The Teaching of Clinical Surgery in the Royal Infirmary.

One of the great difficulties with which the Edinburgh school has always had to contend is the provision of sufficient clinical material for the large number of students. The managers of the Royal Infirmary have in the most loyal and public-spirited manner assisted the University and the Royal Colleges to maintain the position of Edinburgh as the greatest medical educational centre in the country, but although the Royal Infirmary is the largest hospital in Great Britain, careful organisation is required to make the most of the material available for clinical teaching. It is a truism to state that the welfare and future success of any school depends very largely on its ability to supply students with efficient practical instruction in the three great branches upon which successful professional practice rests—medicine, surgery, and midwifery.

So far as medicine is concerned, the task is a comparatively easy one, and we believe that the pre-eminent position occupied by Edinburgh in the teaching of clinical medicine has never been questioned.

It is different in the case of clinical surgery, and we have heard from more than one source that there is something approaching dissatisfaction with the practical tuition which students attending this school have been able to obtain. The difficulties are far greater than in clinical medicine. A great many of the cases are of an urgent character, and are necessarily dealt with at other times than during the hours that students attend the hospital. Many cases, again, are of such a character that they cannot be used for teaching purposes at all, while, as regards the commoner types of injury and disease, which can be usefully employed for clinical teaching, only a limited number of students can be permitted to profit from the individual examination of the patient. There can be no doubt, therefore, of the necessity of taking every means to utilise the available clinical
material to the best advantage, and how to do this has been the subject of the most careful consideration on the part of those in charge of the Medical School. The University Court has now come forward with a definite scheme for the improvement of the teaching of clinical surgery. At present the students are unequally distributed amongst the various surgeons who are qualified to give instruction, a circumstance which is due, in part at any rate, to the fact that the choice of a teacher by the students is largely influenced by his holding an examinership in the subject. We do not mean to suggest that other and better reasons do not weigh with them, but the result has been hitherto that one teacher has more students than he can, under the most favourable circumstances, either accommodate or teach, while the class of another may be well within his capacity in these two particulars.

To meet this difficulty, the University Court recommends that all the ordinary surgeons in charge of wards, excepting only the surgeon teaching women students, should be invited to become University lecturers in clinical surgery under the following conditions: That each lecturer be required to act as an examiner in clinical surgery under the same conditions as the professor; that 75 per cent. of the fees be paid to the lecturer, as in the case of other lectureships; that the University Court provide a sum to each lecturer which will cover the salary of a clinical tutor, while the fees of any extra-mural students would, of course, go directly to the lecturer.

If the above invitation is accepted by the ordinary surgeons, as we trust it will be, two great advantages may be expected to follow—a more equal distribution of the students throughout the different wards of the Infirmary, more individual practical instruction in the form of bedside teaching, and widening of the scope and basis of the examinations, together with a curtailment of the time over which in the past they have extended.

We do not doubt that objections may be urged against the scheme by individual surgeons, but we trust that it will be considered not in a narrow spirit of self-interest, but on the broader ground of the efficiency and welfare of the school, with which the reputation and success of the University, as well as the extra-mural school and of every individual teacher, is closely bound up.

Racial pathology—the proclivity of different races to various diseases—is an almost unexplored field. It is true that a great deal is known, though much more remains to be learned, concerning the allied problem of geographical pathology, but when we approach the question in its restricted ethnological sense, the majority of us
would be hard put to it to do more than mention the susceptibility of the Jewish people to certain nervous and constitutional disorders. It is notorious that some diseases, such as diabetes, prevail unduly among Hebrews; there are even maladies which are peculiar to them, and from which the Gentile is exempt. Jews, from their universal distribution, have afforded a unique opportunity for the comparison of an alien stock with other peoples, and we find that in a sense they have a pathology of their own. May it not be so with other races, only the facilities for comparison being lacking? In the Morison lectures some years ago, Dr. Macpherson reared a part of his argument on the distribution of nervous and mental disease among rude and savage peoples; a more specialised study of race in relation to neuroses has been made by a Hungarian, Dr. Révész.1

