doubt that we should be much further from the truth than at present, His facts, indeed, have nearly all been confirmed, though the interpretation of some appears to require some modification, in order to bring them into unison with more recent discoveries.

We have passed, or rather we are passing, through a period of great anxiety to English physiology. A popular clamour, unfortunately too well known to all of you, has imperilled the studies which we all have so greatly at heart. An Act of Parliament is now in force which, if interpreted in a spirit of hostility to science, might put a stop to these studies. But I trust that the spirit of the time, the spirit of justice too, which, we think, characterises our countrymen, will render such hostility impossible; and relying upon the justice and enlightenment of the minister of the Crown to whom the enormous responsibility of carrying out this Act has been entrusted, we venture to predict that the interests of science will not ultimately suffer.

Gentlemen, I cannot close this address without expressing the gratification and pride with which I see amongst us the eminent man who to-day honours us by his presence. In Carl Ludwig we see one of the three or four men who, more than all others, have helped to build up the present edifice of physiology; a man to whom those of our science will refer in ages yet to come as having, perhaps more than any one else, introduced methods of precision into physiology, and, by numerous conquests in nearly all its departments, proved their utility. We welcome him amongst us, and beg to assure him that the influence of his teaching extends not only to every university of Germany, but even to us. All of us have, more or less directly, learned from him, and all of us are, I trust, inspired by his intense devotion to science, and would, at any rate, emulate, to the extent of their power, the example of the great head of the Leipzig Physiological School, who, in unselfishly contributing to win successes for his pupils, for the furtherance of the science which he loves, has seen the fullest realisation of his proudest hopes.

HOME HOSPITALS: THEIR SCOPE, OBJECT, AND MANAGEMENT.*

By HENRY C. BURDETT, Esq., Greenwich.

A SCHEME for establishing home hospitals for the well-to-do, as you doubtless know, has lately created much attention and criticism, and I cannot but conclude that most of you are acquainted with the object of such institutions. It has been proposed to form an association for the purpose of erecting home hospitals, to which persons who can afford to pay for their treatment may be admitted, when ill, on payment of a certain sum *per diem*, according to their means, and, to a certain extent also, according to the requirements of each case. It is not, however, intended that this sum should cover the medical expenses, but probably (these details are not finally settled) each patient will be left to make his own arrangements with his own doctor. I wish, in this paper, to lay shortly before you, as the representatives of the medical profession, the advantages and disadvantages of such a scheme, and to invite discussion upon the same; for it can hardly be denied that the cordial co-operation of the medical profession, which has been largely secured already, is needful to render this undertaking successful. Let us first consider the *advantages* of the scheme.

What is the present condition of a person in the middle class of life with a limited income when struck down by illness? As an example, we may take a case in which the husband and father of the family is suddenly seized with, say, a bad attack of pneumonia. He is put to bed, and, after a certain time, as he seems to get worse, his wife sends for the doctor. The doctor prescribes poultices to his chest, medicines at certain times, light diet of milk, beef-tea, etc.; and also enjoins perfect rest and quiet. How are these orders carried out? The poultices are too often half-cold, sloppy, pasty messes, improperly fastened, and continually slipping, perhaps also left on till they become sour; the medicine is forgotten or given at the wrong time, milk perhaps is not procurable, the beef-tea is a greasy compound of fat and dirty-looking water, whilst the perfect quiet so necessary to him is broken by the continual noises of the children, with the mingled hubbub of the streets, adjoining houses, and neighbouring factories. The nursing day and night, the extra cooking, the attention required by the children, and all other domestic matters, fall on the poor wife, whose temper and endurance at last give way, probably not before those of the unhappy patient. But how are all these troubles

