The New Professor of Clinical Surgery.

We extend our congratulations to Francis Mitchell Caird, who has been selected by the Secretary for Scotland to fill the Regius Chair of Clinical Surgery in the University of Edinburgh. Mr. Caird enjoys a wide reputation as an able and interesting teacher, as a resourceful and successful operator, and as the author of numerous important contributions to surgical literature. From the outset of his career his personality attracted the attention of his seniors and aroused enthusiasm among his students. His very mannerisms helped to attract men to him; and in the days of the Kitchen Concerts, when members of the hospital staff were impersonated by the residents, Mr. Caird was always one of the favourites, and his bias in favour of “an operation” duly emphasised. His kindness of heart finds abundant expression in his dealings with hospital patients, and this trait has always gained for him the affection of that often maligned but really sentimental person, the medical student. At social gatherings there is no more welcome guest, for he not only sings a good song, but he presents all the convivial qualities which we associate with German University life. We look forward to Mr. Caird’s tenancy of the Clinical Chair with the most favourable anticipation. He is known to be a staunch disciple of his great predecessor, Lord Lister. It is alleged that he exhibits conservative leanings in the technique of operations, in the administration of anaesthetics, and in the treatment of fractures, but while these have exposed him to criticism by surgeons from other countries, no one can challenge the soundness of his methods or the excellence of his results.

The new Professor of Medicine, Glasgow University.

We offer our hearty congratulations to Dr. Samson Gemmell on his appointment to the Chair of Practice of Medicine in the University of Glasgow. He is well known in the West of Scotland as one of the ablest physicians and most successful clinical teachers in the Glasgow School of Medicine. His reputation as a teacher in the wards is deservedly great, and his experience as a lecturer on Systematic Medicine is also wide. For twenty years he held the position of Professor of Medicine, Glasgow University.
Medicine in Anderson's College Medical School, and attracted to his class-room probably the largest extra-mural class in Glasgow during that period. His wide knowledge and his facility in imparting information should make him an acceptable teacher and a worthy successor to the distinguished men who have occupied his chair in the past. The Chair of Clinical Medicine which he now vacates is in the gift of the University Court, and it is stated that Dr. Lindsay Steven, Dr. M'Vail and Dr. Middleton are all possible candidates.

The patrons of the Chair, the University Court, have, we hear, decided not to ask for applications. They have intimated that the Chair is vacant, and they propose to fill it. It is a method which must commend itself to anyone who has been engaged in the almost necessary wire-pulling associated with a contested election.

The Memorial to the late Mr. Annandale.

Nearly £250 has been already subscribed to this fund. The committee aim at a sum of £400, which they hope will be reached by the end of July, when the fund will be closed. Those who intend to participate in this memorial of their old teacher should send their contributions without delay to Mr. H. M. D. Watson, C.A., 13 Rutland Street, Edinburgh.

The Harveian Festival.

The one hundred and twenty-sixth festival of the Harveian Society was held in the Royal College of Physicians, Edinburgh, on the 5th June. The oration, which is published in this issue of the Journal, was delivered with characteristic tension by Dr. Clouston. After listening to the interesting address and the moving to him of a vote of thanks, the Fellows dined, the toast of the immortal memory of Harvey being proposed by the President. The Harveians, who numbered about eighty, included Professor Crum Brown, who gave once more “John M'Neil;” Professor John Chiene, who proposed the Church; and the Rev. Dr. Fisher, the Chaplain of the Society, who replied. Dr. Strachan of Dollar was appointed President for the ensuing year.

The General Medical Council.

All who followed the proceedings of the recent session of the Council are aware that they were unusual, the penal cases occupying so much time that very little was left for what is generally regarded as the more important work of the Council. Nevertheless a good deal of useful work was done quietly in committee, and the results will be apparent later. The Unqualified Practice Committee, which was appointed in November on the motion of Dr. Langley Browne, has collected a large amount of useful information dealing with the condition of legislation in the colonies and in foreign countries.
These indicate wide diversities. In some countries they are very strict and are enforced, and in others they are very strict but are not enforced. Speaking generally, the more enlightened countries consider the question from the point of view of protecting the public from the dangers of unqualified practice by regulating the sale of poisons and dangerous drugs, &c. In other countries protection for home productions is the main object of legislation, and those holding qualifications other than those conferred in the country are practically prohibited from practising. The report of the committee is merely an interim one, and it is hoped that by further extending these inquiries much more useful information may be got.

