who has a large family, of whom two or three members suffer from chronic complaints, such as diseased hip-joint, phthisis, etc., will be less able to pay a doctor's bill than the mechanic, with a small family, who has his thirty-five shillings or forty shillings a week. And we should all agree that it is better to admit a few impostors than to shut out any really deserving cases. But, though we may be unable to cope with the difficulty directly, I am by no means disheartened or disposed to think the labours of our Committee on this head to be valueless. Our object must be indirectly to bring about improvement by the slow but, in the end, effective process of educating the public mind. We must remove the erroneous impression that there can be no harm done in imposing on the benevolence of the medical profession. We must show our disapproval of the doctrine that, whilst it is a disgrace to be a pauper and to depend on the parish for your daily bread, it is not a disgrace to seek medical advice without wishing to pay for it. We must point out the evil that is done to the recipient of such charity, and its pauperising effect on many who should learn whilst in health to make such provision for the inevitable time of sickness, and not, as at present, to leave such considerations out of the question, because they know that they can depend on the so-called charity of their neighbours. We must show the injustice to the medical man, who has undertaken only to see the poor at a hospital, and who sees with disgust the advantage that is taken of him.

Many of these points seem mere truisms unnecessary to state or to repeat to you, before whom the question has come in its practical form; but, as you will find, if you broach them to a general audience, they are by no means so generally understood or accepted, and it is by teaching them to the governing bodies of our hospitals—in the first instance, to their subscribers, and, lastly, to the general public, whether by discussions in committee, or in public meetings, or by the press—that we may hope to get sounder views held, and some diminution in the most satisfactory manner of the present evil.

As a proof that the idea of something better than the indiscriminate charity of our out-patient system has begun to germinate in the public mind, I will refer you to two excellent letters on Self-supporting Hospitals, the first of which appeared in the *Times* of June 14th, and the second in yesterday's paper, by the Rev. J. Erskine Clarke, Vicar of Battersea. Had time permitted, I should have much liked to quote these, and to make some suggestions as to self-supporting hospitals and dispensaries, which, I believe, might, if established on a proper basis, be of the greatest service to the large class who most of all deserve support; viz., those who have not large means but are independent, and prefer to help themselves.

I feel that I have now taxed your patience more than sufficiently; but I must ask you to allow me to say a very few words on another important Association topic—the so-called woman question. We have not long ago been asked to vote Yes or No as to whether we wish women to be admitted as members of the Association, and by an unmistakable majority (the exact numbers I forget) we have replied in the negative. For my own part, I distinguish greatly between these two questions: 1. Whether women should be admitted to the medical profession at all; and 2. Whether they should be admitted to the British Medical Association or other medical societies. With regard to the first—their admission to the profession—I fail entirely to see that we have any right, save the selfish one of class interest, to oppose them. I am quite prepared to admit that the class of women who are likely to take up such an occupation are not those whom many would regard as the best types of their sex, and I myself should be very sorry that any in whom I was personally interested should propose to follow it; but I cannot feel that we have a right to go further and to say that, because we do not like such women, they ought not to exist. If some women really desire it, and will sufficiently educate themselves to obtain degrees, by all means they should be allowed to do so; and, believing this to be a logical conclusion, I consider we should be wise to accept it, and to yield ungrudgingly what we cannot in fairness and honesty prohibit. One thing only I would add: that, having commenced with the profession of medicine, I should hope that the ladies will turn their attention to law and divinity, for either of which the natural eloquence which we so often have occasion to admire in the sex would seem specially to fit them.