increased when the wife herself is the victim? The husband is obliged to leave for his work, some friend or relative is brought in as a nurse, who knows little of such duties, the troublesome children are ten times more troublesome under the control of a stranger, and, in addition, thoughts of domestic cares trouble the poor sufferer's brain. I feel sure that cases such as these must have frequently occurred to almost all of those here present, taxing their energies also to the utmost, and making them feel that their fight with disease and death is carried on against fearful and unnecessary odds. Surely, you must all, gentlemen, have often longed to remove your cases from such surroundings to the quiet and peaceful repose of a well regulated hospital, where they would also receive proper diet and nursing from skilled and methodical hands. Another class which would receive most undoubted benefit from the institution of such hospitals is the lodger class. The condition of governesses and of young men—clerks, students, and such like—occupying lodgings often at a great distance from their homes, when struck down by illness and left to the tender mercies of their landlady, is so deplorable that I feel it to be quite unnecessary for me to do more than mention it. To the above may be added clergymen, lawyers, officers in the Army, Navy, and Civil Services, men who are engaged in public and private offices, persons of education with limited means, and many others. To each and all of these the home hospital will prove an inestimable boon. And here I would say at once that it is not proposed to take people from their comfortable homes to a hospital because they are ill, but to provide institutions for the treatment and cure of disease as in hospitals, by skilled nursing, rest, and regulated diet, under proper sanitary and hygienic conditions, with the comforts of home, for the benefit of a large class of the community who have no homes, or whose homes are ill-adapted for the successful treatment of serious illness. Further, I wish it to be known that, whereas the first object of the Home Hospital Association is not gain, but the advantage of the community and the relief of suffering, still it must be distinctly understood that it is regarded as essential to the success of these homes, that they shall from the first be entirely self-supporting.

As I have already said, it is proposed that each patient should choose his own doctor, an arrangement which it is hoped will prevent any professional ill-feeling, and also help to overcome the prejudice existing in the minds of so many against entering a hospital. Nor is this the only advantage in the medical arrangements; for it is also proposed that there shall be a resident medical man attached to each hospital, who will always be at hand in case of emergency, and who will assist in carrying out the treatment of the other medical men. Speaking for myself, I am at present doubtful whether a resident medical man is or is not a *sine quâ non*. It is allowed that these hospitals must be small and scattered; there will then be very little work for the resident medical officer, whilst his maintenance and salary will be an increased burden on the hospital. It might be better to appoint the nearest medical man to visit the hospital twice a day and in cases of emergency, and to give him a small salary for so doing; or to call him, in lieu of salary, to those cases which have no choice as regards the doctor by whom they are attended. This latter plan will help to get rid of one difficulty that has been greatly felt; it is also a plan that has already been found to work exceedingly well in cottage hospital practice, and I can see no reason why it should not do so when applied to home hospitals. It might be supposed theoretically that it would lead to a good deal of professional jealousy, but practically that is not found to be the case, and we may leave this arrangement with confidence, in my opinion, to the good sense and discretion of the medical profession.

Speaking of this system after several years' experience, Mr. Edmund Crossman of the Hambrook Cottage Hospital says:—"This professional intercourse is not the least valuable point in the cottage hospital system to the medical profession in the country. For the most part, practising each in his own district, without much time for social intercourse, and accustomed to act upon his own judgment and responsibility, a feeling of distrust and jealousy too often springs up, which, in most cases, only requires for its removal more frequent professional communication. The neutral territory to be found in village hospitals is the starting-point for that neighbourly feeling and action which promote the interests of the profession as much as that of the public, and the consultation held over the hospital patient is often the commencement of cordial co-operation in private practice." What has proved so great a success in cottage hospitals for the poor may surely be tried in similar institutions for the well-to-do classes.

