do anything at all? Was it the medical staff that was supine, or was it Mr. Andrew Motion?

I shall leave Mr. Motion to answer these questions or not as he likes. In the meantime, I will assert that neither Mr. Motion nor the many falsely say that the Governor did not inform every one of the governors most fully of the opinions unanimously held by them and of the action they advised. And it may be further noted that this information was supplied before a yard of Christ's Hospital had been purchased, and before any public appeal had been decided upon.

I will not now discuss whether the governors or the Lord Mayor's Committee decided rightly or wrongly, wisely or unwise — that is largely a financial matter — but I will say that as far as I am aware (and I am usually aware of some plans) the Governor was not fully informed of the views of the staff, and no one can now lay the blame on the Treasurer and Almoners or House Committee if he has changed his mind and considers that the governors' decision is now to be regretted. Everyone knew that a governor in 1909 had his own individual responsibility in the decision arrived at, and amongst these Mr. Motion is included. Mr. Motion's letter necessarily suggests the question whether it is yet too late to obtain an increased area, as well as others, and to ask for an end. Now, we can only add the statement he has made as to the action of the staff, I will not further criticize his position. Will he still contend that "the views of the staff have never reached the governor, that he is in the general charge of 'suspicion's' 'old Bart's men all over the country,' and as he has not specially accused any one of them, or myself in particular, I will conclude a letter written to vindicate St. Bartholomew's men as a whole and to sign myself —

November 10th.

A ST. BARTHOLOMEW'S MAN.

THE MEDICAL ARRANGEMENTS IN THE SOUTH AFRICAN WAR.

Sir,—If we examine the evidence given before the Royal Commission by Sir Alfred D. Fripp, placing ourselves as a member of the outside public, I think it will be easy to show that the only possible conclusion is one derogatory to the medical profession as a whole, supposing the statements made by him to be correct.

The fact to be noted in this evidence is the "black and white" style adopted, which is scarcely compatible with historical accuracy. Taking the specific statements, we find that all the senior medical officers of the R.A.M.C., from the Surgeon-General down, suffered from all manner of things. In fact, we can say that the operation of some law of nature and the R.A.M.C. must be absolved. If not, the want of morale shown by the officers of the R.A.M.C. must either be regarded as the result of the incompetence as a body, or of the very lowest representatives of it, who had somehow managed to get into the army. To clear up this point, we turn to the evidence given by other distinguished civil surgeons, and find the opinion expressed that the officers of the R.A.M.C. were distinctly above the average of the profession in education and intelligence, and we further find it stated by Sir A. Fripp himself that the class of men whom he now represents as of a superior order were formerly detested from commencing the dangerous calling that they were to pursue.

This brings us to the interesting point in the evidence. We know that outside the medical profession it is the busiest men as a rule that can spare most time for general intellectual culture, while the lazy and ignorant find the little that they must do quite sufficient for them. It seems to us, therefore, that the statement made by Sir Alfred that a good medical profession is one to learn one only one language, apart from the curious psychological theory of memory implied, is not complimentary to the general intelligence of the profession. Finally, it appears from the fact that several graduates have tried their hand at competing for the R.A.M.C. owing to their extremely illiteracy and generally uncouth manner, that the standard for admission to the medical profession must be very low indeed. As the responsibility of the R.A.M.C. must depend to a great extent on the standard of general education possessed by their colleagues in civil life, it is evident that Sir Alfred Fripp's method of excising his new protégés is not likely to prove an unmixed blessing to them.

However, a corps that could survive such a torrent of flattery and abuse as was poured upon it during the war may be trusted to follow the natural course of evolution, even though that would set it back a point or two of a lofty peak, where ordinary mortals here below can only dimly discern, have passed a little further away, beyond the range of terrestrial vision. —I am, etc.,

M. KELLY,
Major R.A.M.C. (retired).

ON THE POSSIBILITY OF THE OCCURRENCE OF TRYPANOSOMIASIS IN INDIA.

Sir,—With reference to the communication published by Major Ross, in the last number of the British Medical Journal, on the nature of the bodies recently described by me, and subsequently found in India by Captain Donovan, I should like to make a few comments.

Thanks to the courtesy of Major Ross, I have had the opportunity of examining the films made from Captain Donovan's three cases, one prepared from a spleen after death, the others by spleen-puncture intra vitam, and it was much interested to find that one of them showed the presence of bodies identical with those which I described. This identity was in the case of the post-mortem film, and it was complete — indeed, our films might almost have been prepared and stained from the same case. The other was a spleen-puncture during life, contained forms which were preserved in my own films nor in Donovan's post-mortem film. To Major Ross's description of these forms I need add little, but will only state that they appear to me to be undoubtedly of the same nature as those met with in the post-mortem films. The chief differences consist in the larger size of the intra vitam bodies and in their being, in most instances, surrounded by a red staining ring. These differences may, I think, be sufficiently accounted for by the change due to commencing post-mortem decomposition of the spleen.