But, having admitted women to the medical profession, shall we also admit them to our Association? And here, it seems to me, their claims rest on entirely different grounds. To the former, I would answer that they have right of admission, as they have a right to be peeresses, landowners, ratepayers, farmers, or of whatever other occupation they please. To the latter—a voluntary society—I reply that their admission must be regulated by the same law that obtains in other voluntary societies—the will of the majority. The Association

has as much right to decline to receive women as the Athenæum Club or the Royal Society; and, further, I believe that the Association has done wisely in wishing to exclude them. The admission of a few women would in no wise strengthen, or, that I can see improve, the character of the Association; whilst, on the other hand, even putting aside the shock to the strong prejudices of many of its members, it seems certain that the presence of women at our discussions would be a nuisance and a hindrance to most of its male members. I am aware that there are some men who have not this feeling, and who feel that they could discourse as freely in the presence of women as without them; but there are but few of us of this peculiar class, and we shall, I am sure, do wisely to legislate for the many who prefer a separation of the sexes on these occasions.

In conclusion, gentlemen, I beg to thank you for the patience and attention with which you have listened to me, and to express the hope that we are inaugurating another year of success for our Branch.

AN ADDRESS

ON

THE PAST AND FUTURE OF STATE MEDICINE.

Delivered at the Annual Meeting of the Glasgow and West of Scotland Branch.

By ANDREW FERGUS, M.D.,

President of the Faculty of Physicians and Surgeons in Glasgow; President of the Branch; etc.

MANY people suppose that State medicine is a modern discovery, or rather a modern institution and practice. I do not think it is. State medicine is as old as any other department of our science and art. If you will carefully read the 13th chapter of Leviticus, you will there hear of a medical officer of health, endowed with fuller and more stringent powers than we give to any health officer at the present day. Strict rules are laid down for the separation of the sick from the healthy, which it would be well for the community if we would adopt at the present day as regards zymotic disease, which we can never hope to stamp out, except by complete isolation, which was most effectually done under the Mosaic rules. It is quite evident that under the term leprosy all skin-diseases (using that term in its widest sense) were included. Indeed it would more completely vindicate the scope of the legislation to say that it applies to all outward ailments, in which the skin may sooner or later be affected. And the rules are extremely minute and particular as to distinguishing between infectious and non-infectious sores. Verses 2 and 3 indicate an unmistakably infectious disease, verses 4 and 5 refer to doubtful cases, and in the 6th rules are laid down by which the priest shall judge if it be non-infectious, and orders given as to the liberation of the patient. The 7th and 8th verses indicate that even after that the patient was still under the inspection of the medical officer of health, and that, if there be any spreading, he can be at once pronounced unclean. It would take up too much time to go over the whole chapter. I shall merely refer to verses 44, 45, and 46, to show the complete isolation of the diseased. Before leaving this question, I may make one remark as to the leprosy in the garments. Various conjectures have been brought forward to explain what it means. I shall merely remark that the remedy is thorough; the officer of health, after using milder means without success, employs the most powerful disinfectant we possess—viz., fire. The edict goes forth it shall be burned in the fire, "Thou shalt burn that wherein the plague is with fire". I frankly confess that I cannot explain what is meant by leprosy in the house, as it is in the plaster and stones. Even if it had been in the wood, there would still have been difficulty, as the dry climate in the East must be unfavourable to dry rot. Whatever difficulty there may be in knowing what leprosy of the house was, there is none in understanding the remedial measures (chap. 14, v. 40). The inspector commands that the stones in which the plague is be taken to an unclean place without the city. The house was scraped, and the infected materials and matter removed to an unclean place without the city. If this did not stay the plague, the house was destroyed, and all of it removed to an unclean place.

In our own country, preventive medicine was carried out most stringently in olden times. Curiously enough, the same disease we have been considering was much dreaded. When the first hospital was founded in Scotland I cannot tell, but it may interest our friends from Ayrshire to hear that at Prestwick there was an hospital for lepers, which, if not founded by, was at least amply endowed by King Robert the Bruce. It is still a matter of dispute whether or not the king himself was a leper. In the year 1350, the Lady of Luchow built a leper-house