Another advantage attending the establishment of these hospitals is, that they will do away with a large amount of almost necessary fraud which is at present carried on. I refer to the abuse of hospital charity. What is the class of people, who can afford to pay for their treatment,

* Read in the Public Medicine Section at the Annual Meeting of the British Medical Association in Manchester, August 1877.

to do under present arrangements? If they go to the hospitals and beg to be taken in on payment, they are turned away. Some have consequently felt justified in resorting to what is really a system of fraud, until they have almost begun to look upon it as a right that, whenever they are taken dangerously ill, they shall be treated gratuitously in the general hospitals. By this means, the charitable public is robbed and the profession deprived of its well earned fees; but, after all, however, it is perhaps hardly right to abuse this class of people too much; for what are they to do? Are they to risk their lives amidst the troubles and discomforts of home, or is it to be wondered at that they persuade themselves that a little deceit in such a case is justifiable? Gentlemen, by the establishment of home hospitals, you will, I believe, be not only meeting the bodily wants of this class, but you will also help to raise them socially from the pauper class to which, in this respect, they seem fast falling. It seems to me lamentable that, by a mischievous system of misplaced charity, their pride and self-respect should have fallen to such low depths, that the artisans of this country now undoubtedly regard free medical treatment as no degradation, but as a distinct right.

Again, the great cry in these days is for nurses. We have nursing institutions springing up all over the country, and it has become quite the fashion for ladies to take to nursing as a livelihood; still there are not enough. To show how the establishment of home hospitals will partly help us to abate this difficulty, I feel that it is necessary only to quote the words of Mr. Walter, M.P., in his speech at the Mansion House on this subject. He says: "Look at the waste of labour in the present domestic system of nursing. Supposing that, in an ordinary street, there are twenty cases of illness, and that each home has a nurse, what an enormous waste of power is there compared to what there would be if the invalids were all under one roof!" Thus we see how wheel turns within wheel, and how, by the establishment of these invalids' homes, instead of strengthening the present complicated hospital system, with its abuses, as our opponents assert we shall do, we shall in reality help to get rid of two of these burning questions; viz., the abuse of hospital charity in the in-patient departments, and the scarcity of nursing help at present available for those who are able and willing to pay for such comforts.

I feel that it is necessary, before leaving this part of my subject, to touch briefly on two questions: 1. What are we to do with infectious cases? 2. Shall convalescent seaside homes form part of the scheme?

As regards the former, there seems some reason to think that, in the metropolis at least, the present accommodation for these cases is sufficient. I shall have to return to this branch of the subject, so will merely draw attention here to the ease with which the present fever hospital could be amalgamated in this larger scheme with, in my opinion, mutual advantage, the hospital gaining patients, of which there seems a scarcity at present, and our scheme finding a hospital ready built and at hand for the experiment.

As to convalescent seaside institutions, especially for the recovery of infectious cases, the outcry for them is so great and general that I think they must perforce form part of the scheme, and a part that cannot possibly fail of success. The necessity of change of air for a convalescent, the great saving, the extra care and comfort of living in such a house as compared with the disadvantages of lodgings, and the lessened risk to the general public, are all strong points in favour of the establishment of convalescent homes for all who can afford to pay for such accommodation. So far for the advantages of our scheme. At first sight, they seem great indeed, and make us almost wonder what objections can be urged against it; but, on analysing the scheme more closely, we shall find the objections not inconsiderable, and into these we must now inquire.

Objections.—The first objection to be overcome is that of prejudice. This must not be esteemed a small matter; in fact, it is really the great objection: it would be a sad thing to build our hospitals and then find that hardly anyone would enter them; but so deep-rooted is the prejudice against hospitals in the minds of many, that probably it will only be after some years of care and patience that we shall find the homes will be largely patronised. It seems extraordinary that persons, when ill, should prefer all the fearful discomforts of home to the care and quiet of a hospital, yet such is the case, and the fact is not likely to be lessened in the minds of those whom I address; for all medical men know the very rooted prejudice existing on this question. It is more extraordinary still that the lower middle class (if I may so speak) feel this prejudice more strongly than the higher middle class, though they are more likely in reality to receive benefit from it; and it is only, I believe, by the example of the latter that we can hope in time to eradicate the prejudices of the former. In the meantime, it is our intention not to attempt too much at first, but to be content to do things gradually and with due caution.