With regard to Major Ross's criticisms on my suggestion that these bodies might possibly be of the nature of degeneration, I have no hesitation in saying that, while I found in Captain Donovan's specimens no further evidence in support of this theory, yet, with all deference to Major Ross's great authority on such questions, the points which he urged against it do not lessen my own impression that a connexion between these bodies and trypanosomata may yet be established by further experience. To take Major Ross's points in detail.

1. As to the persistence of the flagella of trypanosoma after the death of the host, I can only repeat that the gradual shortening of these flagella and their final complete disappearance are clearly shown in a series of "smears" from the blood and organs of a white rat dead of Trypanosoma brutus, taken at various intervals from forty-eight hours after infection to three weeks. I think, if I understand Major Ross's argument, he suggests that this is the case in the body of the rat being left, which is still as correct an argument, which is still as correct.

2. As to the resemblance between these new bodies and the degenerat:ed forms of macro-nucleated and micronucleated trypanosomata, it was chiefly owing to the extremely close resemblance presented in my specimens that I imagined a possible connexion between the two conditions. I do not think that Major Ross's objection that they differ in any further apart than are between the intra vitam and post-mortem specimens of Captain Donovan's cases, to which I have already referred.

3. As to the resemblance between these new bodies and the degenerated or infected macro-nucleated and micronucleated trypanosomata, it was chiefly owing to the extremely close resemblance presented in my specimens that I imagined a possible connexion between the two conditions. I do not think that Major Ross's objection that they differ in any further apart than are between the intra vitam and post-mortem specimens of Captain Donovan's cases, to which I have already referred.

4. Both Major Ross and Captain Donovan lay special stress on the finding of these bodies by spleen puncture intra vitam as absolutely conclusive evidence of supposition that they were due to post-mortem changes. I confess I fail to see why this is necessarily the case. The changes I described were certainly attributed by me to death, but, chiefly, to the death of the parasite and not to post-mortem changes. I see no reason why trypanosomatia should not be destroyed, or at least undergo involution, in the spleen or other organs during the life of the host, as we know to be the case in other parasitic diseases.

BRITISH MEDICAL JOURNAL, May 30th, 1903.

On the other hand, and against my view as to the nature of these bodies, I noticed, in common with Major Ross, in Captain Donovan's experience that these bodies appeared to be intracapsular, and, in several cases, this seemed to me to be a true incorporation in the substance of the red cell, and not merely an accidental superposition.

With the red staining ring surrounding the chromatin bodies in the red cells, I would hazard the conjecture that this might be of the nature of a cyst or capsule, and that it is perhaps possible that the life-history of some trypanosomata may include a stage of encystment, in which the organism is known to occur in other members of the flagellata. 1

From the nature of the case and the pacity of observations it is at present impossible to decide whether these little bodies are attached to the parasites or parasitized, and I have suggested the trypanosomata, and all that can, I think, be safely affirmed is that they are undoubtedly parasitic in origin, and that they occur in the spleen in a form which has not previously been encountered. Captain Donovan will, I trust, publish details of his cases, and the researches of others, more favourably situated as regards material than myself, should soon settle the questions as to their nature and pathological significance.

In conclusion, I may perhaps be excused for referring to a small personal matter, in connexion with Major Ross's article. Owing to the form in which it is put it would, I think, be concluded that Captain Donovan had observed these bodies before myself—nay, on April 9th, 1903. As stated in my communication, they were observed by me in November, 1900, at the Royal Victoria Hospital, Netley.

I am, etc.,
W. B. LEISHMAN, M.B., Major R.A.M.C.,
Professor of Pathology, Royal Army Medical College.
Twickenham, Nov. 16th.

THE NORTHERN UNIVERSITY TRIAD.

Sir,—The letter of Professor Allbutt in the British Medical Journal of November 14th should be of more than passing interest. He shadows forth a principle which I feel ought in time to command the earnest attention of those who guide medical education, especially in its more advanced forms.

