly be found with the temperate speeches by which they were supported. The first resolution, which was proposed by Mr. JOSEPH SMITH, and seconded by Mr. CABLE, was a reiteration of a familiar resolution which has been passed at the College before, and has been generally accepted by the reforming sections of the Fellows and Members as a basis for the enfranchisement of the Members of the College. Its terms were: "That the Council of the College be, and is hereby requested, to take immediate steps to give effect to the resolution carried at the meeting of November 4th, 1886—namely, that in the opinion of this meeting it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education: (1) If Members of the College were empowered to take part, separately or conjointly with the Fellows, in the election of members of the Council. (2) If Members of the College were eligible to sit on the Council, provided (a) that no Member of the College shall be entitled to vote until he have been such Member for a period of ten years; (b) that no Member of the College shall be eligible to sit on the Council till he have been such Member for a period of twenty years; (c) that not more than one-fourth of the Council shall consist of Members of the College who are not also Fellows." It was not to be expected that either Mr. JOSEPH SMITH or Mr. CABLE would be able to impart any fresh interest to a well-worn theme, or add force to the arguments by which the claims of the Members of the College to a share in the government have been recommended in former years by Fellows of the College. We note, however, with satisfaction that neither the proposer nor seconder of the first resolution advanced any extravagant claims on behalf of the Members, and the latter was careful to repudiate any desire or intention on the part of the Members of the College to usurp the privileges of the Fellows. No one else cared to speak on the main question, and, after a skirmish on a collateral topic on which we shall comment presently, the resolution was put and carried with scarcely a dissentient in a very well attended meeting. Equally fortunate was the second resolution, which was moved by Mr. BRUCE CLARKE and seconded by Mr. JABEZ HOGG: "That in view of the fact that the General Medical Council has invited the consideration of the Colleges of Physicians and Surgeons to the details of the scheme suggested for the fulfilment of the five years' curriculum recently recommended by the General Medical Council,

and in view of the fact that a scheme emanating from the Council of this College has been submitted in print to the Fellows of the Royal College of Physicians without the Fellows of this College having been officially informed of the nature of the scheme, this meeting records its regret that on so important a matter the body corporate of this College was not consulted." Mr. BRUCE CLARKE'S observations were excellent, and were sufficient for the purpose of recommending the principle involved in the resolution to the acceptance of the meeting. It was impossible, however, either for him or for any other Fellow or Member, in a mixed assembly of Fellows and Members occupied by the anticipation of more exciting topics, to offer any detailed criticism of an educational scheme already adopted by the Council; and the disappointment expressed by the President that there had not been some good honest criticism on the most important part of the report, and that so little had been said with regard to a scheme involving so many complicated interests, would not have been aroused if he had borne in mind that an annual general meeting can only be expected to concern itself with principles and not with details, and that if criticism of detailed schemes is wished for by the Council, special meetings must be convened and ample time allowed for the previous digestion of complicated reports. The Fellows and Members were unable to obtain the report until a week before the meeting, and the President's remarks led to a request from the meeting to the Council that a copy of the report should be sent by post to each Fellow and Member a fortnight before the annual meeting. This request will in all probability be complied with, for, as the report ends at the beginning of July, there will be no difficulty in having it drawn up and issued a week earlier than was the case this year. The rest of the proceedings of the meeting were of a more debatable and exciting character, and sprang out of a notice of motion which, as was announced in THE LANCET of Oct. 31st, had been given by the Secretary of the Association of Fellows that Mr. LAWSON TAIT would raise as a point of order the question of reading and confirming the minutes of the previous general meeting. This proposal was decided by the President and Secretary of the College, but without instructions from the Council, to be out of order and inadmissible, and Mr. TAIT came down to the meeting with a letter from the Secretary in his pocket informing him that he would not be able to raise the question, as each meeting is complete in itself, and this particular meeting was called by the Council to receive the annual report. Mr. TAIT rose immediately after the first resolution had been seconded, and, after stating that what he had to say bore indirectly upon the resolution, was proceeding to read and comment on the correspondence when he was stopped by the President, who asked him to confine himself to the resolution before the meeting. With much dexterity Mr. TAIT evaded the adverse ruling of the President, who made no further attempt to confine the speaker within the strict limits of order and debate, and having read the letter of the Secretary of the College, asked how it was, if the meeting was only called to receive the annual report, the first resolution was permitted, and whether he would be allowed to move an amendment referring the report back