The next chief objection is the financial aspect. First, we require money to float the enterprise; there is little doubt but that this will be readily forthcoming. Originally, it was proposed to form a limited company with shares to work the homes; but, after mature consideration, the Provisional Committee selected as a financial basis the system of governorships, by which a preliminary capital fund will be formed for the purpose of founding and furnishing the first home hospitals required. This principle is that which has long been successfully adopted in founding various institutions, such as public proprietary schools. The invalids' homes or hospitals thus founded will, by virtue of a graduated but remunerative scale of payments, prove permanently self-supporting. Many persons argue that it will be impossible to make these home hospitals self-supporting, but I am at a loss to know upon what they base their argument, because I find that, in other countries, similar institutions have not only proved so, but they have in several instances yielded a good profit over and above the working expenses. Gentlemen, on this point, I can only assure you that, if we do not succeed in making these homes entirely and absolutely self-supporting, you need have no fear that we shall consent to add another to the already too extensive list of eleemosynary medical charities; for such a result will be regarded as a complete failure, and the scheme will be abandoned.

It has been asked, Why is not the present fever-hospital self-supporting, and why is it so little used? The reasons for this, in my opinion, are many and obvious. It is a single building, or nearly so, of its kind, and consequently little known; whereas, if home hospitals were regularly established, they would soon become well known and sought after. This hospital also at one time took in pauper cases, and, I fear, the reproach still clings to it. Being single, it often entails for removal to it a prolonged, perhaps dangerous, journey from the other end of London, whereas it is part of my scheme to have these home hospitals small but numerous, so that they are ready of access to every one. A person admitted into this hospital is thrown suddenly amongst total strangers, without even the privilege of being attended by his own family doctor, should he so desire it; the reverse of this is a great advantage to the present scheme. The present hospital has too much the form and rules of a hospital, with perhaps too strict a discipline for the feeling of home comfort, while it is a principle in the home hospitals to combine more of the hotel character with them, thus greatly increasing the feeling of homely ease and independence. Other reasons will probably present themselves to the minds of my hearers, but I think I have sufficiently pointed out the differences in the two cases.

An opponent of this scheme stated, at the Mansion House meeting, as an argument against the establishment of home hospitals, "that it was the opinion of the great mass of medical men that it was desirable to reduce the number of hospitals for surgical cases to a minimum; for every gentleman of standing would sooner do an amputation, or any other such case, at a private house". Now, let us grant him, for a moment, that such cases do very badly in large general hospitals, still I must maintain that the cases are not analogous. It is designed to establish numerous small hospitals in London, which would come much more under the designation of cottage hospitals, and I would refer this gentleman to my book on that subject, in which I have conclusively shown the very much lower rate of mortality in cottage hospitals after surgical operations than in large general hospitals, and this in spite often of less skilled and mature surgical experience. These results, in cottage hospital practice, could not, I believe, be surpassed in home practice, were it possible to collect such statistics. This is, to my mind, a conclusive answer to this objection.

Lastly, we have that old bugbear professional jealousy. Gentlemen, you will, I think, agree with me that it is time for this term to be dropped from our vocabulary; it is an old one that, in its time, has done the profession nothing but harm, and caused many a sneer from outsiders. In reality, I believe that it has been for some time only just alive; let it die. In proof that this is so, let me again bring before you that excellent movement, the cottage hospital system. This has for many years been carried on quietly and unostentatiously in your midst, on much the same principles on which it is proposed to establish these home hospitals; viz., payment by patients for their board and maintenance, attendance by a doctor of their own choice, and the supervision of the nearest medical man as house-surgeon; to these principles it is now only proposed to add one more, and that, I believe, in the right direction; viz., payment to the doctor for his services. Now, this cottage hospital movement has had a very fair trial, but at first the same objections were brought forward as those of which we now hear, more especially this one—professional jealousy; but we find that, in practice, no such feeling has been called into being, but the

movement has rather tended to draw into closer relationship and friendship our country brethren. It is necessary on all occasions to "bear and forbear"; no doubt at first cases may arise and cause for the moment some heart-burning, but, with a little tact and patience, they may easily be avoided, and it would be a great scandal on the medical profession if such an objection were allowed to upset a scheme with so many obvious advantages.

