It is gratifying, also, to be assured that in Egypt, as in South Africa, the men of the Army Hospital Corps worked as bravely and as well as the examples of the medical officers led them to do.

My old comrades, the naval surgeons, also deserve full credit for the way they did their work during the Egyptian campaign. On board ship at the attack on the forts of Alexandria, or on shore with blue-jackets and marines, alike under fire with the fighting line, or in the armoured train, or combating disease in camp, or on the march, we have been assured by everyone in a position to know—from the Commander-in-Chief downwards—that the naval surgeons were always ready, willing, and cheerful. And while we speak with pride and satisfaction of the manner in which our brethren, both in army and navy, who served at the seat of war acquitted themselves, we must not forget those who laboured at home: the heads of both the Medical Departments and those under them have well merited a generous recognition of their forethought and good service.

And what a change for the better has taken place in the practice of army surgeons since Hunter's time! Military surgery, before the publication in 1794 of his last work, so far as the treatment of gunshot wounds is concerned, was influenced by the false doctrine of the poisonous nature of the wound—the necessity for the escape of the poison—and therefore for the dilatation of the wound and the keeping up of suppurative discharge. Hunter served as staff-surgeon in the army in the expedition against Belleisle in 1760, and in Portugal in 1763. In 1776, he was appointed Surgeon-Extraordinary in the army; in 1786, Deputy Surgeon-General; and in 1791, Surgeon-General—as Longmore says, "a laborious office, corresponding with that of the Director-General under existing arrangements." He held this office during the early part of the war with France which preceded the peace of Amiens. After Hunter's death, the simpler treatment of gunshot wounds which he taught has been generally followed, and other great improvements in military surgery have been accomplished. Secondary amputations have been shown to be more fatal than those performed soon after the wound. Amputations have been often avoided by excision of joints or of injured portions of bone. The use of anaesthetics, and latterly of antiseptics, in spite of the much larger number of wounded after modern battles, have greatly lowered the death-rate; while, thanks to our experience in the Crimea, and the perfection of the system of ambulance transport in our Indian army (all admirably worked out by the indefatigable perseverance of one of our own Fellows—the Professor of Military Surgery at Netley)—the transport of our sick and wounded in time of war is so perfect as to have been copied by other armies; while all the administrative arrangements for the care and treatment of sick and wounded, the organisation of military hospitals in time both of peace and of war, and the service in the field, were proved in the late Egyptian expedition, under all the disadvantages of a rapid and unexpected change of base, to have been most creditable to the Army Medical Department. Out of 1,783 admissions to hospital in Egypt from ophthalmia not one man lost his sight. On the other hand, in 1861-2, amongst the French and English armies in Egypt, 1 man in 54 lost the use of one or both eyes. If the Army Medical Department obtains such a control over its own affairs as other branches of the army, we need not fear for its future efficiency. To insure this efficiency, the medical officers and the Army Hospital Corps should be made one Royal Corps—placed on a perfect equality with other corps, and receive a fair share of honorary distinctions. The Director-General and the Principal Medical Officer of a division should be secured rank and pay proportionate to their arduous and responsible duties, and be provided with a subordinate for secretary's duty. A field hospital fully equipped for the field should be maintained at Aldershot, or elsewhere; and the whole corps be frequently exercised during peace in all the duties they may be called upon to perform in war. Let us trust that this may be the result of the Commission which has been sitting under the presidency of Lord Morley, and of which one of our fellows, Sir William Mac Cormac, is a member. Under their own head—a united body, having entire control over and command of their own department, subject only to the general officers commanding—our army surgeons will cheerfully accept the responsibility of collecting, removing from the field of battle, and attending to the first wants of the wounded, and for their subsequent care and treatment, as well as for the equally important duties of sanitary officers in preventing disease and maintaining the physical condition of our army; and, if the corps desire a motto, let me suggest one, well deserved by their conduct in the past, and encouraging to good service in the future: "Faithful unto Death."

[To be continued.]

AN ADDRESS ON MEDICAL REFORM.

Delivered at the Annual Meeting of the Dublin Branch, Thursday, January 25th, 1883.

By JOHN T. BANKS, M.D.,

Regius Professor of Physic in the University of Dublin; Physician in Ordinary to the Queen in Ireland, etc.; President of the Branch.

