EDITORIAL NOTES AND NEWS.

The Army and Navy Male Nurses' Co-operation. First Annual Report.

A scheme with the object of giving time-expired soldiers work ought to appeal to the patriotism of the nation. This scheme, under the patronage of Her Majesty, is to be self-supporting, and should have the good wishes of all for its success. A class of men in the army which does not always receive justice for the work it does is that of the orderlies of the R.A.M.C., and we welcome the Army and Navy Male Nurses' Co-operation, which should do much for the men who have received a training as nurses in the army and navy. They are young men when discharged, and it is not only due to them, but it is an advantage to the public, that their special training should be utilised. The first annual general report of this Co-operation has just been published, and we congratulate the executive committee and officials on the excellent beginning that has been made. The scheme is a good one for the men, and should be valuable in many cases where male nurses are required. It thoroughly deserves the support of the medical profession, which has so much in its power to assist in providing work. The names of the committee and that of the Honorary Secretary, Miss M'Caul, augur well for its future.

Army Medical Department Report for 1907.

The British nation during the last two years has been forced by the energy and ubiquitous oratory of the Secretary for War to recognise that the authorities mean business in regard to the army, but probably while the larger subject of the army has arrested attention few have had sufficient interest to realise how much is being effected towards the efficiency of our soldiers by the work of the R.A.M.C. A perusal of
the Army Medical Department Report for the year 1907 discloses the extraordinary success which has attended the work of the department, and the strenuous efforts, by scientific and prophylactic measures, which have been made to still further maintain efficiency by preventing and stamping out disease. This is being done, not at home alone, but also in foreign stations. Common-sense measures have replaced routine and red tape, and from the day a recruit joins the army his physical and moral health are the subject of much care. It is noted that physical training is not merely to develop muscle, but to improve the whole body. The severity of gymnastic exercises has been diminished, and this has been followed by a diminution in cardiac affections, affections which were found to be induced by overstrain. Special efforts have been made to lessen cigarette smoking, and the orders of Lord Grenfell, the G.O.C. in Ireland, are of singular interest, and show how he appreciates the work of the medical officers and desires to associate himself with them in the effort to maintain the efficiency of the soldier by attention to his health. A striking feature in this report is the close co-operation of the combatant and medical officer to train the soldier to care for himself, and at the same time to utilise the most recent knowledge to prevent disease. Lectures on matters of personal hygiene and sanitation have become the rule in all the larger garrisons at home and abroad. Combatant officers receive lectures on sanitation, and those in command of companies or squadrons are required to instruct their men in elementary sanitary matters. The results have been tested in the field at manoeuvres, and in answer to the question, Has the system of instruction in sanitation and personal hygiene during training produced good results? the G.O.C. in Ireland writes: "I can unhesitatingly state that the very best results have been produced." We believe this co-operation to be of the first importance, and that it indicates what medical men have long recognised, that for successful prophylactic measures against epidemics during war there must be whole-hearted active assistance from the combatant officers. It would almost seem, from the efforts that are being made to train the individual soldier in personal hygiene, that the prevalent idea, true or false, of the immunity of the Japanese to enteric in the late war had turned even the mind of the soldier to the value of medical supervision and care as a preventive to disease. One cannot read these sections of this report without being impressed by the fact that in every way men greatly interested in the soldier are from first day of his going into the service trying, by his surroundings in the barracks or camp, by attention to his food, and by endeavours to provide healthy recreation, to build up healthy men both physically and morally. The results are apparent, even thus early, in the improved and improving health of the army both at home and abroad. It is observed in the percentage of hospital admissions for those
diseases from which the soldier chiefly suffers, and from the diminished invalid returns. Illness all round is less as compared even with 1906, and when we take the years 1897 to 1906 inclusive the difference in 1907 is quite extraordinary. The admission rate of the British army is now the second lowest of the five chief Powers of Europe and the United States.