It will be seen that I have treated the subject of home hospitals in a general sense. My reason for doing so is, that the Provisional Committee have thought it best to raise the necessary funds before deciding the exact basis upon which these homes shall be worked. That the ultimate decision will be a wise and satisfactory one is assured by the fact that, amongst the members of the Management Committee who will decide these important details, are the treasurers of Guy's and St. Thomas's Hospitals, Dr. Quain, Mr. John Erichsen, and Mr. Ernest Hart. The chief object I have in raising the question to-day is to afford all the members of the Association who take an interest in this scheme—which is one more step in the cause of hospital reform—an opportunity of expressing their views on the subject for our guidance and instruction. That the home hospital is calculated to supply a great and long felt professional want is proved by the fact, that I have the pleasure to append to this paper a declaration signed by nearly every leading member of the medical profession in London, who have endorsed the scheme with an unanimity and a readiness seldom, if ever, equalled on any former occasion, and I leave the issue, therefore, with confidence in your hands. The scheme is the outcome of ten years' hospital experience, and it is gratifying to me to be able to state that, in less than a fortnight, nearly £4,000 have been subscribed by the general public.

REPORT OF THE COMMITTEE ON THE REGISTRATION OF DISEASE.

TWELVE years have now elapsed since the British Medical Association at the meeting in Leamington appointed a Committee on the subject of the registration of disease. It will be well, therefore, briefly to recall the work that it has done, and the results that have so far followed. Great care was taken in the first instance to frame a schedule of diseases that it was desirable should be recorded weekly, but which it would not be overburdensome to contributors to fill up. This schedule was adopted by the Association, and was accepted by voluntary Associations in Manchester and Salford, St. Marylebone, London, and Newcastle-on-Tyne, and also by Dr. R. Brown of Preston, and Dr. A. Hill of Birmingham. By these agencies, the registration of new cases of disease coming under treatment in public institutions was for a time regularly carried on, but one by one they have been discontinued, and at the present time the only places that are still systematically carrying on the undertaking are Manchester and Salford. In 1866, your Committee strongly supported Dr. Farr's proposal for the appointment by the Government, in each of the registration districts of the kingdom, of a specially qualified Registration Medical Officer. It was considered that this measure would greatly improve the machinery of mortuary registration, and that this officer would be the suitable authority for collecting, publishing, and otherwise making available the returns of disease obtained by local Associations. In 1869, the late Dr. Sibson was requested by the Association to explain to the Royal Sanitary Commission the views of the Association respecting the importance of the Registration of Disease and the mode in which it could best be carried out. Letters on the subject were also sent to the Commission; and in the Report of this body there were embodied some very important and conclusive arguments in favour of a scheme identical with that of the Association for a representative system of disease registration. In 1870, a deputation from the Association waited upon Mr. Goschen, then President of the Poor-law Board, and were favourably received, but no action was taken in the matter. In 1871, a Memorial was addressed to the Right Honourable James Stansfeld, then President of the Local Government Board, praying for the establishment of a national system for the registration of disease, and pointing out the importance of this undertaking, both as a means of suppressing epidemic disorders and of dealing with other diseases arising from local causes. In 1873, another Memorial and a Petition to the House of Commons was presented, pointing out that no scheme had even been proposed in the Legislature for carrying out this all-important means of arresting the progress of epidemic and other disease. In this year, an attempt was made by Government to utilise the return of cases of disease occurring in poor-law practice, but the arrangements made were imperfect and unsatisfactory. No improve-

