described. The book may be useful and interesting to those who have some preliminary knowledge of the subject, but general practitioners and students might just as well support home industries.

The third edition of Dr. JOHN A. KOLMER'S *Textbook of Infection, Immunity, and Biologic Therapy*,¹ the first edition of which appeared in 1915 (JOURNAL, 1915, ii, p. 328) and the second in 1917 (ibid., 1919, ii, p. 76), has been considerably enlarged and in great part rewritten. In the title the words "biologic therapy" have been substituted for "specific therapy" because more space has been devoted to vaccine and serum therapy and the treatment of disease with non-specific protein substances. The subject of chemotherapy, to which the author is devoting a monograph, has been omitted from the present edition. Among the new matter we find chapters on the principles of active immunization, prophylactic active immunization in diseases of human beings and the lower animals, principles of passive immunization, and the principles of non-specific protein therapy, the biologic therapy of tuberculosis, and blood transfusion. References to the literature are given at the foot of each page. The reader will find ample information on such novel subjects as the Twort-d'Herelle phenomenon, cutaneous tests for allergies to pollens, foods, and other substances, Wildbolz's auto-urine reaction, the treatment of hay fever, asthma, and food allergies by desensitization, the use of convalescent serum in the prophylaxis and treatment of certain infectious diseases, and the principles of non-specific protein therapy.

¹ A Practical Textbook of Infection, Immunity, and Biologic Therapy, with special reference to Immunologic Technic. By John A. Kolmer, M.D., Dr.P.H., D.Sc.(Hon.). Third edition. With an introduction by A. J. Smith, M.D., Sc.D., LL.D. Philadelphia and London: W. B. Saunders Co. 1924. (Roy. 8vo, pp. xvii + 1210; 202 figures, 51 in colours. 10s. net.)

PREPARATIONS AND APPLIANCES.

Atoquinol.

ATOQUINOL, "Ciba" brand, is a synthetic drug prepared by the Society of Chemical Industry in Basle, and supplied in this country by the Clayton Aniline Company, Ltd., 68½, Upper Thames Street, E.C.4, who also supply Elbon noticed last week (p. 1009). The drug is the allyl ester of phenyl cinchoninic acid; the latter substance is better known under the proprietary name "Atophan." The replacement of methyl or ethyl radicles by the allyl group is known in certain cases to enhance the therapeutic activity of synthetic drugs. Atoquinol is recommended for use in uric arthritis, gout, dermatoses of arthritic origin, and in other allied conditions. The dose recommended is up to 15 grains a day. Clinical investigations have shown that atoquinol increases the excretion of uric acid and produces benefit in cases of gout. Atoquinol is insoluble in water but is freely soluble in lipid solvents, and an ointment is supplied containing 20 per cent. of the drug for cutaneous administration.

A Fenestrated Urethroscope Cannula.

Dr. H. D. L. SPENCE (London) writes: The cannula is shown attached to a Luys handle, but is adaptable to most internally illuminated urethroscopes. It was designed for dealing with subepithelial cysts in the penile urethra associated with some degree of hard infiltration. Such cysts are readily palpated, but when of moderate size may give no exact indication of their position when inspected intra-urethrally. It is by no means uncommon to find, after bringing the

end of the endoscopic tube into apparently correct position and incising freely, that considerable haemorrhage results, but the cyst has escaped. Using a fenestrated tube of suitable length the cyst is pressed through the lateral window, and any departure from this position is immediately notified by its re-appearance on an adjacent part of the cannula. A Kollmann knife may then be passed through the intruding tissue with reasonable assurance that the cyst will not be missed and the incision will not be unnecessarily deep. A pledget of cotton is at once introduced to the site of incision, and is afterwards pushed forward out of the way by the curved curette, which has now a clear field. The edges of the window are breezed inwards, and to facilitate cleaning there is a small opening at the end of the cannula. The latter was made for me by the Genito-Urinary Manufacturing Co., Ltd., 64, Great Portland Street, W.1.

The British Medical Association: ITS CONSTITUTION AND GOVERNMENT. AN HISTORICAL SURVEY.