An object lesson in the result of scientific methods in medicine, applied to military life, is found in Malta. Malta fever has been practically stamped out—only eleven admissions during the year, as against 643 in 1906. This is due to "the prohibition of goats' milk in barracks." But just as this has resulted in Malta, in the case of Malta fever, so we find in India the causes of enteric fever are being attacked in a rational and scientific way, and every effort is being made to discover the cause of its dissemination and to prevent it; v. pages 96-105.

One of the saddest examples, and at the same time the most disgraceful, in the past, of imperfect attention by the authorities to the health of the soldier, was the prevalence of venereal disease in the army. Other nations were far ahead of Britain in the prevention of these diseases, but this report shows an enormous improvement. During ten years, 1897-1906, the ratio per 1000 was 280. In the past four years the diminution has been progressive in the admission ratio per 1000 of strength: 1904, 200; 1905, 150; 1906, 117; 1907, 90. Venereal diseases in the army have far-reaching effects, but the figures quoted and others show that the health of the troops serving in India has of late years been much less affected than was the case a few years ago; more men are fit for active service, a healthier body of men leaves the army to enter civil life and compete in the general labour market, and fewer men are lost to the service by invaliding. Among the causes mentioned to explain the decrease, we are glad to observe that commanding officers now realise more fully their importance as a cause of inefficiency, and consequently exercise to a greater extent their personal influence to induce men to lead pure, healthy lives. Junior officers join in the games of the men, and regimental institutes are made as comfortable and attractive as possible. Lectures are given by medical officers to all units, pointing out the dangerous consequences of contracting the disease. In the United Kingdom a decrease has also taken place, and the ratio per 1000 is 70, as contrasted with an average ratio of 110 for the ten years 1897-1906.

It is unnecessary to add more. This report shows that not only are the officers of the Army Medical Department doing their work efficiently, but also that they are in the forefront of medical progress, a credit to the corps to which they belong and to the profession which is proud to include them in its ranks.
The Third International Congress on the Care of the Insane.

This Congress met at Vienna on the 7th October last, and sat for four days. Between four and five hundred members, including Delegates from various countries, took part in the proceedings. The official British Delegates were Sir George O'Farrell (Ireland), Dr. Percy Smith (England), and Dr. John Maepherson (Scotland). Besides these, the only English-speaking members were Dr. Helen Boyle, Brighton; Dr. Cunningham Brown, Parkhurst; Dr. White of Washington, who represented the United States of America; and Dr. Campbell Highet, a Scotsman, who represented the kingdom of Siam.

The Congress was opened on the first day by the Minister of the Interior, Baron Bienerth, in presence of a brilliant assemblage of ladies, military officers of high rank and statesmen. An address of welcome to the visitors was delivered by the President, Professor Obersteiner of Vienna, whose name is familiar to every student of the morbid anatomy of the brain. The famous Dr. Karl Lueger, the popular Burgomeister of Vienna, offered the cordial greetings of the city to the members of the Congress in an eloquent speech. Afterwards a delegate from each nationality responded to the kindly words of welcome addressed to the meeting.

It is impossible to give here even a list of the papers and discussions. It must suffice to say that many of them were of great interest, and that from an educative point of view the importance of the meeting will probably be found to surpass that of any previous Congress.

The topics dealt with were more administrative and social than technically medical. Thus the care of the criminal insane in all its aspects was a popular subject; but the question of the family care of the insane bulked larger than any other, and it was evident that this method of disposing of the harmless lunatic is, year by year, acquiring more favour as it extends steadily in every European country. A question which has recently agitated the minds of some people in this country—the treatment of early insanity in general hospitals—was not referred to, for the reason that it is an established system in every great continental urban centre. A visit paid by the writer to the Psychiatric Clinic of the Vienna Hospital was disappointing, for the buildings are old and the accommodation unsuitable for the purpose. This was, later, amply compensated for by a visit to Professor Kraepelin's famous University Clinic at Munich, which is not only a model hospital in itself, but affords an object lesson in the most advanced methods of treating acute mental diseases. The laboratories and methods of clinical research within this Clinic are wonderfully complete.