ment has since then been effected, however, and no means have been afforded to local authorities for early intelligence of the presence of disease. In the last report, it was urged that, in addition to the registration of certain non-infectious diseases occurring in public practice, it was desirable that information of every case of infectious disease occurring in both public and private practice should be required from persons in charge of the case, or from the householder. Your Committee can only now repeat this recommendation, and suggest that steps should be taken to frame a legislative enactment that would enforce the registration of all cases of infectious disease, on the method already approved by the Association; and to this end they propose that the subject be referred to the Parliamentary Bills Committee to consider in what form it can be best dealt with by the Legislature.

ARTHUR RANSOME, *Chairman*.

REPORT OF THE MEDICAL REFORM COMMITTEE.

YOUR Committee have to report that, during the year which has elapsed since the meeting at Sheffield in August 1876, they have deemed it advisable to refrain from pressing forward the Medical Act (1858) Amendment Bill, introduced in April 1873 by the Right Honourable Mr. Headlam and Sir H. Selwin-Ibbetson, Bart., which is generally known as the Bill of the British Medical Association.

That Bill provided for the admission to the General Medical Council of direct representatives of the profession in the proportion of one-fourth of the members of the Council, and would give to the Council, thus modified, more important and greater powers than it at present possesses. It would enable the Universities and Corporations to form conjoint examining boards for each division of the kingdom; but, in case of failure to do so in either division of the kingdom, the General Medical Council would then be empowered to form a conjoint examining board for such division of the kingdom.

It provided that the conjoint boards should be formed on the principle of equal fees and equal examinations, so as to avoid the scandal of men rejected by one examining body gaining admission to the profession, without further study, through the less stringent requirements of another. Above all, it enjoined a practical as well as a theoretical examination and a sound preliminary general education in all candidates for the medical profession. The provisions of the Bill were settled in the interest of the public equally with the profession, both interests being indissolubly connected; it aimed at securing those afflicted by illness from the inefficient treatment of incompetent men, and protecting them from the designing craftiness of charlatans, while it tended to elevate the profession socially and to increase its influence by the weight of extended general and professional attainments.

Your Committee also recommended the registration of a distinct qualification in State Medicine.

It may be well to repeat what appeared in the Report of the Committee in August 1873, that "all the petitions against the Bill (which the Committee had an opportunity of examining), though with M.D. attached to the signature, emanated from persons whose names could not be found in the *Medical Register*, a convincing proof that, whether advantageous to the community and profession or not, unqualified practitioners and quacks regarded it with peculiar dread and displeasure."

In the Report of the Medical Reform Committee, made to the Association at the meeting at Norwich in 1873, allusion was made to the work of the General Medical Council in urging the formation of conjoint schemes of examination. Your Committee desired to leave the field clear for their operations, a course which was then and since sanctioned by the Association. Your Committee, being aware that the English medical authorities were both active and earnest in their efforts to combine, have in consequence studiously refrained from embarrassing their proceedings by separate parliamentary action, notwithstanding the distinct declaration in debate by an eminent member of the House of Commons in favour of the general measure of the Association in preference to the piecemeal legislation by little isolated Bills, required by various corporations to enable them to combine in a conjoint scheme.

Your Committee are happy in the knowledge that their forbearance has borne good fruit, for they have to congratulate the Association on the success which has at last crowned the efforts of the Universities and Licensing Corporations of England in establishing a conjoint board of examination for their division of the kingdom. A great advance has been thus effected—the separate licences of the English Corporations will no longer be attainable, and, as regards English qualifications, the possession of a licence in one branch of the profession will no longer enable the owner to practise all its branches. For the future, if the

scheme be carried out, every practitioner will be fairly examined in England in all departments of professional knowledge.