to the Council. This question elicited from the President the statement that the resolution might have been ruled out of order, but it was thought expedient to allow the discussion to proceed, and that the Fellows and Members had no power either to adopt or to alter any report laid before them by the Council; but that, if desired by the meeting on sufficient grounds, the Council would be willing to alter the report. Thereupon Mr. NELSON HARDY inquired whether, if the report was found to be defective in some important respect, that would be sufficient ground for referring it back to the Council, and, having been told that the Council would carefully consider any reasons given for considering the report defective, specified the omission from the report of any reference to the general meeting called by the Council, and held in the College theatre in May, in reference to the scheme for the reconstitution of the University of London. The President explained that the meeting was not recorded because it had nothing to do with the work of the Council during the Collegiate year, and that it would not only be out of order but worse than useless for the meeting to pass a resolution referring the report back to the Council. As Mr. HARDY expressed his intention to go on with his resolution, he had to wait till after Mr. BRUCE CLARKE'S motion had been disposed of, when he moved and Mr. DICKINSON seconded: "That the report now presented be referred back to the Council with the request that the defect which has been pointed out may be remedied—namely, the omission from the report of the work of the College of any mention of an important meeting held on the 11th May, 1891, in reference to the New University for London question, with a further request that the report may be laid before an adjourned meeting of this College as soon as convenient after its completion." Laudably anxious to conciliate the goodwill of the President and Council, and to reduce the jarring elements to concord, Mr. TWEEDY suggested that the resolution should take the form of a simple request to the Council to remedy the omission in the report without referring the report back to the Council, and without asking for another general meeting. As Mr. HARDY would not accept the alteration, Mr. TWEEDY moved his suggested form of resolution as an amendment, but the amendment was lost by a small majority. The original resolution was then put and carried.

It was natural, perhaps, that on the eve of a conflict in the Court of Chancery there should be a combative spirit among the Members of the College. But it ought to have been borne in mind that the art of war does not consist of battles only, and certainly not of the direct assault on impregnable positions. It was well said that the charge of the six hundred at Balaclava was "magnificent, but that it was not war." In reference to the general meeting at the College of Surgeons, the President and Council are masters of the situation, and as the reports of the Council are not submitted to the meetings for approval and adoption or otherwise, it would have been more consonant with courtesy, prudence, and expediency, after the observations and ruling of the President, if Mr. TWEEDY'S wise intervention had been generally supported. The Members of the College, if they wish to succeed and to see their just claims recognised, should limit their immediate aims to that which is practicable, and

should avoid any course of action which is likely to alienate from them that sympathy and support from the reforming party of the Fellows which have been of such signal service to them in the past, and have brought the formal recognition of their claims to representation on the Council within the range of practical politics.

