PLAGUE AND FILTH.

The preceding remarks prepare the way for the recognition of all possible sanitary evils and neglects as accompaniments of plague. Chinese towns are at all times ready to generate any fifth disease, and Hong Kong itself is but little better. The city was hastily built about fifty years ago, when the sudden inroad of tens of thousands of Chinese sought occupation and habitation under the British rule. From that rush of people and feverish haste to build without proper control the city never recovered, and to this day presents sanitary aspects of the most flagrant description. The public sewers are well built in the separate system; the water-supply is most excellent in quality, although when rains are delayed deficient in amount; the public latrines are under Government control; the removal of excreta is by the bucket system and is admirably controlled. Here, however, the bestowal of praise must cease, for beyond them there is much to condemn. House overcrowding is rife and surface crowding to the extent of 2,500 to the acre holds sway over the chief area of the native quarter of the town. Dr. Lawson states graphically what is known to every resident in Hong Kong: "The majority of the houses of the infected district being in a most filthy condition when to a mixture of dust, old rags, ashes, broken crockery, moist surface soil, etc., is added faecal matter and the decomposing urine of animals and human beings, a terribly insanitary condition of affairs prevails."

The evidence from Bombay is similar to the Hong Kong report, and but confirms the state of overcrowding and filth to which Oriental cities, even when partially under British control, may attain.

CONCLUSIONS.

The conclusions drawn from a study of the spread of plague are:

I. Varieties: (1) The varieties of plague known under the names (a) fulminant, (b) typical, and (c) *pestis minor* are allied. (2) The cause of fulminant and typical plague is a diplobacterium in the blood and tissues. The cause of *pestis minor* may be an allied diplobacterium, but with a lesser toxic power. (3) An appropriate name for the fulminant and typical plague is "malignant polyadenitis." An appropriate name for the mild variety (*pestis minor*) is "benign polyadenitis."

II. Infection and contagion: (1) Plague is infectious chiefly by the dust arising during the cleansing of dwelling houses which plague patients have occupied. (2) Plague is contagious by prolonged and intimate contact with the plague-stricken, as in the case of a nurse carrying a child ill of the disease.

III. Distribution: (1) Plague is met with in a definite area of Asia, which may be termed the "plague belt." (2) That the home of plague is at the present day in Mesopotamia and the countries adjacent. (3) From Mesopotamia as a focus the plague may spread northwards to the Caspian Sea, westwards to the Red Sea, southwards as far as Bombay, and eastwards as far as (Formosa) the China Sea. (4) During the present century plague has shown a western retrocession and an eastern accession of virulence.

IV. The bacillus: (1) Typical plague (malignant polyadenitis) is associated with *pestis minor* (benign polyadenitis). (2) A bacillus of somewhat similar appearance microscopically is reputed to be found in both.² (3) The bacilli differ in their toxic powers only. (4) A benign polyadenitis may run its course without being preceded or followed by the malignant variety. (5) Malignant polyadenitis may run its course without being preceded or followed by the benign variety. (6) The bacillus of the benign variety attains malignancy by passing through some intermediate host, possibly, but not probably, the rat.

² This is under discussion now (December 18th, 1896).

THE Committee of Queen Charlotte's Lying-in Hospital, Marylebone, have received a donation of £50 from the executor of the late Sir Albert Sassoon in aid of the extension fund.

THE Committee of University College Hospital have received a hundred guinea, the proceeds of the dramatic entertainment given by the members of the West London Dramatic Society at St. George's Hall on December 3rd.

EXTRACTS FROM AN ADDRESS ON CURRENT MEDICAL POLITICS.

Delivered before the Hull Medical Society.

By C. H. MILBURN, M.B., M.S.,

President of the Society; and Honorary Surgeon, Victoria Hospital, Hull, etc.

PRELIMINARY EDUCATION AND EXAMINATION.

THERE is undoubtedly now a need for a higher standard of general knowledge and greater stringency of examination before admission as a medical student, and I am glad to see that at the last meeting of the General Medical Council steps in that direction were taken by the passing of these resolutions:

That the Council should represent to all bodies whose Junior Examinations in General Education are recognised, that it desires that the stringency of the pass requirements in these examinations should gradually be increased, and

That the Council instruct the (Education) Committee to consider the requirements of the several junior preliminary examinations now recognised by the Council, and to report on the steps that may be necessary for enforcing a higher and more uniform standard therein; that the recommendations which the committee may propose with this object be brought before the Council at the November session of 1897 in order that, if approved, they may be brought into force on January 1st, 1900.

