A NOTE ON THE TEACHING OF THE HISTORY OF MEDICINE.

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IN connexion with the discussion on this subject which has taken place in the columns of the *BRITISH MEDICAL JOURNAL*, a brief statement of the methods adopted in the Johns Hopkins Medical School may be of interest.

1. *Lectures*.—Since the opening of the hospital in 1889 Dr. John S. Billings has held the position of Lecturer on the History of Medicine, and has given an annual course, attendance upon which is optional.

2. *The Historical Club*.—Organized in 1889, a monthly meeting is held throughout the winter session. During the first three years an attempt was made to cover systematically the great epochs. Dr. Welch dealt very fully with the Alexandrian and Arabian Schools, and one evening was devoted to an exhibition of the chief works on the History of Medicine. Dr. Kelly has repeatedly brought out treasures of his private collection, and has contributed many papers to the history of obstetrics and gynaecology. The volumes of the *Hospital Bulletin* contain about a dozen articles read before the Club, some of which have had the honour of a notice in the *JOURNAL*. Altogether the Club has been successful, not only in stimulating an interest in the subject, but as a routine means of education.

3. In the everyday work of the wards, and of the out-patient department the student may be helped to get into the habit of looking at a subject from the historical standpoint. In my out-patient class this is made a special feature of the teaching. A case of exophthalmic goitre comes in—the question at once is put, Who was Graves? Who was Parry? Who was Basedow? Of course the student does not know; he is told to bring, on another day, the original article, and he is given five or ten minutes in which to read a brief historical note. I take from the class-book at random the titles of some subjects which have been presented this session, very often to the edification of the teachers as much as the students: Sydenham's description of chorea, Valsalva's method of treating aneurysm, Tufnell's method of treating aneurysm, the history of our knowledge of lead-poisoning, Abram Colles and his law, Dr. King's safety valve action of the tricuspid valve, Bright's original description of the disease which bears his name, Glisson's original description of rickets, Bland and his pill, the history of haemophilia in America, the history of diabetes.

4. Once a week, over a little "beer and baccy," I meet my clinical clerks in an informal conference upon the events of the week. For half an hour I give a short talk on one of the "Masters of Medicine," in which, as far as possible, the original editions of the works are shown.

In the present crowded state of the curriculum it does not seem desirable to add the "History of Medicine" as a compulsory subject. An attractive course will catch the good men and do them good, but much more valuable is it to train insensibly the mind of the student into the habit of looking at things from the historical standpoint, which can be done by individual teachers who themselves appreciate the truth of Fuller's remark:

"History maketh a young man to be old, without either wrinkles or grey hairs; privileging him with the experience of age, without either the infirmities or inconveniences thereof. Yea, it not onely maketh things past present, but inableth one to make a rationally conjecture of things to come. For this world affordeth no new accidents, but in the same sense wherein we call it a *new Moon*, which is the old one in another shape, and yet no other then what hath been formerly. Old actions return again, furbished over with some new and different circumstances."

At the annual meeting of the American Laryngological Association held in Boston on May 27th, Dr. StClair Thomson, of London, was elected a Corresponding Fellow.

The Royal Free Hospital, London, has received from Mrs. J. C. Parkinson, of Whitehall Court, a sum of £1,000 as a gift in honour of the Coronation and for the purpose of endowing a bed to be called the Elliot Parkinson Bed.

ON SOME RESULTS OBTAINED BY DISINFECTION AND ISOLATION AGAINST CHOLERA.

BY

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CHOLERA made its appearance in the Hedjaz early this year, but there is considerable doubt as to the exact date of the first case, and it is unknown whether it was carried there by pilgrims or spread from some old endemic centre in the Hedjaz.

CHOLERA IN THE HEDJAZ.

The first official news of the presence of cholera in the Hedjaz was communicated to the Quarantine Board of Egypt on March 7th, though for some days before we had been aware that the Hedjaz was infected. It is not possible to state accurately the number of cases which occurred at Jeddah, Mecca or the caravan roads to Medina and Yambo, for not only is the official news extremely meagre but the accounts given by pilgrims differ greatly. It is certain, however, that the epidemic was very severe, that some of the caravans suffered terribly from cholera and that the whole of Hedjaz was infected.

The prognosis of the pilgrimage this year was rendered still more serious by the fact that pilgrims from the North were very numerous, as a large number of Russians, Bokhara people mostly, had gone to Mecca. According to all accounts, the Bokharene were the chief sufferers during the pilgrimage.

The pilgrim ships this year were perhaps slightly less overcrowded than in former years, but, nevertheless, the sanitary conditions on board were very unsatisfactory.

PRECAUTIONS AT TOR.

All pilgrims from the North have to put in a period of quarantine of fifteen days at Tor, and one of us (M. A. R.) has already given a full account of the measures taken at Tor,¹ but a few explanatory words may not be out of place here.

The port and village of Tor are situated in a wide plain at the foot of the Sinai range, about 120 miles south and east of Suez. The pilgrims are landed in batches of forty or so, and sent immediately to the disinfecting station, where all their luggage is searched and the things requiring disinfection immediately removed. Linen, bedding, etc., are steamed at 110° C. for twenty minutes, the maximum temperature being ascertained by an electric signal thermometer and a maximum thermometer. Shoes, leather goods, etc., which require disinfection, are placed for five minutes to half an hour in a 1 in 1,000 solution of mercury perchloride. All water skins are removed and tin cans provided instead. While the disinfection is in progress, and the goods are removed to the clean side of the building the pilgrim is taken to another room, where he takes off all his clothing and is provided with a clean shirt. He then undergoes medical examination, and any pilgrim with a pulse of over 80 is stopped, and his temperature taken.

Those who show no signs of disease are doused or bathed in warm sea-water. Their shirts are removed, their clothing (which has been disinfected in the meanwhile) is restored to them, and the pilgrims then march off with their luggage to the camp, where six pilgrims sleep in each tent.

The camp is divided into sections, and each section contains 500 pilgrims, a resident doctor, a chief superintendent, and the necessary staff of sweepers, etc. Every morning and evening the medical man in charge sees every pilgrim.

Every sick person is at once sent by train to the hospital, where the diagnosis being made he is sent to one of the following hospitals:

1. Hospital for ordinary disease.
2. Cholera hospital.
3. Suspects hospital.

The cholera cases are placed in wooden barracks containing two patients each and so arranged that any side can be completely opened at will; the suspicious cases are placed in tents and the ordinary cases in well-built stone hospitals. In all suspicious cases a bacteriological diagnosis is made. The