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PROFESSOR KLEBS of Zurich publishes in the *Deutsche Medicinische Wochenschrift* (Nov. 5th) a brief statement of his own researches upon tuberculin, in anticipation of a more detailed work now in course of publication. He takes this step because, as he says, the recent communication of Professor KOCH must have somewhat checked the hope that tuberculin deprived of its injurious qualities can prove a real curative agent for tuberculosis. In spite of the facts adduced by speakers at the recent meeting of the Association of Naturalists and Physicians at Halle, there is, he says, no doubt a very marked tendency against its employment among the laity and the profession, although many still hope that a substance which is undoubtedly effectual in curing animal tuberculosis may prove to be of service to man. At the Congress of Internal Medicine, Professor KLEBS urged that in man tuberculin produces many effects which have nothing to do with its specific action on tuberculous tissue, and which may be avoided without affecting that property. Subsequent investigation has shown the correctness of this view. Hence he finds himself in the peculiar position of having to defend tuberculin against its own discoverer. The researches in question have been carried on with the cognisance of Professor KOCH, who furnished Professor KLEBS with the crude tuberculin. The difference in the results obtained by them is explicable when it is borne in mind that the former tested the activity of his products by observing the dose necessary to give fatal results in animals within thirty hours and that required to induce high fever in the human subject; whereas the latter regarded these severe effects as indications of the impurity of the material, and if they did occur, he held this to show either that the noxious substances had been insufficiently removed, or that they were inextricably combined with the curative principle, or else that they were identical with the latter. Professor KOCH seems convinced that the last view is the correct one; but Professor KLEBS does not think so, and accounts for the fact that the same substance which acts curatively in animals produces injurious symptoms in man by the explanation that animals are immune to the noxious elements of crude tuberculin just as they are against other poisons. He holds this difference in action to prove that the curative agent is different from the noxious element in tuberculin. These injurious substances are no doubt alkaloidal in nature, for that tuberculin contains alkaloids is easily proved by its responding to the characteristic reactions of such bodies. Professor KOCH with Drs. PROSKAUER and BRIEGER found these reactions, but left that path of inquiry to follow another—namely, the attempt to obtain pure tuberculin by treating it with small quantities of alcohol. From the first however, Professor KLEBS has aimed at ridding tuberculin of the alkaloidal substances as being the surest way to its purification. He found that, when the alcoholic precipitate was treated with chloroform or benzol, the 'lymph'

yielded very slight alkaloidal reactions. But he also found that this *tuberculinum depuratum* was just as effective as the raw substance in completely curing tubercle in inoculated animals. He goes further, and declares that if tuberculin does not possess any bacillicidal power, but only, as Professor KOCH stated, acts by causing necrosis of tuberculous tissues, its employment must be deemed rather harmful than otherwise, for he is convinced from his researches that such necrosis is invariably accompanied by an increase of the bacilli. Thus the free expectoration of bacilli in cases treated by tuberculin, as well as the occurrence of severe reactions, were no proof of the good effect of tuberculin, but rather of the reverse. Professor KOCH seems to have realised this, and to be now employing only very small doses. But Professor KLEBS has not found this expedient necessary in the use of his extracts. The method of extraction does not always succeed in removing all the harmful ingredients. The best results are yielded by extracting the alcohol precipitate, which has been redissolved in water, by means of a mixture of absolute alcohol, chloroform, and "crystallised" benzol. The mixture must be agitated for a long time, and much waste occurs from the thick foam that forms, and which takes long to subside. A better plan, however, is to precipitate the alkaloids, whereby the active substance—to which he attributes bacillicidal properties, and therefore terms "tuberculocidin"—can be separated by water. It is an albumose, and it, or its combinations with tannin or other precipitants, has an undoubted effect in tuberculosis, never exciting fever, and producing marked improvement. Hectic and night sweats disappear; signs of catarrhal process in the lungs, together with cough and expectoration, rapidly diminish; appetite and body weight increase. The bacilli in the sputum become granular, and less and less capable of receiving the staining reagents, and finally disappear. In observing the effects of the use of this "tuberculocidin," Professor KLEBS is being assisted by Dr. C. SPENGLER of Davos and Dr. NOLDA of Montreux.

The importance of this research of Professor KLEBS is enhanced by the fact that it is in harmony with the work carried on in this country by Mr. WATSON CHEYNE and Dr. HUNTER; and it is somewhat surprising that neither Professor KLEBS nor Professor KOCH should have made any reference to their inquiry. What, however, is even more remarkable is the tone adopted by Professor KOCH towards his fellow-workers in this field. He not only ignores their labours—and it is noteworthy that NENCKI and HAMMER-SCHLAG extracted albumoses from cultures of tubercle bacilli some year or two before Professor KOCH announced his discovery of tuberculin, but actually accuses them of not experimenting for themselves, and of waiting impatiently for his own declarations. This is so contrary to fact that it is not to be wondered at that Professor HUEPPE should have protested against it, and this in no measured terms. He subjects each of Professor KOCH's "communications" to most vigorous criticism (*Berliner Klin. Wochenschr.*, Nov. 9th, 1891), and asserts that the latest of them contains nothing that had not been independently shown by others, whilst it does not go so far even as their work has in the isolation of the active principle of tuberculin. He quotes Professor KOCH's earlier criticisms of M. PASTEUR against his own present