I suppose the change will have to be gradual, but it seems to be very slow, if we have to wait until 1900 before it comes into actual existence. Another point, which I think should be emphasised, is that all subjects not strictly professional should be cleared away before the student enters on his real medical curriculum, for example, chemistry, physics, botany, zoology, etc. I consider they take up too much of the all too short time, even though it is five years, for acquiring a good theoretical and practical knowledge of his future work. There are as many as ninety preliminary art examinations qualifying for registration, and that means there will be many varying and different standards of efficiency required. Why should not the College of Preceptors, or some similar body, conduct one examination at stated periods in different parts of the kingdom, the standard required having been laid down and approved by the General Medical Council? If a man wished to go in subsequently for any special degree or diploma for which extra subjects in general knowledge are required, there is nothing to prevent him so doing, as extra optional subjects could be provided. This one suggested examination, which we might call the "medical students registration-examination," should, however, be the only one necessary previous to his being registered; unless he had an arts degree, and that only should be accepted as an equivalent.

THE APPRENTICESHIP SYSTEM.

I take it that if a return to the partial apprenticeship system were made, all would agree that one year is as much as can be spared, and perhaps as much as is needed. Should this be at the beginning or at the end of the curriculum?—it cannot be during the course of study. My own opinion is that it ought to be immediately after registration as a medical student; he should then spend a year with a practitioner in general practice (if possible, one attached to a hospital), and should (if he earned it) have a certificate at the end of his apprenticeship, of good conduct and industry; this certificate should be required in the same way as his subsequent class certificates. During that time he would have picked up the thousand-and-one bits of information which he cannot learn from books and lectures; he would have learnt something of that complex, yet simple subject, "medical ethics" (which also cannot be learnt from books, and the teaching of which would do away, I firmly believe, to a very great extent, with the need for Ethical Societies and committees, and the quarrels and suspicions which call for them); and he would also, before going too far and spending too much money, have found out whether he had the aptitude to become a successful practitioner, or whether his tastes and abilities pointed in some other direction for his life-work. There are many details in this question, but time allows me only to mention the principle of the system. It may be said it would add another year to the curriculum. I grant that, but venture to think that it would be rather an advantage, as it would bring the length of time of study more into line with that of other

nations, as in Germany and France, where the curriculum extends further; in some cases, I believe, as far as eight years. It would, also, if the student registered at 17, bring up the minimum age at which to qualify to 23 years, which is not at all too old.

THE QUALIFYING EXAMINATIONS.

I do not propose to touch on the subjects or the arrangement of the curriculum, as at present I do not think opinion is sufficiently matured. We therefore come next to the qualifying examinations. The student has twenty-one from which to choose. Where there are so many qualifying bodies competing for students to enter for their examinations (after the little preliminary of paying fees) there is always a tendency to try to make them attractive. Possibly the most attractive way is to reduce the stringency of the examination. It is, therefore, suggested that all the examining bodies should combine to establish one conjoint compulsory examination in each of the three divisions of the United Kingdom. (This—the “One-Portal System”—is actually in force at present with chemists, veterinary surgeons, solicitors, and barristers.) Then, after passing such a test, or whilst doing so, if a man wished to put an extra “hall-mark” on his education, there should be nothing to prevent his going in for a University degree or a College diploma, according to his requirements and the necessities of his future intentions.

MEDICAL AID ASSOCIATIONS.

It ought to be unnecessary to warn young medical men against having anything to do with medical aid societies; but as they flourish, it is apparent that these “sweaters” of the profession are able to get registered practitioners to work for them. The temptation may be strong for a young man just qualified, and anxious, and perhaps obliged to make his living, to accept “slavery” under such societies; but surely there are hospital appointments enough, and assistancies enough, to keep him going until something better turns up? These lay associations charge their members so much per head per annum, but the medical officer does not receive this, minus the expenses. He receives 3s. 6d. or 4s. a head, and the balance goes as profit to the association. In addition, the most reprehensible practice of employing paid touting agents is used to increase the membership of these societies. Usually, also, anyone can join a society—as in many there is no entrance medical examination, and there is no wage limit—consequently people in good positions (socially and pecuniarily), but with a poor sense of justice, are not above taking advantage of this laxity, and of the doctor. All this has a bad and lowering effect on the profession, and also on the estimation of the profession by the public.

For a little temporary benefit (and from jealousy and fear of each other) we are afraid to do what we should, and what would ultimately be greatly to the benefit both of the profession and the public. We ought to refuse to have anything to do with either these societies or with the medical men who lower themselves to be their servants. If we were to do so, these associations would gradually be extinguished from sheer inanition, as it would not suit the members to subscribe to them and then have to pay extra for their medical attendance. And, further, I to a great extent feel disposed to blame the general body of consultants (there are exceptions) who, for the sake of the guinea or so, meet the medical officers of these societies in consultation. If they were to refuse, the patients would be obliged to be attended by non “medical aid” doctors, who could be met in consultation. Thus, this objectionable “medical aid” would (from the patient’s point of view) fail, when most required, and he would see the uselessness of paying to it. The medical officers, who would surely have some fragment of pride about them, would object to the snub, or series of snubs, and would give it up. One therefore feels that at present the consultant practitioners have an immense power in their hands for checking the spread of these “sweating” associations. Here one feels most strongly the necessity of union against such encroachments. Advantageous ultimately to each individual of us, and a duty to our medical brethren, such union would greatly lessen, if not remove, every such difficulty, as well as many of the other drawbacks of medical practice.