at the Gorbals of Glasgow. Some hospitals were founded much earlier, even more than two hundred years before the Glasgow institution. Of course, these hospitals were not like modern hospitals, numbering their inmates by hundreds; but still so general was this disease in the kingdom, and so much was the necessity of isolation considered a duty and safeguard to the community, that there were about one hundred leper hospitals in England and Scotland, which were under strict regulations, and the most stringent rules were enacted to prevent the sick from mixing with the well. In some, under certain precautions, the inmates on certain days were allowed to leave to buy provisions. In others, the inmates were punishable by death if they left the hospitals; and, to emphasise this regulation, a gallows was erected in front of the leper-house. With regard to the Glasgow house, in the burgh records for 1573 we find that the then magistrates ordered four persons supposed to be lepers "to be viseit, and gif they be found so, to be secludit of the town, in the hospital at the Brigend". In the Parliament held at Perth in 1427, the following is a clause from an Act then passed:—"Item, that na lepper folke sit to thig (beg), neither in kirk nor kirk-yaird nor other places within the burrowes, but at their own hospital, and at the fist of the towne and other places outwith the burrowes." The Act afterwards tells us who were the then sanitary inspectors. The third clause is as follows:—"That the bishopes, offchalles, and deanes inquire diligentie in their visitation of ilk Paroch Kirk gif one be smitted with lipper, and gif any sic (such) be found in that they be delivered to the king if they be seculares, and gif they be clerkes to their bishoppes, and that the burgeses gur keepe this statute under the paine intimet in the statute of beggers . . . and quhat leprous that keepis not this statute, that he be banished for ever off that burgh quhair he disobeis, and in likewise to landwart." After the Reformation the kirk sessions took upon themselves the duty of looking after lepers. Of their dealings with them, records may be found in their minutes of meetings. Some of the hospitals had ample endowments, but most of them had but scanty permanent support, and derived a precarious income from alms, which were sometimes deposited by passers by, they being invited to do so by some one or other of the inmates soliciting them by loud cries. Occasionally the lepers were allowed to beg in person (with this protection to the public), that they were obliged to use a clapper to warn people to keep from contact with their person. Another curious source of support was from confiscated food. The Scotch Parliament in 1366 enacted:—"Gif ony man brings to the markit corrupt swine or salmond to be sauld, they sall be taken by the bailies, and incontinent without any question sall be sent to the leper folke, and gif there be no leper folke, they sall be destroyed alluterlie." This shows also that there were inspectors of food in those days.

The regulations for the separation of the plague-stricken were quite as complete and stringent. The sick and their families were obliged to remove out of town. Their friends, under the charge of an officer, could visit them after 11 o'clock. Anyone going before that hour was liable to death. The houses were cleaned, and the clothing of the infected was boiled in the open air. The parties who discharged these duties, and those who were employed as bearers of the dead, were obliged to wear a grey gown, with a white St. Andrew's cross before and behind. The bier was covered with a black cloth, with a white St. Andrew's cross. A bell was also attached to it, so that it might ring as it passed along, to warn any person to get out of its way. In September 1584, the authorities of Aberdeen built ports to prevent the entrance of people who might bring the infection. This does not appear to have been successful, for we find that in May next year the magistrates erected gibbets, "ane at the nearest cross, ane other at the brig of Dee, and the third at the haven mouth; that in case any infectit person arrive or repair by sea or land to this burgh, or in case any indweller of this burgh receive, house, or harbour, or give meat or drink to the infectit person or persons, the man to be hangit and the woman to be drownit". As recently as 1645, two lads who had received change at a public-house, which was shut up on account of the plague next day, were at once isolated from the family and shut up for a fortnight, their food, etc., being handed to them. The pocket with the change was cast into the fire. Seeing how stringently these diseases were isolated, it is surprising that equally strict but more humane rules were not enacted as regards the prevention of other diseases, such as smallpox, etc. But time will not permit any inquiry on this head; neither, for the same reason, can I point out the present defects in the administration of State medicine.