BY

JOHN C. McVAIL, M.D., LL.D., F.R.F.P.S.

(Continued from page 1012.)

II.—RIVAL POLICIES AND SCHEMES.

1896-1898: A FIASCO.

IN 1896, preliminary to the Annual Meeting at Carlisle, an Extraordinary General Meeting was held at Birmingham, the subject again being constitution and government. At Carlisle Sir Willoughby Wade moved a resolution for the repeal of certain by-laws and the adoption of a new by-law of which the objects were the appointment of a Committee of Council of 11 members, the filling up of death vacancies and other vacancies by the Council, monthly meetings of the Committee of Council, and the handing over to that Committee of the work hitherto performed by the Journal and Finance Committees. The resolution was seconded by Dr. Ward Cousins. Mr. Lawson Tait thought this proposal insufficient, and after discussion it was resolved (Sir Willoughby Wade having meantime withdrawn his motion):

"That the question of an alteration in the government and executive of the British Medical Association be referred to a special committee to be appointed by the Council."

A Constitution Committee thus appointed recommended (BRITISH MEDICAL JOURNAL, vol. ii, 1897, p. 146) that unattached members should have a right to vote at the elections of representatives upon the Council; that the cost of these elections should be paid from the general funds of the Association; that Council reports should be submitted in the first instance to the Branches; that the Council should appoint an Executive Committee of ten members with the President of Council and Treasurer to meet at least once a month and to "have complete control over the affairs of the Association and over its officials, and over the conduct of the JOURNAL, and should report to the Council at each quarterly meeting." An honorarium of three guineas was to be paid to each member for complete attendance at each meeting.

The Council refused to send this report to the Branches, but the President of Council stated to an Extraordinary General Meeting on July 27th, 1897 (BRITISH MEDICAL JOURNAL, vol. ii, 1897, p. 302), that he felt it should come before the Annual Meeting. The Council agreed, and it appeared as an appendix to the report.

The Annual General Meeting was held on the same day as the Extraordinary Meeting. The report of the Constitution Committee was neither adopted nor rejected, but was referred back to the Council to consult the Branches and to reappoint the Committee—or those of it who would attend regularly. Dr. Ward Cousins (p. 309) said that at the Liverpool meeting with 2,000 members present, after a two days' debate, "the representative system was adopted," and "was established in 1885." This proposed committee of twelve "would paralyse the Council," he held. The Constitution Committee, somewhat altered in membership, sent a copy of its report to the Branches (which the Council had declined to do) and asked for their opinions. Only eighteen Branches replied, and only one of the eighteen approved of the Committee's first recommendation—namely, that unattached members should have votes for Branch representatives to the Council. Nine disapproved and only two approved of the Association funds bearing the election expenses. The appointment of an Executive Committee by the Council was approved by five Branches and disapproved by six. The other points were of less moment and need not be detailed; but on considering the replies the Committee advised that, in view of the little interest shown by the Branches, and of the opposition manifested to any change in the existing constitution, the Council should take no further action in the matter. At the General Meeting at

the Edinburgh congress in 1898 the Committee's recommendation was adopted and the subject dropped. The movement, therefore, initiated at Birmingham in 1896 proved a failure, in fact a fiasco. It seemed to show that the Branches, even appointed on a representative basis, were not sufficiently interested in matters which were of first importance to the rank and file of the profession to give the proposals of the Committee the consideration they deserved. In the development of the constitution, however, that was the darkness before the dawn.

THE MANCHESTER CONFERENCE, 1900.

In 1899, the Medical Guild, Manchester, set about promoting a conference of delegates from societies and associations of general practitioners throughout the country. Evidently the Guild was a body representative of the more active and reforming general practitioners of the teeming industrial population of Lancashire. The objects of the conference were: (1) to promote greater adhesion and better organization amongst the general practitioners of the country; (2) to afford opportunities of meeting and discussing together all matters affecting their welfare, and in this way bringing their views to a focus; (3) by giving publicity to their views, to influence public opinion in their favour and so uphold and improve the status of the profession; and (4) to provide machinery whereby the advantages of an annual conference may be secured to the profession.