THE GENERAL MEDICAL COUNCIL.

It is generally acknowledged that the governing body of the profession is in no sense representative of its members, or in such sensitive touch with its requirements; and that, therefore, while the interests of corporations and colleges are strenuously defended, there are many matters of the highest importance to the general practitioner which have received no attention. The General Medical Council consists of eight members chosen by the English universities and colleges and the Society of Apothecaries, London; seven members come from the corresponding bodies in Scotland, and seven from Ireland, whilst five are nominated by the Privy Council. To make up the total of thirty, then, only five direct representatives are elected by the whole medical profession of the United Kingdom. A sixth of the Council represent an electorate of nearly 35,000.

I feel it would be much more in consonance with our latter-day representative systems of government if the nominees of the qualifying bodies were elected by their graduates or licentiates, or that the number of directly elected members of the Council were increased to the same number as those chosen by the Corporations and Colleges. There would thus be a chance of matters affecting us intimately receiving attention and amendment. Undoubtedly, there are difficulties, financial and otherwise, in the way of carrying out either of these schemes, but the chief obstacle is the Council itself.

One must give credit to the Council that they have wakened up somewhat within the last few years to the necessities of the profession, apart from education and registration; and with that awakening has come the recognition that the Council has more disciplinary and regulating powers in a certain direction than at first it believed, or apparently wished to believe it had. I refer to the restriction and suppression of all forms of unqualified and unlicensed practice. But, even granting that, there is not that harmony and sympathy between the General Medical Council and the corporations on the one hand, and the profession generally on the other, which is necessary to satisfy our wants and aspirations, and this is shown by the absence of attempts to obtain the fuller powers for governing and regulating the profession. These must be obtained before we can feel that the General Medical Council is working really in the interest and for the real welfare of the public, and not for those of its chief constituent bodies. I must confess I do not see any prospect of improvement in this direction till a Medical Acts Amendment Bill is passed. In that it must be distinctly laid down that practice “for profit or gain” by quacks, herbalists, bonesetters, chemists, *et hoc genus omne*, is illegal and punishable. As things are at present, the Medical Act of 1858 does not fulfil its expressed intention, namely, “to enable the public to distinguish between qualified and unqualified practitioners.” Do not many people think a chemist is trained and perfectly competent to treat accident or disease? The Act, therefore, being defective, and the General Medical Council not having the power to supplement and make effective its intention, it follows that this must be one of the subjects considered very carefully in the drafting of any such amending Bill.

REGISTRATION OF MIDWIVES.

In considering this question, we have to remember that there are already over 15,000 midwives, a large number of them “Sairey Gamps,” actually practising at the present. What are you going to do with these? Are you going to allow them to continue practising without any control, and with the constant and consequent results of suffering and death of which one reads every week almost? For the sake of argument, we will say you will not interfere. Very well; a certain section of the public (busybodies many of them, and others with ulterior personal motives), and assisted by a prominent member of the present Government, says: “We will not permit this; we will arrange that they shall each be trained and we shall register them.” But in their last Bill they forgot, or purposely omitted, to provide any means for punishing misdemeanour, or striking off the register, so that once a woman is on the register she is always there. Is that desirable, or in the interests of the profession and the public? On the other hand, the Parliamentary Bills Committee of the British Medical Association, recognising the position, have

drawn up a Bill which overcomes these difficulties, and provides a board of medical men to draw up and administer regulations for the education and examination of midwives and the control and limitation of their practice. It is a case of making a virtue of necessity from one point of view, but there are strong reasons for believing it is a step in the right direction. Considering that it is a case, on the one hand, of permitting midwifery practice without any control as at present, and, on the other, of permitting attendance in cases of natural labour under the supervision of a registered medical practitioner, and these really are the two points to which it is reduced, I think an unbiassed judgment will say which is the most desirable and best.

ARMY MEDICAL REFORM.

There is and has been for a long time great dissatisfaction among the army medical officers, and things have got to such a pass that the last three examinations resulted as follows:

August, 1895, 13 vacancies, 23 candidates, and 10 passes.	
February, 1896, 17, " 18, " 9 "	
August, 1896, 25*, " 27, " 13 "	

* Nominally, but about 40 at the time of examination.