It is quite a mistake to regard the disciplinary work of the Council as a simple unpleasant necessity. It is true the Council only deals with the individual cases before it, and decides each case on its merits, but just as the law as a whole may be regarded not so much as a punishment to the evil-doers as a warning to the rest, so with the General Medical Council. The Council has had before it in recent years more than one case of registered medical men who, by administering anaesthetics for unregistered dentists, thereby became guilty of the technical offence of "covering." At first sight the offence does not seem a very grave one, but when examined into its seriousness becomes more evident, and it should be impressed on practitioners young and old that should they be accused of administering anaesthetics for unregistered dental operators the burden lies on them of proving that they were ignorant of the fact that the person was unregistered. But a more specious method is apparently creeping in, under which the dental mechanic sends the patient to a doctor to have the teeth removed, and thereafter proceeds to fit in dentures. A case in this nature was for the first time brought before the Council in May, and the evidence showed the state of ignorance in which many were regarding this position. Clearly, if a patient comes to a medical man and asks him to remove his teeth with or without anaesthetics, the medical man is well within his rights in doing this. But if he makes any arrangement with the dental operator he does this at his peril. In the case before it the Council found that the facts had not been proved to their satisfaction, and we hope the publicity given to the complaint will prevent the occurrence in future.

The next case of importance was that where a doctor in Birmingham was summoned for the technical offence of "covering," in that he enabled his son, an unqualified man, to sign certificates as to the inability of children to attend school. The case was brought before the Council by the Educational Authority of Birmingham, and after a careful hearing the registrar was directed to erase the name of the practitioner from the Medical Register. Again the individual will suffer, but if the case acts in the direction of greater stringency in the granting of
school certificates the profession as a whole will benefit. It is not always easy to resist the pressure applied by parents, who for one reason or another desire that their child shall not attend school, and it would, we think, be desirable that some general form of certificate should be adopted, something to the effect that the patient is under the care of so and so and is unable, in his opinion, to attend school. We have every sympathy with the school authorities in their difficulties. There are a great many children virtually playing truant under the aegis of a certificate granted perhaps weeks before, and much loss to the rates results from this truancy. But the matter has another side, and in this matter of the school certificate we believe that the medical man should be regarded as acting in the public interest as well as in that of the patient's. In large towns where the School Board employs a whole-time officer we see no reason why he should not supervise the certificates. Of the many qualities required by a School Board Medical Officer the principal one is tact. It matters not how brilliant his qualifications are, if he does not have a full share of common sense he will not be a success, and in the case of a whole-time officer there is not the risk which is inevitable in one who does not confine himself to the duties. Then we question whether it would not really be economical in the end if the School Board would undertake to remunerate the medical man who signs the certificate. They do so indirectly in the case of a whole-time officer. The charge need not be large, but it would make the matter more official. The form of certificate could be prescribed, and only certificates on such forms be paid for. This decision of the Council will be a great sustenance to medical men who are pressed unduly by patients.

In our opinion, however, the case of most interest was that of Mr. Nicolas, which occupied no less than six days of the Council's time, and eventually terminated by the erasure of Mr. Nicolas's name from the register. The charge was briefly that of canvassing the patients of his principal, both while he was in his employment and subsequently. Numerous witnesses gave evidence on both sides, and the Council became quite familiar with the geography of Catford where the events occurred. After a prolonged and patient hearing the Council came to the conclusion referred to above. Again the individual suffers, but we believe the effect on the profession as a whole will be for good. No right-minded men have ever looked with anything but disapproval on the action of anyone who, having held the position of assistant or locum, sets up in opposition to his chief. In future we believe such cases will be still less frequent than they now are. It is hardly possible for the event to occur without something which approaches perilously near to canvassing, and with this decision before his eyes anyone who contemplates the action will think seriously before he risks his professional career.
But does not the case convey another lesson? Would it not be wise for those who are established in practice to remove the temptation from their younger and less experienced colleagues. The great majority of men who employ assistants require them to sign a bond debarring them from practice in the district for a time. If this became the universal custom, Mr. Nicolas would be the first and last case which the Council would have to consider.

The Association of Physicians.