The secretary to the Conference Committee was Dr. Samuel Crawshaw, Ashton-under-Lyne. One of his first difficulties had been to ascertain what local medical societies existed, so that they might be informed of the conference. A circular was widely issued, and its main points, as above indicated, were reported in the *BRITISH MEDICAL JOURNAL* (September 16th, 1899, p. 735). This elicited a letter the following week from Dr. Brassey Brierley, who complimented Dr. Crawshaw on his activity, but advised that as nearly all Guild members were also members of the British Medical Association the battle should be fought within the Association. Dr. Crawshaw, however, urged that the Guild's conference would be speedier and more likely of success (October 14th, 1899, p. 1043). Looking to the collapse of the effort begun at Birmingham in 1896, and abandoned at Edinburgh in 1898, Dr. Crawshaw's pessimism is not surprising. Thirty-five medical societies, six Branches of the British Medical Association, and also the Council of the Association were reported at the time to be represented at the Conference at Manchester, but a later statement by Dr. Wolstenholme at the Ipswich Meeting (*BRITISH MEDICAL JOURNAL*, 1900, vol. ii, p. 321) was that fifty-four delegates represented fifty-four medical bodies, including seven Branches of the Association, as well as representatives of the Council. The Conference extended over the first three days of May, 1900.

The first speaker called on by the chairman (Mr. Wright, Manchester) was Mr. Victor Horsley, and this brings into the story a man who henceforth played a great part in it. He criticized the British Medical Association and the General Medical Council, and urged amendment of the Medical Acts. Immediately following Mr. Horsley's paper the question which had been mooted in Dr. Brassey Brierley's letter was interposed. Dr. Smith Whitaker of Yarmouth supported Dr. Crawshaw in thinking that they should proceed independently of the Association, no doubt because of the failure of 1896-98. Dr. Alfred Cox of Gateshead took the opposite side very strongly, but the discussion was not completed at the moment, and questions referred to by Mr. Horsley were taken up again. Resolutions were carried for amendment of the Medical Acts in respect of illicit practice; death certification; direct representation on the General Medical Council; also for a higher standard of preliminary education; against giving legal status to midwives, but requiring careful regulation if registration of midwives were granted; against abuse of hospital and other medical charities; and in favour of a minimum rate of five shillings per healthy member per annum in club practice, subject to an income limit.

Medical organization was the principal subject on May 3rd, the last day of the meetings. The discussion

was by far the most important part of the Conference, and the resolution passed was the direct forerunner of the policy subsequently adopted by the British Medical Association. Some account of it must therefore be given here. The debate was opened by Dr. E. Jepson of Durham, who pointed out the evils which the profession suffered through want of cohesion and mutual help, and through suspicions which would be dissipated by friendly local meetings. He thought the British Medical Association would do a good work in assisting financially in the organization of the profession throughout the country. Dr. Crawshaw followed, and proposed certain resolutions. He said the main object was to point out to the profession the value of delegation, and to make annual such a conference as they were then holding. The resolutions which he moved were slightly altered in the course of discussion and were ultimately carried in the following form (*BRITISH MEDICAL JOURNAL*, May 12th, 1900, p. 1169):

"That in the opinion of this Conference no scheme of medical organization can be considered satisfactory unless it provides the following machinery:

(1) Local or district associations formed wholly or partly for the discussion of medico-ethical or medico-political topics, to which every registered practitioner willing to conform to the rules shall have the right to belong; such associations to be formed for this purpose where not already existing.

(2) An annual conference of delegates from these associations, at which conference only medico-ethical and medico-political topics shall be discussed and voted for.

(3) A central Executive Committee which shall be nominated and elected by the local associations for three years, one-third to retire annually and to be ineligible for re-election for one year."

It will be observed how closely this scheme approximates in principle to that of the British Medical Association as now constituted.

