In common with every member of the medical profession who acknowledges the University of Edinburgh as his Alma Mater, we beg to offer our warmest congratulations to the new Principal. That he may be long spared to carry out his duties with that ability which has characterised his work in the past, will be the earnest wish of all members of the community.

The opinion is occasionally expressed that the Principal of a University is but an ornate figurehead—a lath painted to represent iron—that he is, in short, an expensive luxury. Such an opinion, though often expressed, is erroneous, or perhaps, to be more accurate, the duties of a Principalship should be so carried out as to commit this and similar opinions to the limbo of futility. Whilst our past history may occasionally have provided food for thoughts like these, we are very far from believing that the Principal of a University is a mere useless ornament. He is, and ought to be, a tower of strength, not only to all departments of his own University, but also to any sister or closely allied Colleges.

Whilst there are many subjects which will earnestly demand the immediate attention of the Principal, there are two of outstanding importance—the welding of intra- and extra-muralism into one great and harmonious entity, and the adoption by the University of the English system of three terms per annum.

The Principal who succeeds in obtaining the first of these two eminently desirable reforms will confer the most lasting benefit upon the University of Edinburgh, and will earn for himself her undying gratitude.

There can be no doubt, from the shadows cast by coming events, that the University of London will, in the near future, prove herself the most formidable rival which has yet come to grips with our own University. It is a well-known fact, patent to all, that the various teaching hospitals in London are silently and quietly, but nevertheless efficiently, strengthening their scientific departments, by the introduction of men who are devoting their
whole time to those departments. It is an open secret that the objective of this policy is incorporation with a teaching University—a living University of London. Once this incorporation is accomplished, which it inevitably will be, the London student will have the choice of half-a-dozen professors in every subject of his curriculum, whilst the Edinburgh student will continue to struggle with his one and only professor, and his numerous extra-mural difficulties. The moral is not far to seek. The remedy is at hand, and the new Principal will do well to remember that prevention is better than cure. With his financial abilities and the apparently illimitable amount of the millions at his disposal, the solution of this problem of teaching incorporation should be neither difficult nor long delayed.

The second object to which we should desire the Principal to devote his early attention—the adoption of three terms per annum—is already well advanced upon its road to realisation. The question should appear on the billet of University Court business at a very early date, and much will then depend upon the attitude of the Principal himself. It is surely not too much to expect that he will take such steps in this matter as shall justify, in the eyes of his constituents, his election to his present position of acknowledged head of the University.

There are obviously many other points to which we should desire the new Principal to devote his time and thought, but those which we have specially mentioned appear to us to be the most pressing. The daily trivialities of academic routine may with advantage be left to other and less important hands. The Principal must prove himself the broadminded statesman required as head of Edinburgh education, and not the mere clerk of a department; in other words, we desire to see him pursue the substance of efficiency instead of the shadow of finance.

Among the many vexed questions by which arthritis deformans is surrounded, not the least troublesome is concerned with its etiology. During the last few years two chief lines of thought have occupied the minds of physicians. From one point of view, eloquently urged by Kent Spender, the causation of the affection seems to lie in a disturbance of the central nervous system, whereby trophic effects upon the joints and muscles result. From another standpoint, ably argued by Bannatyne, it is more probable that the disease has its origin in some microbic agencies. Between these two suppositions modern opinion has oscillated for some years.