methods of publication of his researches. And he might have added that no work of the French *savant* was ever produced with the air of mystery that did so much harm in the first announcements upon tuberculin. Finally, Dr. HUEPPE deals severely with the accusations brought by Professor KOCH against bacteriologists in general, and shows how ill-founded they are. It is, indeed, to be regretted that any opportunity [should have been given for such criticism, since in the feelings that it generates the cause of true science cannot but suffer. We cannot think that Professor KOCH will allow his reputation to be dimmed by maintaining an attitude towards those who, after all, are doing a great deal to enhance the value of his discoveries, which, if not overtly hostile, is even more objectionable in exhibiting a studied indifference to their work.

ARE the manners of medical men and their methods of practice really lower, as has been suggested in some quarters, than they were in previous generations? People easily allow themselves to believe in the virtues of past times and the degeneracy of present ones, like the delightful old Foxhunter in ADDISON, who vowed that there had been no fine weather since the Revolution. But the point is not one that should be taken for granted. Certainly there is far more good feeling and good brotherly consideration in the profession than we are apt to think. Anything to the contrary of which any man has to complain is often due to his own fault. He is hoist with his own petard; he is paid back in his own coin. We are not defending this treatment of even an erring brother. He is oftener to be improved by a little kindness and generosity, but even so the opposite treatment is often provoked by his own fault. Some of the devices for stimulating practice which we read of in olden times, even among eminent physicians, were worse than anything that could be found now. The tendency to abuse the present has to be kept in check. For one thing, publicity is much greater now than it ever was before. And everything slightly sensational or scandalous is, unfortunately, sure to be welcome and to command readers. The very advance of the medical profession, its larger importance, its widening influence, its multiplying functions, make it more interesting to the public and more open to public notice. It is, after all, the popular profession. It is indispensable to all classes and to men of all creeds, and so it comes more and more to be talked of and written about. But, though we are not disposed hastily to admit that the profession is in any degree degenerating in tone and ethics, we are quite prepared to consider the question, and any real, sound evidence bearing upon it. If we are not better than our predecessors, we ought to be; we have a larger field of study and of duty. The conception of the medical man has been raised partly by legislation and partly by the general progress of society. The general practitioner is no longer a mere apothecary or superior druggist. He is, in an increasing degree from year to year, supposed to be, and indeed is, advancing in general education and in familiarity with those sciences on which medicine rests—physics and biology. In increasing numbers medical men graduate, and ally themselves with universities the very atmosphere of which

is supposed to mollify and refine manners. But still it is a question of fact, and facts are only to be ascertained by inquiry.

We have heard it advanced that many old practitioners think and say there is a decline in the ethics of medical men, that they stoop to do things which their fathers would not have done, and that such charges are not confined to old practitioners, but are made in newspapers and illustrated in coroners' inquests. We do not propose at present to discuss the truth of such allegations so much as to inquire who is to decide the question. Whose business is it to investigate charges of unworthy method? *Quis custodiet ipsos custodes?* We have said that a larger proportion of men than ever succeed in attaching themselves to one or other of our great Universities, which should guide their graduates in ways of dignity and call them to account whenever they stray. But this is just what the Universities do not do, and, indeed, decline to do. On rare occasions graduates drag their degrees in the mire; but their University will not remonstrate. Some of the corporations are no better. They have by-laws to secure professional conduct in their diplomates, but they do not apply them. Beyond taking their fees for examinations, they take no interest in them, and allow some of their members to go from one step of professional misconduct to another till they incur public censure or disgrace. Many a man is lost irretrievably who might have been saved by a kindly and early remonstrance from his college, and who would have been grateful ever afterwards for it. The excuse is that such a disciplinary function rests with the General Medical Council. So it does in its ultimate and supreme form. But it rests primarily with the medical authorities. They give diplomas for the most part on conditions of honourable and professional conduct, and they are charged, as all professional bodies are, with a duty of supervision. We accuse them of shirking and neglecting this duty. In our division of the kingdom perhaps the neglect has not been so great as in others. But it is everywhere very marked. And in apportioning blame for things that are undoubtedly happening, and which bring a blush of shame to medical men, we should accord a chief share to the medical bodies. The Medical Council is not guiltless. It has had to be stirred up to its duties by the public or by responsible men—coroners, ministers, and others. It has been so supine as to be almost immovable. There have been of late years indications of greater activity and perception of duty. But there is much arrear of work to be done in the public interest, and which the public looks to the Council to see done. By more care of admission into the profession, and by more discipline of men when admitted, it will secure a larger share of public respect than it has yet received. If it thinks either its own powers or the powers of the individual bodies insufficient, it should insist on their being strengthened. But it must not be allowed to forget its disciplinary functions.