I conclude by remarking that medical science is taking a new departure, or, I should rather say, reviving an important and long-neglected branch of its art. For a long series of years the profession has looked upon the treatment of diseases as its one function. It is to be hoped that the time is not far distant when the prevention of disease

will be looked upon as by far the most important function of the mediciner. Never for a moment can we go back to the rude cruelties which were inflicted on the poor lepers and the plague-stricken, yet the separation and isolation of the sick from the well must be the first great step in any attempt to stamp out zymotics, which are a standing opprobrium to our science and art. A rule must be made that from the highest to the lowest immediate notice must be given to the local authority of every case of infectious disease, so that every possible means may be taken to prevent its spread. Some may say that this is an invasion of personal liberty. I am the last man to interfere with the liberty of the subject, still liberty must never be license, and the mere fancy or whim of an individual ought never to endanger the health of the community. It has been said that every man may do what he pleases with his own, but common sense steps in and says: No, you must not do anything that will endanger your neighbour. Suppose you wish to destroy your house, fire would be the most rapid agency you could employ, but you would not be allowed to do so, because other buildings in close proximity would be endangered. So a case of smallpox or other zymotic should be so isolated, that the risk of its spreading to others is minimised. Laying out and drainage of towns, water-supply, ventilation of dwellings, removal of organic *débris* of all kinds, regulation of workshops, schools, and every other place where numbers of people are congregated, these and a great number of other matters should all be under the supervision of a medical officer of health, who should in all cases be free from private practice, and devote his whole time to the duties of his office.

THE DIAGNOSIS OF MALIGNANT TUMOURS OF THE OVARY AND MALIGNANT PERITONITIS.

By JAMES FOULIS, M.D., Edinburgh.

IN his second lecture on the Diagnosis and Surgical Treatment of Abdominal Tumours, delivered at the Royal College of Surgeons of England on June 12th, 1878, Mr. Spencer Wells, in speaking of the microscopic examination of the fluids removed from the body, is reported to have stated as follows.

"Mr. Knowsley Thornton made a great addition to our knowledge in pointing out that, in addition to these cells of Drysdale, which are common only in simple or innocent ovarian tumours, in malignant tumours you have these very characteristic groups of cells of different sizes. He describes them as large numbers of characteristic groups of large pear-shaped, round, or oval cells, containing a granular material with one or several large clear nuclei, with nucleoli, and a number of transparent globules or vacuoles. The cells composing the groups are many of them very large, but the great variety in size and shape is the marked feature of the group. If you will bear these different forms in mind, and these different cells, I believe you will find that they are characteristic and of great value in the examination of these fluids, putting us on our guard when we have to deal with tumours doubtfully malignant. If these large groups of cells be seen, one may be pretty certain the tumour is malignant of some kind; or if they be found in fluid removed from the peritoneal cavity, probably a sort of infecting process has been going on in the peritoneum from rupture of an ovarian cyst of a malignant character; these cells may have planted themselves upon some part of the peritoneum and multiplied."

On February 3rd, 1875, I read a paper on the Structure of the Ovary in relation to Certain Forms of Disease of the Organ, before the Medico-Chirurgical Society of Edinburgh. A long abstract of this paper was published in the *Edinburgh Medical Journal* for March 1875, and the paper itself was sent, at the end of February, to the editor of the *BRITISH MEDICAL JOURNAL* for publication, and appeared in that journal on June 25th, 1875. As my published observations in connection with the important subject of the diagnosis of malignant ovarian tumours do not appear to have been noticed by Mr. Spencer Wells, I beg to direct his attention to that paper. In it he will find the history of two cases of malignant tumour of the ovary recorded, which were under my observation during the months of September, October, November, and December 1874. On February 3rd, 1875, I gave a description of certain little masses of sprouting epithelium, which were found in great numbers in the ascitic fluid in both cases; and I showed the large malignant ovarian tumour, removed after death, from the body of the woman, case II. The following extracts from my paper bear directly on this subject.

"It may be said that this patient's belly was full of such sarcomatous growths. Besides the tumour itself, there were thousands of little masses of proliferating epithelium floating free in the ascitic fluid, set-