In addressing you to-day, my first duty is to return my cordial thanks to the Dublin Branch of the British Medical Association for the honour which has been conferred upon me by electing me to the presidential chair. I gratefully remember that it was the wish of those to whom the happy thought occurred of establishing the Branch, to elect me the first president. Deeply sensible of the intended honour, and much as I appreciated it, I considered it my duty to decline it, knowing that I held views on the subject of medical reform divergent from the majority of the members of the parent Association. I have been led to believe that my first impression was mistaken, and I now accept the position, feeling, as I have ever felt, that I am as anxious as the most advanced reformer to promote the best interests of the profession by all means, and to the utmost of my power uphold its dignity.

In the brief address I am about to deliver, I propose taking a short retrospect of events, to us of great importance, which have taken place since my distinguished predecessor, Dr. Kidd, so ably and efficiently performed the duty which now devolves upon me. Some of the events I mean to refer to are of general, some of local interest to our profession.

The event upon which the greatest interest centres is the report of the Royal Commission to inquire into the grants of medical degrees, etc., recently published, and upon which the council of the Branch has placed in your hands a special report. It is needless at this meeting to dwell upon the ability and experience which the medical members brought to bear on the difficult and vexed question they had to deal with. Who amongst us is unacquainted with the reputation of Sir William Jenner, of Mr. Simon and Professor Turner? and I am satisfied that I express the unanimous opinion of our meeting when I affirm that no man could have been selected to represent this country on the Royal Commission, who more entirely commands the confidence of his professional brethren, than Dr. Robert McDonnell. A commission so constituted medically, aided as it was by the non-medical members, formed so highly influential a body, that its judgment, if unanimous, was calculated to influence the legislature in framing a Bill in accordance with the recommendations.

A majority, however, dissent from parts of the report, and, be it observed, not on matters of little moment, but upon some of the most important; for example, Professors Huxley and Turner, Mr. Simon, and Mr. Slater-Booth, dissent from the proposal to give universal suffrage; other members dissent from other parts of the report, which are also of great importance.

Some of the plans which have been proposed to meet the alleged defects of the present licensing system are discussed. The introduction of a "Staats-Examen" finds favour with the Bishop of Peterborough, as calculated to attain the desired result with least disturbance to existing interests. This, however, is objected to on the ground of the profession being against adding an examination to those already existing; an objection, however, which falls to the ground in the event of conjoint boards being formed—a scheme which is now being considered by joint committees of the Colleges of Physicians and Surgeons of London, and the sister colleges of Ireland. A State examination should, in my humble opinion, if adopted, be to a great extent a test of practical knowledge, and should follow a degree or diploma from one of the recognised medical authorities; following the example of Germany, in which the *Abgangs-Zeugnis*, or university testimonial, must be presented by the candidate for the *Staats-Prüfung*, the passing of which entitles him to practise. The proposal in the memorandum of Professor Turner has much to recommend it, namely, the appointment of assessors who should report to the council such examinations as are not of a sufficient standard of proficiency, the council having in such case the power of suspending; a power, I may observe, not possessed by the present General Medical Council. Either the

Staats-Examen or the appointment of assessors is preferable to the one portal system as proposed by the commission, and against which I feel bound earnestly to protest. I believe such would have the effect of inflicting irreparable injury, if not total ruin, on the medical corporations; some of which, at least, have for many years done all in their power to advance medical education by the introduction of improvements, voluntarily adopted, which leave nothing to be desired in the thoroughness of their examination tests.

The report attributes this in a great measure to the General Medical Council. It says, "It is in our opinion clearly proved that the General Medical Council has rendered valuable services to the profession and the public. It is to the General Medical Council that the universal adoption of a preliminary examination for intending medical students is mainly due." The council has also elaborated and published fully detailed recommendations, which have had a very beneficial influence upon the education and examination of medical students. The report then goes on to state their opinion that the visitations instituted by the council have had an excellent effect in improving particular examinations, and generally raising the standard of examination. For myself, I must express my regret that they have not been more frequent; for, conducted as they have been by men whose very names are a guarantee for the possession of all the qualifications which such a responsible duty demanded, they were calculated to be of inestimable advantage. The report further observes that "the large majority of the licensing authorities have shown a praiseworthy readiness to introduce improvements."