Your Committee regard this as a most important though partial recognition of one of the objects for which the Association has so long contended; unfortunately, it does not apply to Scotland, where the temptation to secure separate qualifications will now have greater force, nor yet to Ireland, where the Apothecaries' Society may still grant its separate licence for the modest sum of half-a-guinea, and so qualify its fortunate possessor to be placed on the *Medical Register*, enable him to practise all branches of the profession, and that in every division of the kingdom.

Your Committee feel that, as long as this state of things endures, and they have little hope that the example of the English medical authorities will be voluntarily followed either in Scotland or in Ireland, so long the Medical Reform Committee must represent the influence of the Association, and continue its labours, until, through pressure, conjoint boards of examination framed on the principle of equal fees and equal examinations are established in each division of the kingdom.

No advance has been made in regard to the modification of the composition of the General Medical Council. As time has gone by, your Committee were not without hope that it might have been suggested in the Council itself. As this has not happened, your Committee deem it important that the question of direct representation of the profession in the General Medical Council should again be prominently brought before the Association. They cannot conceive a more fitting locality in which to refer to the necessity of a modification of the General Medical Council than this great and wealthy city, where science and art are both alike fostered and cultivated, where there is a large and flourishing School of Medicine, with a magnificent hospital, with accomplished professors, and every appliance for teaching, where, to sum up all, Owens College is situated; and yet in this great community, the medical profession is unrepresented in the General Medical Council.

Your Committee here desire to place the past action of the Association in this matter before the meeting. But for the ever-to-be-lamented loss of Mr. Southam, whose services on the Committee and in every good cause were never wanting, he would himself have told you that, in the negotiations preceding the passing of the Medical Act of 1858, the Government of that day made it understood that, when the Act was passed, the general body of the medical profession should be represented in the Council. He and the late Mr. Nunneley of Leeds have stated this in the presence of your Committee when attending deputations to ministers. He stated that the representation was then delayed solely on the ground that there was no *Register* of the profession—that the first step was to form the *Medical Register*, and then, the constituency being established, representatives would be accorded to the registered members of the profession. This distinct understanding has never been acted on.

In the year 1866, when the Government and the General Medical Council were exchanging communications as to Reform of the Medical Act of 1858, Mr. Husband, our respected treasurer, moved in Committee of Council the appointment of a Subcommittee to prepare resolutions as to direct representation for the meeting in Dublin in 1867. The Committee prepared resolutions in favour of the addition of eight members, elected by the direct votes of the registered members of the profession, to the Medical Council. These resolutions were first approved in the meeting of the Council, and afterwards cordially accepted and passed at the general meeting.

On June 30th, 1868, the Committee attended as a deputation to the General Medical Council, and submitted the resolutions for acceptance. Dr. Andrew Wood and Sir D. Corrigan argued strongly in favour of them. Dr. Parkes said a good case had been made out for considering whether the constitution of the Council might be improved by the introduction of a new class of members, and whether its counsels would not be thereby strengthened. He believed this would be the case, because the opinions of bodies elected by representatives were always regarded with more consideration. Dr. Sharpey stated that the Council was pledged by its proceedings to an inquiry into its constitution, and the question of its alteration would be inevitably raised in any amended Medical Bill.

On July 8th, 1868, the action of the Committee was approved in the Metropolitan Counties Branch, and it was unanimously resolved that the number of members of Council be increased by at least one-fourth.

On July 12th, 1868, a deputation of the Committee of Council of the Association waited on the Marquis of Ripon, Lord President of the Privy Council, to seek his aid in favour of the principle embodied in the resolutions.

At Oxford, the Committee was strengthened by the addition of several members who were not on the Committee of Council.

In 1870, the Direct Representation Committee opposed the Medical Acts (1858) Amendment Bill of the Marquis of Ripon, because it did not provide for the direct representation of the profession in the General Medical Council, and procured its withdrawal. The late Professor Hughes Bennett, the late Dr. Sibson, Dr. Stewart, Dr. Chadwick, Mr. Husband, Mr. Michael, and especially the late Mr. Southam, took a prominent part in the opposition.

