

discovery of the cholera bacillus, delegates from every part of Europe and America were sent to that country to enquire into the value of the new treatment; but so crude was Ferran's attempt that not one scientist who visited Spain felt it incumbent on him to recommend to the Government or to the scientific society which he represented the adoption of the system. It was plain that Ferran's failure was due first of all to the use of a virus taken directly from a patient and not fixed or attenuated, and the system resembled in this respect the inoculations which were formerly practised against small-pox. The virus was variable, and the results induced in the patient uncertain; secondly, that no particular precautions were taken to insure the virus against contamination and its consequent dangers. Accordingly, the attempt was destined to fail, though the sensation it created, at the time, indicated the large amount of interest and importance which the scientific medical world and Government took in and attached to the discovery of a possible protective against cholera.

By Mons. Haffkine's discovery the problem of transforming the virus into a vaccine has been solved in a scientific manner, and the uncertainty and dangers which were attached to Ferran's attempt have been avoided. The anti-choleraic vaccine of Haffkine is fixed, and the procedure is perfectly harmless as has been proved by the 25,000 men he has vaccinated in India. The method has been placed on a sound basis, and the system has been and is being applied in a scientific manner; and now it is a mere matter of collecting facts to ascertain the amount of protection which the vaccination affords. No better opportunity for the collection of these facts could arise than that of the Indian Medical Congress. The method of vaccination can be demonstrated to all who come to the Congress, Indian and foreigner, and the facts given by the different observers can be recorded and discussed, and an important resolution framed. With such a subject on the programme and made widely known, there is every possibility of delegates coming from countries outside India, and if nothing more were to be effected at the gathering than framing a resolution on this question which interests every civilized Government, the first Indian Medical Congress would become memorable in the annals of Medical Congresses.

APPOINTMENT OF THE VISITING SURGEON AND CLINICAL TEACHER TO THE MEDICAL COLLEGE.

SINCE the article on the above subject appeared in our last issue, it has been brought to our notice that the remarks therein may reflect on the experience as a Surgeon of Dr. Charles. As this was not our intention it is only fair to Dr. Charles that we should remove any possibility of an impression of this kind arising. In 1886 Dr. Charles was appointed to the Professorship of Anatomy at the Medical College, and to the Second Surgeoncy of the Mayo Hospital, Lahore. There he reformed the whole system of teaching anatomy, founded a Comparative Anatomy Museum and started a Student's Bone Room and a Professor's Museum for research. The transformation has been the subject of praise from every one competent to judge. And there is every reason to suppose that now Dr. Charles has been transferred to Calcutta where the means for independent work and research are on a larger scale than elsewhere, he will have an extended opportunity of doing further original work and contributing, let us hope, to the development of science. As Second Surgeon at the Mayo Hospital in Lahore, Dr. Charles did half the general surgery, and in the summer Session gave clinical teaching in the Wards. He also each year gave a course of 28 demonstrations to all the senior students in bandaging, minor surgery and the application of splints. From this record it will be seen that as an anatomist there can be no doubt that Dr. Charles is second to none in India and as he has for eight years been engaged in teaching clinical surgery, teaching the practical application of bandages and splints, and taking his share in the operative surgery of a large hospital, he has also a good reputation as a surgeon, and it would be unfair to question his competency in that respect.

It is good that the Government should have the power to disregard any discontent and choose whom they think fit when the question is of importance, but at the same time it is desirable to avoid such discontent when they have the means at hand as is the case in appointing Professors in different Indian Medical Schools. For, as the matter now stands, it is felt that in the appointment of Visiting Surgeon and Teacher

of Clinical Surgery to the Medical College of Calcutta, the claims of well-known skilful and experienced men in this province have been overlooked; and this feeling among the Bengal men who look to the appointments in Calcutta as rewards for their good work under trying and often in unhealthy stations is unavoidable, and is likely to continue until an official announcement is made that a unification of the medical schools of India into an Imperial Educational Department has been effected, and that in all future appointments to the medical schools, men in that department shall be appointed. It is probable that a scheme of this kind would favour the best interests of the teaching staff and students, while it would give the opportunity to those ambitious for such appointments to choose early in their service a career which would ultimately gain for them the object they had in view. Under these conditions transfers from a medical school in one province to that in another would be taken as a matter of course.

The chief aim, however, of our article was the advocacy of the separation of the Chair of Anatomy at the Medical College from that of the appointment of Visiting Surgeon and Clinical Teacher of Surgery to the Hospital on the ground that the advances which have been made in anatomy and surgery demand special proficiency in each. It will hardly be claimed that one man is likely to be an acknowledged expert on both subjects, and it is obvious that with two men of the calibre and abilities of Dr. Charles the work will be better done. This is a matter of principle quite unconnected with the present appointment. Differentiation is well-known to be the sign of progress. In a primitive school of medicine many subjects are combined and taught with relative satisfaction both to the teacher and the pupil. But a time arrives when the subjects become too comprehensive to be dealt with in this manner and separation then becomes absolutely necessary. This division of labour is no reflection on the work accomplished by former teachers under different conditions; but it is merely the necessary adaptation to the ever-increasing demands of science, and it is a natural law which sooner or later has to be followed, and the longer the old order of things are maintained when new conditions have arisen, the more disadvantageous is it, in this instance, to the students and the public.

Medical News.

RETIREMENT.

SURGEON-MAJOR-GENERAL A. W. DE-FABECK, M.D., Indian Medical Service, Surgeon-General to the Government of Madras.

JOINT SECRETARY TO THE INDIAN MEDICAL CONGRESS.

DR. MOIR has accepted the office of Joint Secretary to the Indian Medical Congress in place of **Dr. Caddy** who has resigned.

INSANITARY RANGOON.

WE regret to learn that no notice was taken by the Municipal Committee of **Dr. Pedley's** denouncement of the insanitary state of the China and other quarters of Rangoon, in consequence of which cholera has broken out, and much sickness, which might have been prevented, prevails.

THE LADY AITCHESON HOSPITAL.

THE Lady Aitcheson Hospital Association has renewed its agreement with **Dr. Elizabeth Bielby**, as Physician to the Lady Aitcheson Hospital, Lahore, for an indefinite period. After surmounting many difficulties, the institution under **Dr. Bielby's** charge has succeeded in establishing far more than a local reputation, and is now one of the best of its kind in India.

VISITORS TO THE FORTHCOMING MEDICAL CONGRESS.

WE are glad to be able to announce that **Dr. Ernest Hart** and **Mr. Lawson Tait** have already signified their intention of being present at the Congress. It is anticipated that delegates will be sent both from the Royal College of Physicians and Royal College of Surgeons, London, and the encouragement and support already manifested by the profession both in India and England is most gratifying.

Subscription for memberships have already begun to come in, and everything bespeaks success.

INDIAN MEDICAL CONGRESS.

A PUBLIC meeting of the medical profession was held in the lecture theatre of the Medical College on May the 12th to receive the report of the Provisional Committee, and to confirm or modify the arrangement already made. The meeting was very largely attended, fully 200 medical gentlemen being present. **Dr. ROBERT HARVEY**, Surgeon-General of Bengal, presided. In opening the proceedings he said that he was very much obliged to them for the honour they had paid him in electing him to the chair. The *précis* of the proceedings of the Provisional Committee gave them a good idea generally of what had been done, and he would call upon **Dr. W. J. Simpson**, the Secretary, to read to