A very important advance has recently been made by Dr. Poynton and Dr. Paine, whose researches upon the production of acute rheumatism are well known. By the present investigation they have been enabled to throw a considerable amount of
additional light upon the probable origin of rheumatoid arthritis. A patient, accidentally poisoned by carbolic acid, came under their observation, and at the necroscopy it was discovered that some of his joints were the seat of rheumatoid arthritis. The joints contained a clear fluid with a little flaky exudation. The synovial membranes were much thickened, the cartilages were greatly destroyed, and the bones were considerably eburnated where subjected to pressure. There was no evidence of any gouty affection, or of any previous attacks of rheumatic fever, and the diagnosis of arthritis deformans seems to have been amply justified. From the contents of the joints fresh films showed the presence of a few diplococci, and sections of the synovial membrane also revealed the presence of the same organism, more especially in the fringes. Cultures were made with the acid milk medium, previously found by the observers to be useful in the case of the rheumatidiplococceus, and these cultures showed a growth of diplococci. The organisms were isolated on blood-agar plates, and thence transferred to blood-agar tubes. The experimental results following upon these bacteriological observations are of extreme interest. The blood-agar cultures were injected intravenously into a rabbit, and two days after inoculation there was arthritis of the left carpus; a little later, of the left shoulder and of both knee-joints. The heart revealed no clinical evidence of any disturbance. A fortnight afterwards, upon the death of the animal, each of the affected joints was found to contain a white fluid containing flakes of exudation, in which diplococci were present. No erosion of the cartilages or affection of the heart was found. In a subsequent experiment, inoculation was followed by some synovitis of the right knee-joint, along with atrophy of the thigh and leg. After death it was found that the joint contained an excess of a clear fluid, and that the articular surfaces were flattened, thickened, and rounded, with a tendency towards lipping. In two places on the outer condyle of the femur there was erosion of bone and destruction of cartilage. The tibial cartilage was also roughened and pitted. In the one case, accordingly, a severe multiple arthritis followed inoculation, while in the other there was a monarticular arthritis with erosion of cartilage, alteration of osseous articular surfaces, and atrophy of contiguous muscles.

During the last decade several observers have described organisms in the case of rheumatoid arthritis, and have asserted that they were the cause of the disease. Schüller, for example, described bacilli with polar staining. Shortly afterwards, Bannatyne, Wohlmann, and Blaxall also described a bacillus, and in the same year Chauffard and Raymond isolated a diplo-bacillus from the synovial fluid. The organism obtained by Bannatyne and Wohlmann was successfully cultivated by Blaxall; that, however, found by Chauffard and Raymond yielded no cultivations. Still more recently, von Dungern and Schneider discovered a minute
diplococcus in a case of arthritis deformans, which appeared to have followed rheumatic fever. This diplococcus, when injected into the knee-joint of a rabbit, gave rise to rheumatoid changes. The present investigation, following upon the interesting results just mentioned, must be regarded as of the greatest significance. The observers who have conducted these recent researches point out that the experimental arthritis which they have obtained is entirely different in type when compared with that which they produced with the diplococcus of rheumatic fever; and they conclude, from a careful consideration of their results, that the diplococcus was the cause of the arthritis in the case from which it was isolated, as well as of the condition produced by experiment in the rabbit.

This investigation is of an importance which it would be difficult to exaggerate, and it would be idle to deny that it lends powerful support to the idea that rheumatoid arthritis is of toxic origin. The muscular atrophy, which is often claimed as a proof of nervous origin, has also, by Poynton and others, been very justly claimed as with equal probability to be ascribed to an arthritic origin, and the present research undeniably supports this latter contention. It will be remembered that Kent Spender, in the important article which he contributed to Allbutt's "System," spoke of "the grave poisoning of nerve centres, and the disturbed nutrition which is a result of it." Is it not probable that the seat of the toxic processes is local, as Bannatyne has contended, and that the protean clinical manifestations which are grouped about the central symptoms are partly of reflex origin, and partly due to general poisoning from the local lesion? In this connection, attention must be recalled to the interesting contribution of Llewelyn Jones, which appeared in the last number of this Journal, in which he pleaded for a compromise between the two opposing theories. Until further information has been obtained by means of extended experimental investigations, it would be premature to express any definite opinion, but there can be no doubt that the researches which have been analysed in this article go a long way to prove the toxic origin of the disease.

The Care of the Inebriate.