He says:

'I was not...I should be driven...to express my personal opinion that the privilege—or the burden—of Liverpool, of Cambridge, or of any university to qualify for practice one not to be desired. In Liverpool, indeed, there are persons of consideration who think, as I think, that this responsibility impairs the proper function of a university—that is, to train the mind—and forces into its scheme a large quantity of technical matter which is truly of great importance, but of importance of another kind. Such a pronouncement by a man engaged, as Professor Allbutt is, in the growth of a medical school, might well be regarded with some encouragement and gratifying. It is, I believe, some fifteen or more years since the late Sir Henry Acland, aided by several of us who were senior medical graduates, endeavoured I believe at the University of Oxford to abandon its privilege as a medical licensing body by requiring all candidates for the medical degree to pass the examinations of the Conjoint Board in London before they could receive the degree. At that time I had been an examiner in medicine for about ten years, and I was a Crown nominee on the General Medical Council; and I observed that a majority of the candidates who came up for examination were already either Members or Fellows of the Royal College of Surgeons of England. The attempt to persuade Convocation to take such a radical step was premature and was defeated.

Let us consider what the university would have gained. In the first place it would have emancipated itself from the rule of the Medical School. There was secondly the task of chafing of the university authorities against the obligation laid upon the university to subject any of its examinations to the rules, inspection, criticism, and correction of an outside body, upon which I suppose was unprecedented, and I venture to pronounce to be undignified in such universities as Oxford and Cambridge. Had our venture succeeded all this would have been remedied at one stroke.

What advantage would Oxford have gained? It would have been able to ordain itself a large quantity of technical matter which is truly of great importance, but of importance of another kind. 2 It would have lifted its M.B. out of the rut of qualifying examinations and have placed it on a distinctly higher level.

It would have enabled the university to confer its degree for practically post-graduate study, carried to a higher level, in perhaps some of the great divisions of professional knowledge, leaving the choice of subjects to the candidate, either medicine, surgery, obstetrics and gynaecology, or public health. I think what is really desirable, the freedom of study to medical graduates, what a relief from the drudgery of torying every mortal candidate through an examination in every subject required by the General Medical Council, even candidates who had already passed through the innumerable Conjoint Board's examinations.

And now comes the pressing additional question of the new universities already made, or about to be made, and many others in prospect. Think of the General Medical Council, think of the local boards of health with their faculties, and think of the London University, thinking three, and then in the future, near or remote, Sheffield, Bristol, Nottingham, and what not.—I am, etc.,

Leeds, Nov. 16th.

T. PRIDING TEAGH.

THE FINANCES OF THE GENERAL MEDICAL COUNCIL.

Sir,—With reference to the letter of your correspondent, Dr. S. Wesley Wilson, I should like to point out that at the General Medical Council meeting held in May, 1902, during the discussion on the financial position of the Council, I moved an amendment, which was seconded by Mr. (now Sir) Victor Horsley, to this effect:

That in the opinion of this Council it is desirable that an annual registration fee of £5 be made payable ten years after registration by those who have already paid the registration fee at present prescribed by the Standing Orders.

This amendment was lost, being supported only by the three direct representatives for England.

In moving the amendment I pointed out that the income which would be raised from the registration fee, the balance of which would be payable for all the purposes of the Council. That, as every one in practice would have to pay the annual licensing fee, he would be brought into direct touch with the Council, and his address would be known.

The number of medical men on the Register in 1902 was 37,232. The average number added to the Register for the last ten years is about 1,300. So that, deducting 13,000 it would still leave 24,232 liable to pay the licensing fee. Of course, from this number there would be a deduction for those who had retired from practice. After making an allowance for them, there would be an available income of at least £11,000 per annum.

The total income of the Council in 1902 was £5,591 8s. 7d., of which £3,775 was from registration fees, the balance, namely, £1,216 8s. 7d., being made up of payments such as such interest received from English Branch Council, sale of Registers and other publications and Pharmacopoeia. A registration fee of £5 was also received as the surrender value of a policy. This latter source of income is, however, uncertain, as it is not always paid. Excluding that, there is a reliable income of £8,600. This may probably be increased in the future by readjustments of the rents receivable for those parts of the building not required for the purposes of the business of the Council.

The total expenditure for 1902 was £5,924 1s. 6d., showing a deficiency of £1,332 18s. 1d. This shows that it is desirable that something should be done to put the finances of the Council on a firm basis.

Again, with regard to the question of the increase in the number of the members of the Council. At the meeting of the Council held in May of this year I moved a resolution, seconded by Mr. George Brown: That the Council petition the Privy Council that in the event of the Victoria University being divided into two or more separate universities, a single representative should continue to represent the whole collectively.

This resolution was lost, as was an amendment moved by Dr. Pye-Smith, seconded by Dr. Payne, namely, that the President be requested at the first opportunity to urge upon the Government the importance of reducing the number of the members of the Council on a firm basis.

If the Medical Acts were reformed, and more power given to the Council to deal with persons making colourable pretences of acting as medical men, it would be well worth the trouble of the members of the profession to pay not less, but £2 or £3 per annum licensing fees then they could have proper protection from the different forms of injury to which they are now subject.—I am, etc.,

Plymouth, Nov. 17th.

GEO. JACKSON.