The races of Asia, for reasons which are not apparent, seem of all peoples most liable to mental disorder. In Japan, neurasthenia and hysteria are rife, especially among the student class. It is difficult to resist the suggestion that the spare diet and strenuous industry of the inhabitants of the island Empire are to blame for this liability. The Japanese, also, are extremely suggestible. This naturally connects itself with the neurasthenic diathesis, and it may well be questioned whether Buddhism, the religion of the less educated Japanese, does not favour it by the attention to theosophical problems it encourages, and its neglect of all objective criticism of nature. In parts of the Japanese Archipelago a psychosis is not uncommon, sufferers from which believe they are possessed by a dog or beaver, and adopt the mode of progression and method of eating of these animals. The malady is more prevalent among children than adults, and is met with particularly during convalescence from enfeebling diseases like typhoid. The psychosis probably arises from the suggestibility of the natives influenced by current folklore of the vampire-legend type. The natives of Annam are also very suggestible, and hysteria is an everyday occurrence. A class of professional hypnotisers exists, who produce hypnosis by waving red banners before the subject’s eyes, and at the same time uttering a droning monotone. By reason of their extraordinary suggestibility, the Annamites are apt converts to Christianity—and as ready backsliders.

The neuroses of the Malays are fairly well known. Latah, with its involuntary imitative words and gestures, is very common in Java and Sumatra; it is often hereditary, but is not associated with neurasthenia or hysteria. Latah patients are usually women; nearly all are aborigines, though cases have been observed in Eurasians and Orientals of foreign stock. The indigenes look on the malady as a trifle; it is so common that several cases may be met with in a forenoon stroll. Imitation seems the chief factor

1 “Rassen und Geisteskrankheiten,” Arch. f. Anthrop., 1907, Bd. vi. Hefte 2 and 3.
in its production. "Running amuck" is a well-known psychosis peculiar to the Malayan tribes. The characteristic phenomena are too well known to need repetition. It is limited to the male sex, and amok patients are said to be recruited almost entirely from Madura and Celebes. After the dramatic stage of the seizure the sufferer becomes stuporous, and on recovery recollects nothing but that he "has seen red," or been haunted by evil beasts. Opium-smoking is not a cause of amok. It has been regarded as a species of intoxication, and as an epileptic equivalent; the latter, however, is denied by many, who will not admit that is is a true psychosis at all, but hold that it is simply an evidence of the normal instability of the Malay brain and the lack of self-control this childish race displays—a moral rather than a mental weakness.

In British India, Siam, Burmah, and the neighbourhood of Irkutsk, a malady allied to latah is found; it appears also to prevail among the Lapps, the Ainós of Japan, and some North American Indian tribes. Roughly, it seems a disease of the Mongolian stock. The Parisian malady named after its describer, Gilles de la Tourette, is apparently of the same nature.

Less is known of the nervous diseases indigenous to Africa. The Abyssinian lathyrism follows the use of Lathyrus sativus coruleus; the symptoms resemble spastic paralysis. Lathyrism also occurs in Algeria. Alcoholic excess is, of course, extremely common among savages, but, contrary to what is usually believed, permanent bad effects seem rare. Thus in Algeria the natives drink enormously of spirits and absinthe, yet seldom get drunk. If actual intoxication does occur, it is of short duration, while delirium tremens and alcoholic neuritis are very rare. A similar freedom from the evil effects of alcoholism, despite an overwhelming tendency to excess, has been noted among the negroes of the Zambesi. Among the negro insane, mania preponderates; true epilepsy is almost unknown, and progressive paralysis does not occur.

In North America, owing to the intermingling of races, comparative pathology has been more widely studied. The various forms of mental disorder occur with almost equal frequency among persons of Anglo-Saxon, Teutonic, Celtic, and Semitic stock. General paralysis is commonest among Anglo-Saxons, rarest among negroes, notwithstanding the prevalence of syphilis among them. Melancholia is most frequent among Germans, while there is a greater tendency to terminal dementia among Anglo-Saxons than among Teutons or Celts. Hereditary psychoses are most often met with in Jews. In the State of Maine, particularly, a curious neurosis, known locally as "jumping," is recognised; it seems to resemble latah. The negroes of Brazil share with their brethren of the Zambesi great tolerance of alcohol, with immunity from any permanent ill-effect of their potations.