The last meeting of the Congress was held on Saturday, the 11th October, Sir George O'Farrell presiding. On the Sunday following
the members were invited to inspect the newly-opened asylum for Vienna, situated in the outskirts of the city. It affords accommodation for 2800 patients, is built on the villa system, and is equipped in the most approved modern fashion. It did not appear that even the external architecture had been too severely modelled in the interests of public economy. "What would the Edinburgh ratepayer say to this?" was a question that naturally suggested itself. Vienna, however, possesses an advantage over Edinburgh in respect that the cost of its asylum was not wholly borne by the city, but spread over the whole province of Lower Austria, which embraces a population of between three and four million people.

The International Commission on the Causes and Prevention of Insanity met during the session of the Congress. Delegates from every European Government, except Germany, attended the sittings. The business transacted was chiefly formal, and concerned preliminary arrangements for the permanent establishment of a bureau, followed by discussions on the best means of collecting information and promoting scientific investigation.

The festive accompaniments of every Congress were on this occasion as numerous as the most ardent pleasure-seeker could desire. The hospitality of the Austrian Government and of the Municipality of Vienna towards the members of the Congress can, without exaggeration, be described as lavish. Among many other social gatherings the two outstanding entertainments were a banquet to seven hundred persons given by the Burgomeister and City Council in the well-known Rathaus, and a magnificent evening reception by the Minister of the Interior in his official residence.

Memorial to the late Professor Annandale.

The committee entrusted with the memorial, with three hundred pounds at their disposal, have found it possible to provide both a commemorative gold medal and a bust of the deceased Professor. The medal, which will be known as the "Annandale Gold Medal in Clinical Surgery," is to be awarded annually at the graduation ceremonial to the best student of the year in clinical surgery. The bust, which portrays very successfully his well-known features, is to be placed in the Royal Infirmary near that of his old master, Syme. The appropriateness of this will be appreciated when it is remembered that Mr. Annandale more than once expressed the hope that his memory might be thus honoured.

The University Department of Clinical Surgery will be fortunate in possessing a portrait and bust of Mr. Syme, a portrait of Nurse Porter, and a bust of Mr. Annandale. Should it not have something
to commemorate the tenancy of the Clinical Chair by the greatest of its occupants, Lord Lister?

The Surgery of the Thorax.

That the surgery of the thorax has not kept abreast of that of the other serous cavities of the body has, to some extent at least, been due to the difficulty of adapting the physical conditions of the lungs to the altered atmospheric pressure brought about by freely opening into the pleural cavity. In another column of our present issue our readers will find a résumé of certain attempts which have been made to overcome the difficulty, by preventing the collapse of the lungs which is so apt to occur when these organs are exposed for some time to the direct pressure of the atmosphere. To Sauerbruch of Marburg, belongs the credit of having been the first to show how this may be achieved in the human subject. His method consists in performing the operation in a chamber in which the pressure of the air is reduced sufficiently below that of the atmosphere to permit of the pleural cavity being opened and the lung handled without the undesirable, and sometimes dangerous, effects on the respiration and circulation which attend such a procedure carried out in an ordinary operating-room. That this device has been before the surgical world for some years without having been more widely adopted is doubtless due to the cumbrous and expensive nature of the "pneumatic cabinet," and to the awkwardness and discomfort incident to working for a considerable time in a limited space and rarefied atmosphere, shut off from those outside—even from such an important assistant as the anaesthetist, with whom the surgeon is able to communicate only by telephone. The experience of those who have taken advantage of Sauerbruch's suggestion, however, goes to show that the diminution of the atmospheric pressure on the lungs constitutes a distinct advance in the technique of intra-thoracic surgery, and has stimulated others to work on similar lines with a view to simplifying the apparatus, and so rendering it of wider application.