Having borne such testimony, does it not seem strange and inconsistent that the Commission should recommend a measure certain to act ruinously on the bodies which have been found worthy of such praise, because there are some few whose standard is of a low level? Is it not punishing the many for the delinquencies of the few? Could no other remedial measure be devised except this so-called "Minimum" Examination, through which all must enter, high and low—the University graduate in Arts and Medicine, the pure surgeon, and the rank and file, whose chief ambition is to find a place on the *Register*.

I now, in my superficial review of the Report of the Royal Commissioners, come to the constitution of the Council which is proposed, and particularly to one of the provisions for the election of some of those who are to be the governing body of our profession. It assumes that the demand of the general practitioners for representation is well grounded; but when this is fairly examined, it is found to be a manifest mistake. Mr. Lister has pointed out the fallacy by calling attention to the fact that they are represented on the present Council by the Societies of Apothecaries of England and Ireland; and that the College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, are always likely to be represented by general practitioners. If this demand be acceded to by Parliament, the report says—"We have no reason to suppose that the members elected by direct representation, will be less eminent than those nominated either by the Crown or the Divisional Boards."

Let us now glance at the mode of election to the present Council, and take illustrations near home which equally apply to cognate bodies. I cannot conceive any mode of election less open to objection than that of the King and Queen's College of Physicians in Ireland. The Fellows at large, now a numerous body, select their representative. Is it to be supposed that the lower grades in the College are likely to exercise a more judicious selection? The Royal College of Surgeons selects its representative by the votes of its Council, which is chosen by the body of the Fellows. It is true the University representatives are nominated by the ruling body, a limited number; but who, from interest, if from no higher motive, are not likely to send to the Council unworthy or incompetent representatives.

In objecting to add four members to the proposed Council by universal suffrage, it is satisfactory to me to know that I am in unison with some of the most eminent members of our profession, who for many years were acquainted with the working of the Council, and thus are high authorities on the subject; and, at the same time, being no longer connected with it, may be considered unbiassed and impartial judges. Sir George Burrows, ex-President of the British Medical Association, thinks "whether the Council remains with its present duties, or has its functions greatly extended, it would be injurious to have any of its members elected by universal suffrage." Dr. Paget, Regius Professor of Medicine of Cambridge, and ex-President of the British Medical Association, thinks "it is not likely that members elected by the general suffrage of the profession would add to the

efficiency of the Council for that which is its principal duty, the supervision of medical education; they are not likely to be superior to those members representing universities, who, besides being medical practitioners, are, or have been, engaged in medical teaching and examining." Sir James Risdon Bennett believes "that election to a body having such functions as those exercised by the General Medical Council, appears to be the worst possible mode of election." Professor Lister says: "I should grieve to see existing institutions jeopardised by a revolutionary measure passed in pursuit of the ideal of a so-called one-portal system." Sir James Paget is of opinion, "that the direct representation of the whole profession does not afford sufficient guarantee for the selection of the person best qualified to perform the duties which devolve on the Council." One of its most important functions, its judicial, it could no longer exercise; it could not remove from the *Register* persons guilty of infamous conduct. A Council, any considerable part of which was elected by universal suffrage, would be out of harmony with the constitution of other courts of justice in the United Kingdom or any European State.

One other I may add to the goodly list of the opponents of the "revolutionary measure" of electing members by universal suffrage, Sir Thomas Watson, the old man eloquent, "who being dead yet speaketh." "To add to the number of members by universal suffrage of the profession would simply, in my judgment, prove the ruin of the Council for its professed purposes." It may be that the judgment of him who has so lately gone to his honoured rest, sounding as it does like a voice from the world beyond the grave, comes with even more weight than the opinions of such men as the illustrious President of the International Medical Congress, and of the discoverer of the antiseptic method, speaking of whom Professor Volkmann, of Halle, says: "England darf stolz darauf sein dass es einer seiner Söhne gewesen, dessen Name mit diesem grössten Fortschritte, den die Chirurgie jemals gemacht hat, unzertrennlich verbunden ist." Strange would it be if the opinions on universal suffrage which I have summarised, do not receive that attention and respect to which all must admit they are entitled. One may confidently ask: Could any new mode of election secure the services of better representatives of the profession than the Crown, the universities, and the corporations have sent to the Council—Brodie, Paget, Watson, Corrigan, Stokes, Christison, Lister, Syme, Apjohn, and others I might mention—and would such men condescend to submit to the toil and turmoil of a contested election?