But the resolutions made no reference to the Association. They were quite independent of it. That was immediately pointed out by Dr. Cox. He declared that a multiplicity of associations was bad. The British Medical Association was the proper body, as its essential object was to maintain the "interests and dignity of the profession." It had existed for sixty years and had attained a position of importance which ought not to be thrown away. If possible no new body should be formed, but the old one should be reformed. This was to be done by all members using their lawful power as members. If the Branches were properly organized the Council of the Association might be changed. Dr. Cox's vigorous speech elicited both opposition and support. Dr. Smith Whitaker wished for a new organization formed of delegates of local societies. Dr. Brown Ritchie (Manchester) thought the difficulty of reforming the Association was not so great as supposed. Districts might be made within large Branches, and by their means command might be acquired over the Council of the Branch. Dr. Anderson (London) supported Dr. Cox. In the end Dr. Cox's resolutions giving effect to his views were carried by a large majority. As before, the resolutions were slightly altered in the course of debate. They were adopted in the following form:

"That this Conference is of opinion

(1) That the present need in medical organization is concentration;

(2) That the multiplication of associations other than those purely local is to be deprecated;

(3) That the size, position, and wealth of the British Medical Association make it the most suitable national medical organization; and

(4) That the efforts of all medico-ethical and similar associations and of the Conference should be directed to the conversion of the British Medical Association into an energetic body really representative of the majority of the members of the profession."

This was the outstanding result of the Conference, and its further proceedings need not be recounted, but we shall see how completely its essential objects were ultimately attained.

THE COUNCIL'S SCHEME, 1900.

Meantime, while reform in medical organization was being discussed outside the Association, its Council was considering and preparing to deal with the problem on its own lines. It recognized that the Association had outgrown the

articles and by-laws adopted in 1874. Some of these had been altered and added to from time to time. Many were repetitions the one of the other, and the whole body of regulations had become so complicated that constant reference had to be made from one to another to ascertain which the Association was to follow. The articles largely dated back to and repeated the regulations which had governed the Association in the voluntary days, prior to its incorporation. The changes made in 1883 had been by means of by-laws which were easier to pass than articles under the Joint Stock Acts, but the time had come when the great growth of the Association, not only in the United Kingdom but in the Colonies, had forced on the Council the necessity for a new departure. Even in 1874 the object had evidently been to prevent the whole work and administration being upset by a chance vote of a general meeting at which the attendance might be preposterously small in relation to the membership of the Association. The election of the Council had been in the hands of such meetings, and the policy of 1874 was to have it in great measure composed of representatives of Branches. But this reform was brought about merely by the passing of by-laws which could be abrogated or changed under the Companies Act by annual meetings with the same capricious power, though theoretically controlled by proxy voting. Now, in 1900, it was felt that new articles of association should be obtained, yielding a more stable constitution.

The proposed articles centred round the composition and powers of the Council. Taking the powers first, Article 35 was to be as follows (BRITISH MEDICAL JOURNAL, July 7th, 1900, pp. 54-56):

"The management and control of the business and affairs of the Association, including the disposition of its funds, shall be vested in the Council, who shall in addition to the powers and authorities by these presents expressly conferred upon them, exercise all such powers and do all such acts and things as may be exercised or done by the Association, and are not hereby or by statute expressly directed or required to be exercised or done by the Association in general meeting subject nevertheless to the regulations in these articles contained and to the provisions of the statutes and to any by-laws being by-laws not inconsistent with the aforesaid regulations and provisions which may be prescribed by the Association in general meeting, but no by-law made by the Association in general meeting shall (a) invalidate any prior act of the Council which would have been valid if such by-law had not been made, or (b) direct the expenditure of any of the funds of the Association."

Next, as to the composition of the Council, it was to be partly *ex-officio* and partly elected by the Branches. The *ex-officio* members were to consist of the President, the President-elect, the President of the Council, the Treasurer, and the Vice-Presidents of the Association. The Vice-Presidents, it should be noted in passing, consisted of all living former Presidents of the Association, Presidents of Council, and Treasurers—their number might be about a score, so that the total *ex-officio* members would probably be three or four over that figure. The elected members would be one for each Branch, and every Branch with over 200 members would have an additional representative for each additional 200. The total Branches at that time were 66, and their total representatives would be about 76, so that the Council would be a body of about 100 members, the *ex-officio* part of them corresponding broadly to aldermen in English municipal government. These had, however, been originally elected to the offices which led to their vice-presidency.