The recent meeting of one of the foremost and youngest of medical societies, the Association of Physicians of Great Britain and Ireland, was both interesting and successful. At the meeting, which was attended by members who had come to Edinburgh from all the larger medical schools of the three countries, many of the subjects under consideration were of the greatest scientific importance and value. As no report of the proceedings of the Association may be sent to journals or newspapers, we are unable to publish an account of the communications and discussions at the meeting. They illustrated very forcibly how essential it is for all who are engaged in clinical research to have the very best facilities for study in a well-equipped clinical laboratory, where the manifold physical, physiological, pathological and chemical problems presenting themselves in the course of clinical work can be exhaustively investigated and satisfactorily elucidated. At the close of the first day's meeting the members of the Association dined together in the hall of the Royal College of Physicians; and on both days, the weather being fortunately propitious, our visitors were able to enjoy the opportunity of seeing the interesting and historic sights of our romantic city.

Wasserman's Reaction.

It looks as if the practice of medicine would before long consist of diagnosis by reaction and treatment by vaccines. Most of the recently introduced reactions are interesting and some of them valuable. The tuberculin reactions of Calmette and Von Pirquet are chiefly valuable when their results are negative. In Wasserman's test the negative reactions signify nothing, but the positive ones may apparently be regarded as proof of the disease. The short account which follows is admittedly hard reading, and probably most of our readers will require to peruse it two or three times before they grasp its meaning, but it has been prepared by one and revised by another expert, and they assure us that it is really quite clear.

At the Congress on Internal Medicine, held in Vienna in April of this year, Professor Wasserman gave a full description of this new method for the diagnosis of syphilis, elaborated by himself and Bruck. They started from the point that in individuals suffering from an infective disease the infecting agent can only exercise its general effect when it
Editorial Notes and News

is soluble, or in a condition approaching solubility, in water. The tissues react to the infecting agent by producing certain bodies known as reaction products. They used the methods devised seven years ago by Bordet and Gengou for the investigation of other diseases. To prove the presence of these reaction products in the body fluids, extracts of the virus concerned, technically known as antigens, are used, and the reaction products are described as antibodies. The principle of the method depends on the fact that if an antigen is brought into contact with its corresponding antibody, any "complement" present becomes combined. Therefore the method is known as the complement-combination method. To the mixture of antigen, antibody and complement one adds an inactivated serum which dissolves red blood corpuscles, *i.e.* a hæmolytic amboceptor with the red blood corpuscles which go along with it. This amboceptor requires, before it can dissolve the red blood corpuscles, the presence of the complement. If this complement is already bound up by the union of antibody and antigen it is no longer at the disposal of the hæmolytic amboceptor. Therefore the red blood corpuscles remain undissolved. But if the complement is uncombined, it is still at the disposal of the amboceptor, and solution of the red blood corpuscles occurs. It was found that for the object of binding up the complement it is not necessary, as in typhoid-antigen and typhoid-serum, that both molecules (antigen and antibody) should have any specific relation to one another. The binding up of the complement is more a general physico-chemical phenomenon which occurs when two colloid molecules meet. The disappearance of the complement in a mixture indicates nothing more than that in that mixture two different kinds of molecules are present, and have entered into combination. Whether this combined substance is a protective or a toxic substance is not known. Since the virus of syphilis cannot be grown outside the body, an extract was made from the organs of a syphilitic foetus. The second component, namely, the serum of syphilitic individuals, was obtained at first from inoculated monkeys, and later from human beings. Measured quantities of the extract from the syphilitic organs and the inactivated serum of syphilitic individuals are mixed together; as complement some fresh normal guinea-pig serum is added. These are incubated for some time at body temperature; then is added an inactivated amboceptor hæmolytic for a given animal's blood; and, lastly, a measured quantity of washed animal blood. The whole is incubated at body temperature for a time. If the red blood corpuscles remain undissolved the reaction is positive. Such was the method as originally employed, but recently several observers have tried to simplify it. Levaditti noted that in certain circumstances an extract from normal organs in combination with syphilitic serum shows the phenomenon of complement-combination. It is conceivable that the reaction is due to a substance which is normally present in the
human and animal body, and that in the tissues of syphilitics substances are present which can combine with it. Wasserman started on the supposition that the substance was a fatty one—a lipoid substance. Then it was found that the active principle of the extracts was soluble in alcohol. Fornet and others showed that by the addition of the serum of syphilitics to certain antigens (e.g. extract from organs of a syphilitic foetus) under certain conditions a precipitation can be obtained. It was then attempted to replace the more complicated "complement-combination method" by a simpler precipitation method. Instead of the unknown fatty substance extracted from the organs, an attempt was made to use lecithin as the antigen, as it could be more easily obtained than an extract from syphilitic organs, and the serum of syphilitic persons does precipitate a solution of lecithin, as do the bile salts, soaps, and other fatty substances. Klaussner further showed that the addition of distilled water to the serum of syphilitics produces a precipitate, and proposed to use that as a sero-reaction for the diagnosis of syphilis. He thinks the precipitate is due to the presence of globuline in the blood serum of syphilitics. But these precipitation tests are not reliable as normal serum gives them in some cases.