I now turn to the prospects of medical education and examination in Ireland, and to the changes which have taken place within the last year or two. But let me not be understood as undervaluing the previous training and testing of our students. The examinations of the University of Dublin, of the College of Physicians, and of the Royal College of Surgeons, were admirably calculated to ascertain the fitness of the candidate to practise the healing art. In the course of time, changes and improvements were called for in the curricula and examinations; and our University and corporations have, as ever, led the van in educational progress. That is no vain or baseless boast; for it was the Irish Colleges who introduced the clinical part of examinations and the performance of operations and dissections in the presence of the examiner: the Royal College of Surgeons in Ireland being, I believe, the first body which required the latter. Of our ancient University, the first in honour as in place, I may say that changes, silently but effectually, have been passing over her medical school. The necessity for increasing its accommodation has arisen from the fact that many of her graduates, who in former times would have gone into the Church or the other learned professions, now turn their attention to Medicine. The discouragement to commercial enterprise that looms over our country—of which it may be said, as of Scotland in the time of Macbeth—

"When shalt thou see thy wholesome days again?"

—tends also in the same direction. One great improvement in the School of Trinity College has taken place. The Museum of Comparative Anatomy, now palatially housed in the new buildings, stands unrivalled as a storehouse of morphological illustration. Important changes have lately been made in the King and Queen's College of Physicians by the introduction of an examination in State Medicine. In the Royal College of Surgeons, it seemed to the advocates of reform that changes were needed in three directions: 1. To lessen the courses of lectures—a great boon to the over-lectured student; 2. To make the courses as much as possible practical; and 3. To extend the period of medical education to a minimum of four years. The College has also made it obligatory on the student to pass an examination at the end of each year before

allowing any of the next year's work to be commenced. The curriculum thus divides itself into four definite portions, as separate and distinct as the water-tight compartments of a ship. The College has expended a large sum in improving its school, which may now be considered as one of the best arranged in the kingdom.

I have now to bring under your notice an event of no small importance to all who take an interest in general and medical education in this country. I allude to the inauguration of the Royal University, which has been called into existence as a successor of the Queen's University, of which I would speak with all respect, as having done good service for education in Ireland, bringing high-class training to the doors of those who never otherwise could have obtained such inestimable advantages. Many of the alumni of the Queen's University are at this moment filling the highest positions in various parts of the empire, and reflecting honour on their Alma Mater, which has ceased to exist. The Royal University, however, is something more than a mere successor of the Queen's. The medical curriculum, like every other part, has been recast, remodelled, and excellent as was that of the Queen's, I hope improved. There are new features which are worthy of especial attention, and to which I would refer. The first is the requirement of one year of arts from the students in medicine; the other is the requirement of three months' clinical instruction in a hospital for the insane. I believe the Royal University and the University of London, are the only bodies into the curricula of which this course enters. The importance of an acquaintance with mental disease it would be difficult to overrate. Medical men have frequently been placed in positions in which their ignorance of the subject has been a source of regret and humiliation. It is no light matter that the medical witness has frequently to deal with when called to give evidence in courts of justice. In his hands may be the issues of life or death. The question as to responsibility or irresponsibility of the person accused of crime may rest on his decision; as may the rights of property, the question of testamentary capacity, of mental soundness or unsoundness. It might be supposed, from the neglect on the part of the medical authorities in requiring teaching in mental disease, that a knowledge of it comes by intuition; that every fairly educated physician should be as competent to undertake the investigation of mental disease as he is of bodily—to the study of which he has devoted years—albeit he may have never previously seen a single case. It would be no difficult task to point out the lamentable mistakes often made, and the disastrous consequences to the reputation of the medical man who has no acquaintance with the mind diseased. Insanity is said to be on the increase in all civilised countries. This may be so, or, like heart-disease, cases of it may be more regularly recognised and tabulated. Anyhow, it forms, unfortunately, no inconsiderable factor in our social life. Now, I do not for one moment mean that every medical man should be a specialist in psychology, any more than he should be a specialist in ophthalmology, but that, like the latter, I contend that he should have some training in it; that, for example, he should be able to discriminate between curable mental maladies—the results of worry and emotion—and incurable disease—caused by tissue-change or the cumulative tendencies of preceding generations. It is satisfactory to observe, in the report of the Visitors appointed by the General Medical Council, that the absence of the subject of mental disease from the curricula has been noticed. The report recommends "that the subjects of hygiene, ophthalmology, and mental disease will demand serious consideration, and perhaps admission, under careful limitation, as distinct elements of examination." It is to be hoped, from the fact that the omissions have been noted, the corporations will be induced to direct their attention to this much needed reform in medical education and examinations. When I remind you that this admirable report was the result of the self-sacrificing labours of men so eminent in the profession as my friends Dr. Gairdner, Professor of Medicine in the University of Glasgow, Mr. Teale of Leeds, and Mr. Stokes, Professor of Surgery in the Royal College of Surgeons in Ireland, I feel that it would be needless for me to say one word in the vain expectation of lending weight to their authority. The subject of special clinical instruction in fever was not omitted in framing the medical curriculum of the Royal University, following the good example set by the University of Dublin, and the King and Queen's College of Physicians. Upon this point I lay much stress, from the fact that I have known men, otherwise well educated, launched on the world, some with the degree of an university of the highest reputation, who have never seen a case of fever during their years of hospital attendance. At the first clinical examination of the Royal University, a candidate, to whom a case of fever was assigned,