The Annual Report of the Government Inspector of Inebriate Houses in England is, more than anything else, a reminder of the negligence of the State and of society in this country to grapple in a serious and comprehensive manner with the problem of inebriety. The present position of the question has, in the light of experience and of the scientific knowledge of the subject, become a crying scandal. It is much to be feared that the medical profession is to blame in great measure for this neglect. Many members of the profession are indifferent, others are timorous or
undecided, while not a few are so hopelessly prejudiced or ignorant as to declare their deliberate belief in the old superstition that drunkenness is not a disease, but a crime. No doubt, if there were no drink there would be no drunkards, which is as much a truism as to say that if there were no tubercle bacillus there would be no phthisis. It is a strange obscuration of reason which prevents the acknowledgment of morbidity in the one instance because the toxic agent is believed to be consciously ingested, and allows it in the other where it is unconsciously received. Intemperance is doubly a disease. The morbid inclination which leads to habitual over-indulgence, and which manifests itself symptomatically as a "craving" for drink, is a neurosis, while the "craving" of the true drunkard is an obsession, culminating, in pronounced cases, in an impulse. There are also the secondary effects, which vary from what is fantastically described as a "paralysis" of the will up to complete moral degradation, accompanied by gross cellular degeneration. Looked at from another standpoint, there are several kinds of drunkards. There is the hopeful curable drunkard, the hopeless chronic drunkard, the weak-minded drunkard, and the quasi-criminal drunkard. Strange to say, legislation has, ineffectively enough, attempted to deal with the last three classes, while leaving the first piously alone, in the belief that his care fell more directly within the domain of the moral law. When the country awakens to a realisation of the fact that inebriety is a disease and not a vice, as less than a hundred years ago it made the same discovery with regard to lunacy, then the incipient curable drunkard will be its first care, with, no doubt, a due regard to the feelings of that great British fetish, "the liberty of the subject." For the present we must be content to urge on all occasions the medical aspects of intemperance, and to deplore, with Dr. Branthwaite, the fact that there is a total absence of provision for the treatment of the man or the woman who cannot afford to pay the smallest weekly contribution for his or her maintenance in a retreat.

The Responsibilities of Members of the General Medical Council.

A perusal of the reports of the recent session of the Council reveals the fact that a considerable percentage of the members present are either too bored to give the matter under discussion their consideration, or else confess themselves incompetent to express an opinion. Our justification for these remarks depends on the details of the voting supplied by the press. In two instances the house divided, when it appeared that on one of these occasions seventeen votes were recorded in favour of the clause under consideration, three against, whilst ten members did not vote at all. On the other occasion to which we refer, thirteen voted for
the previous question, eight against, and eight did not vote. In neither instance can the result be considered satisfactory. There are no doubt excuses to be found, but, without a knowledge of these, the figures seem to point to a lack of decision on the part of our professional representatives.

"Personalism" and the General Medical Council.

"Personalism" and the General Medical Council, as published in the press, necessarily furnish but a limited account of the discussions. We learn, however, that the vexed question of the possibility of personalism has now been definitely settled, at least so far as the precautions to be taken against such an offence are concerned. The precautions, we are told, will consist in the candidates for registration being required to fill up certain details, such as date and place of birth, on an official form, in their own handwriting. Identity is apparently to be established, in suspicious cases, by a reference to the correctness of these details and a comparison with the writing. It seems to us that a fraudulently inclined person, such as would be guilty of personation, might easily overcome these obstacles. In our opinion, the suggested scheme is cumbersome and uncertain, especially when we have at hand so ready and simple a method as that of identification by finger prints. It may be that this means of overcoming the difficulty was suggested, and that exception was taken to it on the grounds that it savoured somewhat of Scotland Yard; but it may be pointed out that its adoption would have proved an efficient means of protecting the honest, whilst it would have acted not only as a powerful deterrent to those of guilty purpose, but would have rendered such acts of personation as now occur impossible. After all, we have still something to learn from the Chinese.

Substitution.

Messrs. Burroughs, Wellcome, & Co. have been so kind as to send us a short pamphlet, published by themselves, regarding what they term "The Substitution Question." They complain that no dictionary extant gives a proper and comprehensive definition of substitution as applied to commerce. But does the meaning of the word, when applied to commerce, differ in any way from that ordinarily ascribed to it? "Substitution," replacing one thing by another, whether the substitute be like or unlike the thing replaced, or the change be openly or secretly made, surely suffices to fully answer the question. The pamphlet, it is evident, takes origin in the rather unfortunate similarity between the words tablet and tabloid, the latter of which is the registered trade-mark of the
firm, and thus protected. Now, on looking up de Méric's "English-French Dictionary of Medical Terms," we find tabloid rendered into tablette: how reprehensible, yet how readily explained. Burroughs, Wellcome, & Co.'s tabloids can invariably be depended upon for nicety in pharmacy and purity of material; but is it a misdemeanour, nay, almost a crime, for a dispensing chemist to read, from the scarcely decipherable scrawl of some medical man, tablet for tabloid? Or if, having the one and not the other, both guaranteed to contain the same amount of a particular drug, to substitute one for the other, to the good of the patient and the saving of time, especially when he informs the prescriber of the same? What's in a name? Tabloids by any other name might act as well, had tablets a sure warranty of accuracy, in an emergency.