In the ensuing meeting at Newcastle in August 1870, the Direct Representation Committee was merged in a Medical Reform Committee with greater powers, and the "Bill of the Association" has been the result of their labours.

Your Committee will not dwell at further length on their proceedings—they have extended over a long series of years; but they again desire to submit to the Association whether the principle of direct representation is one for which they are still to contend. The Apothecaries' Society of Dublin, which comprises a very small number of shareholders—some of them women, and some, it is said, with more than one share, granting its licence for half-a-guinea—nominates a representative, and will always do so under the present Act, on the General Medical Council. That representative has the special interests of his own corporation to watch over and maintain. The great body of the medical profession, with no private interests to serve, including the important provincial Medical Schools of Manchester, Liverpool, Birmingham, Bristol, and Leeds, have no voice, no representative, in the General Medical Council. In the matter of medical reform, it is for the Association to decide whether the struggle for this bare meed of justice is still to be continued; if so, there is no cause to despair; the Association struggled for twenty-six years before the Medical Act of 1858 was obtained. In the words of an important medical journal of November 14th, 1868, it was stated: "If practitioners will combine throughout the country to impress their views on members of Parliament, and in every other way to co-operate with the Committee of the British Medical Association, such an amendment of the Medical Act will be effected as is necessary in the interest at once of the public and the profession." If it be the will of the Association, if it will earnestly and steadfastly aid its Committee in its labours, that prediction may yet be fulfilled. No measure of medical reform can ever be final which leaves the profession—including its many provincial schools—without any representative, without any voice in that General Medical Council which it helped to create, and of which the profession alone defrays all the expenses, the rich Universities and Corporations, fully represented on it, contributing nothing to the funds. Your Committee deem it due to the memory of Hughes Bennett, Sibson, Nunneley, Clayton, and Southam, who have fallen during the struggle, to continue the good fight, and with that object your Committee recommend the reappointment of the Medical Reform Committee, with power to add to their number.

(Signed) EDWARD WATERS, M.D., Chairman and Convener.

KING'S NORTON.—The medical officer of health reported that the population was estimated at 14,000, and that 559 births and 295 deaths had been registered in 1876; so that the annual birth-rate was 43.0, and the death-rate 20.15, per 1,000 population, or, excluding deaths not belonging to the district, 18.71 per 1,000, against 18.3 in 1875. There was not any death from small-pox or measles, 7 from scarlet fever, 8 from whooping-cough, 2 from fever, and 5 from diarrhoea. The drainage is "on no system whatever", being uncertain and unsatisfactory, consisting of pipes of various dimensions terminating in ditches or streams, or into "dumb wells" which foul the soil. The water-supply is very indifferent, as eleven samples were impure out of nineteen. There is no hospital accommodation for infectious diseases. A copy of precautions to be used for preventing the spread of infectious diseases is appended.

MACCLESFIELD.—Dr. Bland reports that this borough suffered severely from measles and whooping-cough in 1876, as well as from scarlet fever; the three diseases causing a mortality of 177 out of a total from all causes of 1,157 deaths, which give the high death-rate of 28.1 per 1,000. There were only 1,288 births, which afford a birth-rate of 35.2, but only 110 births to each 100 deaths. The mortality amongst infants was enormously large, as there were 265 deaths under one year, which are equal to 23 per cent. of the total deaths, and 20.5 per cent. of the births. There is not any hospital for infectious diseases in the borough; and Dr. Bland gives, in an appendix, a table of the cost of building and furnishing several hospitals in other sanitary districts. The total number of nuisances placed on the books in 1876, including those unremoved in 1875, was 1,849, of which only 836 were abated, leaving more than one-half on the books, which does not indicate great speed in their removal.