refused to examine it, I need scarcely say with what result; and if the refusal were caused by cowardice, the sooner he seeks another calling, which does not involve danger to life, the better for him, and I may add, for the patients who may have the misfortune to fall into his hands. I doubt not you will excuse my dwelling on the subject of the Royal University, because I feel to some extent responsible for its medical curriculum—a responsibility, however, which I share with my medical colleagues of the Senate. We endeavoured to perform our duty influenced by a conscientious desire to send out a body of graduates well trained, and in this effort we were aided, one and all, by the non-medical Senators. Short a time as the university has been in existence, we have to deplore the loss of one, honoured and respected by us all, who by his great experience as a hospital physician and teacher was of incalculable value in our deliberations on the subject of the curriculum of the Royal University. The Duke of Abercorn, in his admirable and eloquent address at the inauguration of the University, well described our lamented friend, and late president of this Branch, Dr. Hayden, as "a physician of great eminence and remarkable ability." I have always held the opinion that all who aspire to the highest rank in our profession should have a full education in arts, a requirement, I am proud to say, demanded by the ancient university, with which I am more intimately connected than with the new.

If we dispensed with the year of arts and made our medical curriculum more facile, we might attract more students to our portals, but would we be doing our duty to our profession or to the public? We, above all things, have endeavoured that they should be safe practitioners of medicine, surgery, and midwifery. We trust that, like the old goddess of wisdom, springing in full panoply from the head of Jove, they may enter the lists fully equipped to fight a good fight, in the war which it will be their duty to wage against disease and death.

I fear I have trespassed at too great length on your attention, but I must notice one other event which is of surpassing interest. I refer to the amalgamation of the four medical societies of Dublin into one Academy of Medicine in Ireland—"C'est l'union qui fait la force." Separate, they have done good work in the past, and now that they are welded together, we may hopefully look forward to a development of fresh vigour and renewed energy. It has been my lot to have received many favours at the hands of my professional brethren, but on no mark of their approbation do I reflect with greater gratification than that I have been deemed worthy to be the first president of the Royal Academy of Medicine in Ireland.

THE SALICYLATES AND HÆMORRHAGES IN ENTERIC FEVER.

By JAMES FERGUSSON, M.B., Perth.

AT a time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hæmorrhages from the bowel raised the question, Could the salicylate be favouring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also, salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hæmorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, Dr. H. McLean Wilson, who joins me in placing the facts before the readers of this JOURNAL. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hæmorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers. I hope you may favour such an inquiry.