Another Marburg surgeon, Brauer, has shown that by increasing the pressure of air within the lungs, the same benefits are obtained as by diminishing the atmospheric pressure on the surface. This he attains by employing a close-fitting mask, through which the anaesthetic (ether or chloroform), together with oxygen, can be administered; and attached to which is a pressure-box, provided with a simple water valve, in which the expired air is collected. By this apparatus a graduated increase of pressure in the lungs can be obtained, sufficient to neutralise the atmospheric pressure and so prevent collapse of the lungs and alterations in its vascular conditions. It is claimed for
Brauer's apparatus that the pressure is more easily regulated than it is in the pneumatic cabinet, and that, being portable, it is of wider application in practice. So far as the physics of the lung are concerned there is no essential difference between them, and those who have employed both methods are as yet unable to give any decided preference to either on the grounds of efficiency. It is to be hoped that the apparatus will be still further simplified so as to render the principle more widely applicable. Enough has been done, however, to prove that by altering the pressure in one way or the other one of the most serious obstacles to further advances in intra-thoracic surgery can be removed.

Recent Appointments. Professor Dean's appointment to the Chair of Pathology in Aberdeen will meet with general approval. He is one of Professor Hamilton's many brilliant assistants, and his work as Chief Bacteriologist of the Lister Institute is known all over the world. He has a heavy task before him, but we have no doubt he will discharge the duties of the Chair with credit to himself and to the advantage of the University of Aberdeen.

Dr. C. J. Shaw has been appointed Superintendent of the Argyll and Bute District Asylum, Lochgilphead, in succession to the late Dr. Cameron.

At a meeting of the Managers of the Royal Infirmary on the 21st November 1908, Mr. John William Struthers, M.B., F.R.C.S., Edinburgh, was appointed Assistant-Surgeon, thus filling the vacancy caused by the promotion of Mr. David Wallace to the post of Surgeon. We understand that another vacancy for an Assistant-Surgeon will occur when the new surgical charge resolved upon by the managers is instituted.

The Teaching of Clinical Surgery. Nearly eighteen months ago we referred to a contemplated change in connection with the teaching of Clinical Surgery. The negotiations which were then on foot were not carried to a successful conclusion, and Mr. Annandale's death prevented them for a time from being brought up.

They have now been reconsidered, and we are glad to report that on this occasion, the negotiations have been successful. The University will commence the Summer Session with at least three teachers of clinical surgery—Mr. Cotterill and Mr. Hodsdon becoming University
lecturers and examiners in the subject, and a similar position will be open in succession to all those members of the staff who become full surgeons at the Infirmary.

The interests of the Extra-Mural School are adequately protected. The Extra-Mural students will sit as they do now on the same benches as the University students, and the teachers will have the same control over them as they have at present.

The examination in clinical surgery will be simpler, shorter, more thorough, and we believe fairer. Students will no longer need to flock to the fortunate surgeon who happens also to be an examiner; they will go to the surgeon who teaches them best, with an equal chance of meeting him or any other in the final examination.

This widening of the teaching powers of the University is one which we have often advocated as being in the best interests of the school, and now that it has been applied to surgery, its extension to the medical side of the Infirmary is not likely to be long delayed.

ROYAL COLLEGE OF PHYSICIANS.

At a Quarterly Meeting of the College, held on Tuesday, 3rd November 1908, Dr. Playfair (President) in the chair, William Elliot Carnegie Dickson, M.D., was introduced and took his seat as a Fellow of the College; Alexander Hill Buchan, M.B., was admitted by ballot to the fellowship of the College; and the following candidates were admitted to the membership of the College after examination:—George Rutherford Jeffrey, M.B., Ch.B., Dumfries; Thomas Addis, M.B., Ch.B., Edinburgh; and Alexander Murray Drennan, M.B., Ch.B., Edinburgh.

The Registrar reported that since the last quarterly meeting of the College thirty-three persons had obtained the licence of the College by examination.

The Secretary laid on the table the annual statement by the Governing Board of the School of Medicine of the Royal Colleges in terms of the constitution. The report indicated that the number of classes during the winter session 1907-08 was thirty-two, and during the summer session 1908 thirty-five; and that the number of students during the winter session was 1026, and during the summer session 855, both so far as could be ascertained, as certain lecturers had not made returns.

The Hill Pattison-Struthers Bursary in clinical medicine, in the gift of the College, was awarded after examination to Mr. Norman E. Walshe Davidson, L.R.C.P.E.