At present, therefore, Wasserman thinks that the original method, though complicated, is the only reliable one. The extract of the antigen must be made from the organs of syphilitic foetuses, as one does not get the same results by using normal organs. He now uses alcohol to extract the antigen from the syphilitic organs, as he finds it is more easily extracted by alcohol than by water.

As to the reliability of the reaction; 1982 cases of syphilis have been tested up till now by various observers. Of those showing manifest symptoms, 90 per cent. gave a positive reaction. Of those who certainly had syphilis, but showed no signs of the disease at the time of examination, 50 per cent. gave a positive reaction; 1010 control cases where syphilis could be absolutely excluded gave every one a negative reaction. Therefore Wasserman holds that a positive reaction is definite proof of the presence of syphilis, but a negative reaction is of no value one way or another. Wasserman also thinks that the method could be quite easily applied by a trained staff in laboratories, to which physicians could send specimens of blood to be tested. At present the test cannot be carried out except by an expert.

Complimentary Dinners. JUNE has been a great month for these. On the 19th Dr. Clouston was entertained by his former assistants on the occasion of his retiral from Morningside. They came from all over Scotland and England, and the gathering was as enthusiastic as one would have expected when the guest was one whose name always suggests enthusiasm. Dr. Hayes Newington presided and proposed the toast of the evening, and also presented to Dr. Clouston as a reminiscence a handsome silver Norse galley, no
doubt a delicate allusion to Dr. Clouston's Orcadian connection. The galley was accompanied by a couple of handsome silver salvers for Mrs. Clouston, whose invariable kindness to the junior members of the staff has evidently been much appreciated.

On the same evening the medical profession in Fife entertained at dinner Dr. Nasmyth, who recently resigned the post of Medical Officer of Health for the county. A large and representative gathering assembled to do honour to Dr. Nasmyth, and thus bore testimony to the success of his seventeen years' health administration in the county. The chair was occupied by Dr. Laing, who proposed the toast of the evening, and speeches were made by Dr. MacVail and Dr. Templeman, testifying to the valuable work Dr. Nasmyth had done in connection with the Public Health of Scotland. Not the least pleasing feature was the proposal, in admirable taste, of the toast of Dr. Nasmyth's successor by Dr. Douglas, who ran Dr. Dewar very hard for the appointment.

These two evenings were to honour men who were in a sense laying aside their more direct duties, though we understand that neither of them is to be considered in any way on the shelf. On the following evening Mr. Caird's old house surgeons and one or two friends celebrated his election to the Chair of Clinical Surgery, and wished him success in his duties. The chair was occupied by Dr. Bowie, and since Mr. Caird was there it is needless to say a pleasant evening was spent.

Appointments. Dr. Allan Jamieson has been gazetted Surgeon to the King's Body Guard for Scotland (Royal Company of Archers) in succession to the late Professor Annandale. Dr. Williamson has been selected to fill the post of Medical Officer of Health for Edinburgh, vacant by the resignation of Sir Henry Littlejohn. Dr. Comrie has been elected Assistant Pathologist to the Royal Infirmary, and is succeeded at Leith by Dr. Lindsay Milne. Drs. Sutherland Simpson and And. Hunter, two of Professor Schäfer's assistants, have been appointed to the chairs respectively of Physiology and Bio-Chemistry in Cornell. Although the University has its headquarters at Ithaca, the Medical School is located in New York.

Birthday Honours. No medical honours have come to Edinburgh direct, but Sir Thomas Lauder Brunton, Sir William Watson Cheyne, and Sir David Bruce are all graduates of our University. Sir Robert Burnet is a graduate of Aberdeen.

We regret to announce that Inspector-General Andrew MacLean, M.D., father of Kaid Sir Harry MacLean, Inspector-in-Chief of the army of the Sultan of Morocco, died on Monday at his residence, Charleville, Kew Gardens, at the age of 96. He became a Licentiates of the Royal College of Surgeons, Edinburgh, in 1831, and took his M.D. two years later.