In Greenland there is a peculiar nervous disease called "Kayak-giddiness." Vertigo and sickness attack the Greenlander when he is
alone in his canoe with the sun flashing on the waves around him. It is believed to be a fear neurosis, comparable to agoraphobia. The Greenlander seems to enjoy the usual immunity from disastrous after-effects of alcohol. So pleasant a fellow is he in his cups, Peary states, that the Greenland lady rather delights than otherwise when her lord gets drunk.

Even in Europe we find a certain ethnic tendency to specific nervous disorders. Whole villages of La Vendée are given over to neurasthenia and hysteria, which has been variously ascribed to intermarriage, alcoholism, and religious fanaticism. Belief in possession by reptiles is an extremely common neurosis among the lower strata of Russian peasants.

Functional neuroses among primitive races have a twofold interest. It is often assumed that hysteria and neurasthenia are nineteenth-century maladies—tributes paid to the stress of civilisation. In a sense, of course, this is true enough, for the social milieu must play a great part in their production. But the savage is as hysterical as any society girl, as neurasthenic as the Slav. And no wonder that it is so, for his world is peopled by ghosts, all potentially evil, all terrific; natural agencies appeal to his anthropomorphic sense as spirits who will reek him good or ill; dream life and waking hours are confused in his mind in a way of which we can form but small conception. There is not a little to be said for the view that in its grosser forms, at least, hysteria is atavistic. Another point of interest is this. What is the relation of folklore, mythology, such customs as fire-walking, divining, mediumship, witchcraft and others, to functional neuroses? That customs and beliefs on the one hand, and the mental constitution of those who hold and practise them, on the other, must interact and react, is certain, but we must suppose that the latter is the primary element. With culture, mental stability increases; the customs and beliefs persist, and hundreds of generations later the children of La Vendée villagers take an epidemic of hysteria from uncontrollable belief in ghosts—figments of the neurotic imagination of their remote parents. Mythology, according to Max Müller, is a disease of language; it is at least as likely that it and its allies were the inevitable products of the unstable evolving human brain, and that they now react on that more stable and highly evolved organ in the fashion which in a more restricted sphere of pathology is known as a vicious circle.

Typhus Fever and Fleas. While the etiology of the commoner exanthemata has received very constant and close study during recent years, the same cannot be said in regard to typhus fever. The reason for this is, no doubt, the comparative rarity of epidemics and the small number of cases which now occur, as a result of the preventive measures adopted. In Scot-
land, where during the first half of last century the disease was endemic, more especially in the larger towns, and caused a mortality which to-day seems almost incredible, typhus fever is practically unknown to students of the present generation. It has not, however, wholly disappeared, and almost every year the statistics of Glasgow, Edinburgh, Leith, Dundee, and Aberdeen show that the disease is still slumbering in our midst, and were it not for the promptness and vigilance of the health authorities might even now be fanned into flame and cause widespread destruction amongst the poorer classes of the population. Typhus fever has rightly been regarded since the early Victorian days as the type of a filth disease, that is to say, one which is fostered by those inseparable companions—poverty, dirt, and overcrowding.

Enormous progress has been made in combating these conditions throughout the country, with the result that the disease has become a negligible quantity in mortality tables, and in many parts of the country has entirely disappeared.

Unfortunately, while the above insanitary conditions have thus been proved to foster the disease, we are still in absolute darkness as to its originating cause, and necessarily therefore in regard to many points in its natural history.