This is a most serious condition of affairs, as it means the army is understaffed in one of its most important departments, and that from the numbers of passes the medical staff is not getting "the best stamp of medical men which the schools can turn out," and which Lord Roberts has recently said the army wants. It also affects the civil practitioner, as it means that an increasing number of young qualified men are coming into general practice who would otherwise have become military surgeons, and thus competition amongst general practitioners is increased.

Shortly, the following are the grievances which require attention:

1. The service is treated as if it were outside the army instead of being, as it ought to be, an integral part of it.
2. Army medical officers have to contend with a certain kind of social discomfort, the risk of which is quite enough to prevent any man with self-respect from entering the service.
3. The total severance of medical officers from regiments has cut men unnecessarily adrift from contact with their non-medical brother officers.
4. The increased tours of foreign service exercise a prejudicial effect on the health of medical officers, whose mortality is already in excess of the average of that of other officials.
5. The Government of India refuses to carry out the late warrants financially.
6. The under-officering of the executive has made leave difficult to obtain and "study leave" impossible.
7. There are no means for specially recognising nor rewarding professional merit.

I read the other day that Lord Lansdowne, the Secretary of State for War, is disposed to grant certain concessions, but that the stumbling blocks are the Commander-in-Chief and the Adjutant-General. That being so, I think the outlook is more hopeful, though time will have to elapse and the voice of public opinion, raised against the causes of an ineffective and dissatisfied medical staff, will have to work its will on the obstacles. At any rate, it is quite evident that in removing discontent and inefficiency from want of numbers, the demand of the service for "army rank and military titles in a consolidated army medical corps" will have to be granted, as well as the administrative reforms necessary to remove the list of grievances which I have mentioned.

Dr. Milburn concluded as follows: I have thus, very briefly and almost in skeleton form, put before you the principal questions of the hour in medical politics, and I trust that the brevity of the remarks may whet the appetite for more, and so stimulate further interest being taken in matters which, though they seem remote, have a very near and powerful influence on each and all of us, and which also show the absolute necessity in the profession of union, more union, and yet more union.

At a meeting of the Abernethian Society of St. Bartholomew's Hospital on Thursday, January 14th, Dr. E. G. Browne, Lecturer in Persian in the University of Cambridge, will give an address entitled A Chapter in the History of Cannabis Indica. We are asked to state that old members and their friends are invited to attend.

A CASE OF TUBERCULOSIS VERRUCOSA CUTIS (RIEHL AND PALTauf'S DISEASE).

By B. G. A. MOYNIHAN, M.S. LOND., F.R.C.S. ENG.,
Assistant Surgeon, Leeds General Infirmary.

TUBERCULOSIS verrucosa cutis is one of the varieties of skin affection caused by the local and primary inoculation of tubercle. The most common form of these varieties is the verruca necrogenica or dissector's wart, which is both clinically and pathologically very closely allied to Riehl and Paltauf's disease, the next in point of frequency.

In the case which is here figured the patient was a girl, aged 20, who three months before I saw her had cut herself on the dorsum of the right hand. This cut refused to heal, and about two or three weeks after its infliction she noticed that the inflammation round the wound was extending. At home she did the laundry work, and some part of the washing consisted of the handkerchiefs of her brother-in-law, who was under treatment for phthisis. The inoculation of the wound with tubercle was therefore most probably thus caused. I removed the patch of disease widely, and when last seen seven weeks later the wound was healed and there was no sign of any return, either local or general.

This disease was first described by Riehl and Paltauf as occurring in individuals exposed to animal infection—butchers, coachmen, cooks, and others. It is rarely seen on the palms of the hands, generally affecting the dorsum or the clefts between the fingers.

In a typical patch three zones are described:

1. An outer erythematous zone with slight raising of the skin. The erythema disappears on pressure.
2. A middle zone consisting of a dusky or livid infiltration, with scattered cutaneous abscesses. This area is slightly more raised than the former.
3. The inner zone with cracks and fissures running through it. Sprouting up from these clefts are small warty projections, larger in the centre than at the periphery. The inner zone is slightly more raised than the outer two. From the cutaneous abscesses and from the clefts drops of pus can be squeezed out. The growth is very sensitive.

The accompanying drawing, for which I am indebted to Mr. Haigh, gives a very good idea of the general appearance of the growth and the three zones of which it consists.

Microscopically the sections show "much disturbance of the epithelium, owing to chronic inflammatory exudation in the underlying cutis. The epidermis is thickened and verrucose, and the underlying round-cell infiltration is arranged in foci resembling those of tuberculous inflammation. In some of these a giant cell, with numerous nuclei of the tuberculous type, may be seen. The lesion is doubtless of a tuberculous character."

Riehl and Paltauf found a considerable number of bacilli in their specimens. As yet none have been found in this case, but I am having the growth carefully re-examined.

THE Medical Board in Calcutta have begun to take evidence regarding the sanitary condition of the town. They are empowered to call any witnesses whose testimony may seem likely to be valuable.