A SERIES of four reports just issued by the Local Government Board seem to indicate a new departure in our system of local sanitary administration. The reports are the result of an

investigation made by Dr. BARRY into the sanitary circumstances and administration of the four urban districts of Cumberworth, Hepworth, Kirkheaton, and Lepton, all within the West Riding of Yorkshire. All of them tend to show that the prevailing sanitary circumstances are, in many respects, seriously defective; that the local health administration is, for one reason or another, lax and negligent; and that until the steps were adopted which tend to the inquiries on which the reports are based, but little was done to amend the faulty conditions which tended to nuisance and to the injury of public health. The reports are compiled with care, and suffice amply to bring home the charge of default; but their general interest lies not so much in this as in the fact that the intervention of the Local Government Board had its initiative in representations made by the West Riding County Council.

Under Section 19 (2) of the Local Government Act of 1888 it is enacted that if it appears to the County Council from any report of a local medical officer of health that the Public Health Act, 1875, has not been properly put in force within the district to which the report relates, or that any other matter affecting the public health of the district requires to be remedied, the Council may cause a representation to be made to the Local Government Board on the matter. It had, ever since 1875, been possible for any aggrieved person or resident to make formal complaint to the like effect; but the difficulty of finding such person ready to face the local feeling of opposition to increased expenditure, even where it was most necessary in the interests of health, often enabled sanitary default to be steadily maintained. But now a general supervising body, free from any local restrictions such as those which would influence a solitary ratepayer, have had a statutory place as complainants assigned to them; and they are a body whose complaints are certain at all times to be received with the consideration they deserve. In one sense, it is fortunate that the West Riding County Council are the first body to have proceeded under the new statute, because they are a body who can feel certain in being correctly advised by the able medical officer of health whom they have appointed; and it has doubtless been felt at Whitehall that any complaints from such a source were of a sort that needed the attention of the central government. But the method of intervention is noteworthy, especially if it is to be regarded as a precedent in such cases. The complaint is based on statements made by a medical officer of health, and hence the Board, as a first step, appoint one of their own medical staff to report as to the extent of the alleged default from the medical and health point of view. The publication of Dr. BARRY'S reports in this case have shown that the statements of the local health reports are borne out; they have confirmed the position taken by the County Council; and it may be that, without further pressure, the local authorities will so far take note of the triple alliance against their attitude of apathy as to proceed forthwith to make amends. If it should be otherwise, the Local Government Board have now before them all the evidence which would justify their intervention with a view to the adoption of compulsory measures; and they have behind them the force of public opinion which is centred in the representatives of the West Riding administrative County.

The precedent may, however, serve as a caution. There

are a number of County Councils who deal in a very cursory manner with the local health reports submitted to them, and they lack the matured advice which the West Riding Council finds in Dr. WHITELEGGE. Such Councils may be induced to follow suit, but if they do it will be well for them to remember that the significance of their complaint and official representations will be inquired into by one of the staff of the Local Government Board before any action is taken by that body in the way of the exercise of compulsory powers. And it will hence be well that in every such case the County Council should see that it is at the onset well advised as to the action it proposes to take, and that the material on which the representation is based is of a sort that will bear full investigation by an official who is versed in the question of public health administration. In short, if County Councils desire to make good their position under the 19th section of the Local Government Act, they can hardly do better than follow on the lines indicated by the West Riding. If they act otherwise and fail to substantiate their position, their influence as supervisors of local sanitary administration in counties will be very materially damaged. It still remains to be seen what will be done as regards the four defaulting urban authorities whose case has given rise to these comments, but, under any circumstances, the incident is one of which note may well be taken in connexion with the future of public health administration in this country.