This fact, together with the insidious and deceptive nature of the early symptoms, as well as the unavoidable ignorance of medical men of the present day in regard to its clinical appearances, favour the occurrence of those outbreaks which, as we have already mentioned, still periodically tax the energies and threaten the peace of mind of the health authorities in our larger cities. Such an outbreak occurred last year in Aberdeen, and has been most ably reported upon by Professor Hay, the medical officer of health. The outbreak comprised 131 cases, with twenty-two deaths; and at an early period in its course Dr. Hay began to suspect that the infection of typhus, like that of malarial fever, may be conveyed by insects, and in the present case by body vermin, such as fleas. Unfortunately, it was not found possible to test this suggestion by means of bacteriological and experimental investigation, but he regards certain facts as strongly supporting the theory. In the first place, every case of typhus exhibited flea-bites, and the members of the hospital staff who were attacked by the disease were those who complained most of flea-bites. Needless to say, flea-bites were carefully distinguished from the characteristic rash of typhus fever. However clean and free from vermin certain patients were, they still were found to have been, at the probable time of infection, in contact with vermin-infected patients, and in no case did the vermin spread in families of perfectly clean habits and who were free from vermin. Dr. Hay adduces other evidence in support of his theory, and we must confess that it is one which, in the light of the brilliant researches into the etiology and modes of
infection of certain tropical diseases, deserves careful consideration and study.

Future observation may show that fleas do play a part in propagating the disease, and may thereby assist in determining the active infective agent; but from an experience of many outbreaks of typhus fever we confess to a scepticism in support of which much evidence could be adduced.

Even if it be proved subsequently that fleas are innocuous so far as this disease is concerned, a good object will have been served by Dr. Hay’s suggestion indicating the possibility of danger from vermin and uncleanness.

Dr. R. M. Buchanan has recently published the results of a most interesting investigation into the carriage of infection by house flies, in which he clearly proves the great danger to which we are being constantly exposed from contamination of our food through this source.

The public do not sufficiently realise that both fleas on the person, as well as numerous flies in a house, are the result of dirty habits, and that their presence may not be unattended with grave results to health.

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The French Congress of Surgery

The Association française de Chirurgie was founded in 1884, and was recognised by the French Government “comme établissement d’utilité publique” in a decree signed by President Carnot in 1893. It includes among its members the majority of French surgeons, both in Paris and in the provinces, and a considerable number of foreigners, among whom there are only two from Great Britain—Reginald Harrison and B. G. A. Moynihan.

We have been furnished with the documents relating to the twentieth Congress of the Association, which is to be held in Paris from the 7th to the 12th October under the presidency of Professor Paul Berger. There are three subjects for which special discussions have been arranged—“The Influence of the Röntgen Rays on Malignant Tumours,” “The Transplantation of Nerves, Muscles, and Tendons in the Treatment of Paralysis” (Mr. Robert Jones of Liverpool has been invited to take part in this), and the “Chronic Surgical Affections—Tuberculosis and Cancer—in their relation to the Accidents of Occupation.” The programme of the Congress is a very full one, providing work for the entire afternoon on six consecutive days. An exhibition of surgical instruments will form an interesting and important part of the meeting.

The Post-Graduate Vacation Course in Medicine, which has just been completed in Edinburgh, has once more justified the most sanguine hopes of those responsible for its organisation, and its
success has been due to a large extent to the harmonious arrangements entered into by the University and the Extra-mural School, and the industry and savoir faire of the Secretary—Dr. Edwin Bramwell.

The course has been attended by eighty graduates, hailing from all parts of the world, and it is very agreeable to be able to state that they have shown the greatest enthusiasm in their work, and stimulated their teachers to give of their best.

In addition to a large number of private social functions, the members of the course, the teachers, and their friends were entertained at an evening reception by the Royal College of Surgeons, the guests being received by Mr. Joseph Bell, a former president of the College.

Dr. Alexander James and Dr. Charles Watson MacGillivray, having completed their fifteen years of service in charge of wards in the Royal Infirmary, have been placed on the Consulting Staff; Dr. R. W. Philip and Mr. James Hodsdon have been promoted to be Physician and Surgeon respectively.

The resignation by Dr. James Rutherford of the appointment which he has held so long, as superintendent of the Crichton Royal Institution, Dumfries, was not unexpected; for some months the state of his health has been such that no hope could be entertained of his ever being able to resume work. His services in the cause of mental science are well known, and we trust he will be spared to enjoy the leisure which will now be at his disposal.

Universal regret was expressed when it became known in summer that Dr. Murdoch Brown had had to apply for relief from his hospital work; our readers will be gratified to learn that he has convalesced so far as to be able to enjoy his favourite recreation on the lower reaches of the Clyde.