The Council therefore regarded itself as a genuinely representative body, well qualified to manage the affairs of the Association if only it could be freed from the risks attaching to the Annual General Meeting with its meagre and casual attendance, varying year by year according to the place in which the meeting chanced to be held—from Portsmouth in the south to Aberdeen in the north, and from Ipswich in the east to Bristol (not to speak of Dublin) in the west.

It will be observed that in this scheme there was no provision for the degree of localization of meetings of members throughout the country desired by the Manchester Conference or for any corresponding representation of small groups of members who could attend such meetings. The local unit was still to be the Branch, which usually covered an extensive area of country, and in some cases

had a membership of one or two thousands. The time needed to attend a Branch meeting was often more than a busy man could afford, especially a young man building up a practice, and keen to be always within easy call. Also, the subjects discussed at the Branch meetings were mainly clinical or scientific, and the men who attended would consist largely of those who had already made good. Medical politics and medical ethics, questions of contract practice, abuse of hospital charities, the conditions of Poor Law medical service, and other such matters, would not bulk so prominently as in gatherings of a dozen or a score of men working in a single town and its immediate neighbourhood. It is doubtful, indeed, whether the members of Council throughout the United Kingdom realized the strength of feeling behind the Manchester movement, even if they had read in the JOURNAL the account of that three days' conference. And if they did realize it, some of the older men would perhaps be doubtful of any policy of extending widely the activities of the Association outside the dignified sphere of medical science. But the scope of the Association had already included "the maintenance of the honour and interests of the medical profession," and the reformers had good ground for holding that that object had not been sufficiently kept in view.

The Extraordinary General Meeting called to deal with the Council's scheme was held in Exeter Hall (the site of which is now occupied by the Strand Palace Hotel) on July 18th, 1900. The President, Dr. J. Ward Cousins (Portsmouth), was in the chair, and there was an attendance of about 270 members, names being registered on entering the hall. At the beginning of the meeting some prejudice was created by the reply to a question asked by a member who had given notice of various amendments. The reply from the chair was that counsel had advised that no amendments could be proposed to the resolution of the Council which he was about to move; the resolution must either be accepted or rejected as it stood. This, in law, was the only course that could be followed in the circumstances, and it had to be adopted, as we shall see, when the results of the labours of the Constitution Committee came before another Extraordinary General Meeting. It had not, however, been understood beforehand, and the announcement created resentment on the part of many present. It had the incidental advantage of making the meeting a brief one.

The President moved the approval of the draft new regulations. Their object was to give stability to the Association, and to bring about a closer contact with all the Branches. New articles were necessary because of apparent discrepancies. The representative principle had been adopted in 1883, and the purposes of the Council were broadly liberal. One of the objects of the new articles was to prevent twenty-five gentlemen at the Annual Meeting from revolutionizing the Association, but otherwise the powers and duties of that meeting would be practically the same as in the preceding twenty-five years. Dr. Roberts Thomson (Bournemouth), in seconding the resolution, emphasized the same point as to the dangers of the Annual Meeting, and said the object of the new articles was to throw all the work back on the Branches. Thus the representatives of the Branches would advise the Council, which would carry out the wishes of the Association. If, however, the new articles failed they could be swept away a year afterwards. But the Council's scheme met with no support from any subsequent speaker. Mr. Victor Horsley attacked the President and the Council and the proposed articles. The Association was in need of reorganization, and the subject should be discussed at the Annual Meeting at Ipswich. Dr. Brown Ritchie also disapproved the Council's proposals, which absolutely ignored the Association's 40 per cent. of unattached members, whose only chance was at the Annual Meeting. Dr. F. Pope (Leicester) moved that the question be put. This was seconded and carried. The President then put the original resolution for the adoption of the new articles, which on a show of hands was declared to be lost, and the proceedings terminated. This was the end of the Council's scheme.

(To be continued.)