Burroughs, Wellcome, & Co. are due all praise for their admirable work in the advancement of ready-made trustworthy pharmaceutical preparations; but they should be chary of accusing, as they undoubtedly do in their pamphlet, a class of certified men in general terms of a line of conduct no less than fraudulent, without giving any specific evidence or detailed example thereof. Nor should they be so ill-advised as to quote, in support of their "Substitution Question," such atrociously bad specimens of English, pharmaceutically writ, to illustrate and support their contention, as are included in their publication.

The last sentence of the Chemist and Druggist's excerpt is excellent:—"In retailing, similar action takes place." Who acts similarly is obscure: substitution, the only subject of the preceding sentence, is by inference wholesale, and thus exerts itself actively. Again, the quotation from the Anti-cutting Record talks about "coming within the law," when it is clear that the dispenser of words instead of his drugs means "going against the law."

Surely Burroughs, Wellcome, & Co. will take a hint from Shakespeare: "Thou comest in such questionable shape!"

A pamphlet such as this will do them much more harm than good; it lacks detail; it gives insufficient references. Who is the Mr. Reid whose observations areretailed?—the when and the where unspecified.

If the firm wish to seriously discuss substitution,—and it is no doubt an important question,—let them first give facts, specify instances and circumstances, before issuing further brochures.

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If a certain Bill, recently introduced into the Virginian Legislature, and by a doctor too, become law, what a sad time of it the Romeos will have there! What sad disappointments the Juliets!
No male to kiss if he be unprovided with a medical certificate bearing that he is clean enough to practise, and strong enough to bear, the art. The female, it seems, may kiss as often as she please, however "smittle" her lips, or dangerous her health.

One may picture a Juliet, already supplied by her old nurse with the necessary rope-ladder, leaning over her balcony as Romeo, her Romeo, approaches, and anxiously inquiring of him if he had brought his legal permit to appose his lips against hers in osculation, ere she dare let fall the ropen rungs to "low ascent." Romeo's words in the play, had he no certificate, were pat: "Sin from my lips?... Give me my sin again." Juliet's "You kiss by the book" would read, "Kiss you by the law?"

The complications which would arise from such a Bill made law were as many as ludicrous. For instance, how long would the certificates of "propriety for osculation hold good?" And for how many kisses would each run for? Would a fresh permit be required each day, or week, or year? Could a male infant kiss his mother?

If not, should he be allowed the breast? The obtainal of evidence as to who the kisser, who kissee, would also be a matter of peculiar difficulty and dubiety.

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Russian Medical Literature.

The Russian tongue is so difficult of mastery by every one who is not a Slav, that opportunities for becoming acquainted with Russian literature, writ in the vernacular, are seldom afforded to those of other nations. It is therefore very satisfactory to find that the first number of a new journal has recently appeared, devoted to Russian medical literature, original or abstracted, but published in German. The journal is named Russische medicinische Rundschau: Monatsschrift für die gesammte russische medicinische Wissenschaft und Literatur, is published by Hirsch in Berlin, and edited by Drs. Lipliwasky and Weisbein of that city. A specimen number was issued last year, for the purpose of making known to those of the profession in Germany and elsewhere, who are engaged in research or literary work, the form and scope of the journal.

In addition to an original article by Dinawin of Moscow on the operative treatment of exophthalmic goitre, the Monatsschrift contains forty-six separate abstracts and reviews of Russian papers and books on medical subjects. It is to be hoped that the venture may prove successful, so that a wider acquaintance with the work and opinions of Russian observers may be possible.