WE publish to-day a second Life Assurance Supplement, dealing with a subject which we introduced to our readers last year in a somewhat unusual manner. The considerations which led us to adopt this course at that time have been already explained, but it may be not unfitting to repeat in this place that we had been most painfully impressed, in the course of the administration of THE LANCET Relief Fund, by many instances of unthriftiness on the part of medical men, which entailed the direst consequences to their dependents when they themselves were removed by premature decease. The inquiries to which we were prompted by these experiences fully confirmed the apprehensions which we had formed as to the existence of widespread neglect of life assurance on the part of medical men, and we felt that some effort to bring this matter strongly home to the mind and conscience of the profession was warranted, and more than warranted, by the circumstances of the case.

In returning to the subject on the present occasion, we are influenced in an appreciable measure by new considerations, although we are far from supposing that the circumstances which first induced us to deal with this matter have entirely passed away. From what we have said upon this topic in the introductory passage of the Supplement itself, it will be seen that enough has been accomplished to give us fair occasion for resting a little on our oars, if that were all that had to be considered. But in seeking to inform our professional brethren we have succeeded in informing ourselves, and since November last we have been much impressed with the view of this subject which is presented by our Supplement to-day. It seemed to us, therefore, very desirable, while still the matter was, so to say, in the air, to follow up the Supplement of last year with a

further one which should exhibit this additional aspect, and at the same time serve to gather, as into a focus, the results in the way of improved practice which the past year has accomplished. The Supplement which forms a part of this impression is the outcome of these reflections and of the labour in which we have again been able to enlist the assistance of many friends. In particular, we desire to acknowledge the courtesy with which the managers of the various life assurance offices have responded to our inquiries—inquiries which, in spite of our best efforts to confine them within a reasonable compass, have certainly in many instances proved exceedingly troublesome in this sense, that no pains have been spared in the preparation of the replies to make them exhaustive and complete. We should have been glad to be able to do better justice than a mere digest can possibly do to these carefully prepared statements; but unfortunately the volume of the matter with which we have been supplied has been such that only by the most unsparing compression has it been possible to exhibit it in any sense completely. So far as has been possible, we have included in our statement even the results of returns which have reached us late, and if in any particular it should prove that our task of reproduction has been unskilfully or unsuccessfully performed, we hope that those who may be interested will believe that the magnitude and difficulty of the task, and not any want of effort made to carry it through, is the primary cause of any such mishap.

## Annotations.

“Ne quid nimis.”

### ELECTION OF DIRECT REPRESENTATIVES.

WE have received a copy of the addresses issued by Dr. Frederick H. Alderson and Mr. George Brown, who have offered themselves as eligible for the direct representation of English general practitioners in the Medical Council. In some ways this movement, though we cannot but regard it as being on the whole unfortunate, is not altogether to be regretted. On the one hand, it involves a contest, and entails upon the Council a considerable, and in our opinion an unnecessary, expenditure. On the other, it must do some good by stimulating the too languid interest of medical practitioners in a matter which, amid other pressing duties, many of them might be content to overlook. It will serve as one more reminder that they stand in the position of an electorate, and that as a body, whether willing or not, they must from time to time speak by deputies on behalf of their professional needs and privileges. The addresses above mentioned are of interest on account of one sentiment which forms their keynote. They assert the principle of self-representation on the part of general practitioners. In so far they deserve and possess our sympathy. At the same time, however, we feel that no merely abstract idea, commendable though it may be in itself, should close our eyes to pressing and practical exigencies. What we require for the work to be done in the Council is a representation which shall not be indigenous only, but also truly representative. Experience teaches us that we have found men of intelligence and capability in those whom five years ago we returned by an overwhelming majority. We are convinced that these men, though not all actually occupied with general practice, are in complete accord with one another