sponge into carbolised water; but I like to know that it is clean before I put it in. I have more than once said, "This sponge had better be burned", and the reply has been, "Put it in one-to-twenty"; and more than once, noticing an unpleasant odour in the ward, I have suggested more cleanliness and ventilation, and have been met by the answer, "Oh, there is plenty of carbolic acid". Only two days ago, one of the most distinguished of the rising surgeons of the day told me that he had gone straight from a *post mortem* examination to operate for strangulated hernia, quite confident that the spray and washing the hands with carbolised water would make him safe. Another, to whom I was showing the rounded trays in which I place my instruments, so formed that no deposit can rest in the angles, said, "Oh, I do not think that matters. One-to-twenty makes all safe." This undue confidence in antiseptics may lead to danger rather than safety, and so far I see no reason for altering the opinion I publicly expressed at Manchester last year, that "for my part I would rather operate in a clean, quiet, well-warmed, and well-ventilated building, be it large or small, without any antiseptic precautions, than run the risk of trusting to the neutralising or destructive power of chlorine or iodine, sulphur or tar, borax or the permanganates, salicylic or any other acid, in a place tainted by the presence of sewer-gas, or the seeds of some infectious or contagious disease". While ready and anxious to adopt any improvement, neglecting nothing likely to add to the safety of the patients who are confided to our care, we must not be led away by overweening confidence in antiseptics to omit any of those precautions which experience has proved to be necessary, and we must be quite as cautious against the introduction of any contagious disease as we were before endeavouring to ascertain whether antiseptics will give us additional security. In a word, let us regard the antiseptic treatment not as a substitute for those measures which have already proved effectual, but as an additional safeguard. Time and further experience alone can show what the value of this hoped for additional security may be. That it will prove to be of real and very great value I hope and believe. Experience, daily accumulating, encourages the hope and strengthens the belief.

[To be continued.]

AN ADDRESS ON SOME CURRENT MEDICAL TOPICS.

Delivered at the Annual Meeting of the South Eastern Branch.

By HENRY T. LANCHESTER, M.D.,

Surgeon to the Croydon General Hospital; President of the Branch.

It is with great feelings of diffidence that I enter upon the honourable office of President of this large and important Branch. It has devolved upon me, certainly not in the order of seniority, but I believe as a result of my having held the secretaryship of the East Surrey district from its commencement, and in that way having been brought more prominently forward in the business of the Branch than would otherwise have happened. But in whatever way it has been brought about, I feel that a very great honour has been conferred upon me; and I can only ask of you the further favour of your indulgent support in my humble endeavours to properly fulfil the duties of the office to which you have thus been so good as to elect me.

Leaving this personal subject, I pass on to say how much pleasure it affords myself and my friends of the Reception Committee to welcome you to Croydon, and to assure you that we have done and will do our best to give you a pleasant holiday, and to send you away with a favourable impression of our town and its neighbourhood. And here it had been my first idea to act the part of the local historian, and to give you an account of the place you are visiting; but, upon investigation, it appeared that this would be but a twice-told tale to most of you, the history of the town itself having been fully treated by one of my predecessors in office on the occasion of a previous visit here, whilst, on another recent occasion, Dr. Carpenter gave a full account of its sanitary work, and especially with regard to the Irrigation Farm, which he hopes to show to many of you this afternoon, and which, you are doubtless aware, has the credit of being one of the first, as it has been one of the most successful, instances of that now commonly adopted mode of disposing of the sewage of towns.

The report of the condition of the Branch tells a tale of quiet success that calls for little comment. Our numbers continue to increase; but,

whilst I am pleased to note that we have as many as four hundred and twenty-eight members, I would remind you that, large as this contingent is, we ought not to consider it all that could be expected of us with so large a district, and I would urge upon all the duty of constantly bringing fresh members to join us.

The activity of the different district societies continues all that could be desired, and it is very satisfactory to report that the West Surrey, which had been gradually drooping, has burst into renewed life and vigour, and promises to do as much good work as any of its fellows, under the able auspices of the energetic secretary recently appointed, Mr. A. A. Napper. Those of us who had the pleasure of attending a conjoint meeting of the East and West Surrey, at Dorking, in October last, can testify that Mr. Napper and his friend Dr. Galton know their business thoroughly, and well understand the art and mystery of producing interesting meetings. It is a matter of regret to me that I have never had the opportunity of visiting the more distant district meetings, and I only hope that in the ensuing year I may be able to avail myself of some of the invitations to these that are frequently so kindly sent.

During the past year, we have lost several members by death. Amongst these I must specially refer with regret to two who were very generally known through the Branch, viz., Dr. Cunningham of Hailsham and Dr. Westall. The former was a hard-working and able practitioner, a zealous volunteer, and an earnest freemason; ever a regular attendant at our Branch meetings, and one of our vice-presidents for the present year. Of the latter, Dr. Westall, whose funeral two or three weeks ago was attended by many of those now present, I may be permitted to say a few words, as, in addition to the general regard in which he was held by all members of the Branch, it is my duty and privilege to speak of him with personal feeling, as one of his successors in a practice which was carried on by him for nearly thirty years with a success and popularity that it is given to few men to attain to. Of a kind and genial disposition, with considerable tact, with an energy and love of work that knew no limit, he exerted a great and useful influence in Croydon, and was the leading spirit in the formation of a Local Board and the commencement of those sanitary works which became necessary with the rapid increase of the town. He was a warm supporter of the Association, and was once President of this Branch. After his retirement from active practice in Croydon, in 1863, his time was always fully occupied in voluntary work, and he was ever ready to assist any of his friends, and especially his medical friends, to whom he could be of service. For many years a member of the Surrey Benevolent Medical Society, he became its President, and continued, at the earnest request of its members, in that office until his death. He was a member of the Commissioners of the Earlswood Asylum and of the Epsom Medical Benevolent College, and at both institutions did a great amount of useful work. Thus with the power and the will to do good, few men have lived a life of more valuable benevolence. For the last eighteen months, he had been sinking under an organic disease, causing great suffering, and of which he knew the inevitable end. He bore it with a patience which one could little have expected in so active a temperament, and with a courage for which I know not words to express my admiration. He requires no eulogy. All will feel that our loss is a great one.

Turning from the more special subjects of our Branch, I will ask you to bear with me whilst I make some remarks on one or two subjects of general professional interest.

First of all must come the much mooted question of medical reform, the importance of which, at such a time as this when two, if not three, Bills are before the House on the subject, makes it impossible that a little time devoted to its consideration should be thrown away. The two chief points of reform now before the profession are: 1. The direct representation of the profession in the General Medical Council; and 2. The so-called conjoint scheme, or the formation of compulsory boards of examination in each division of the kingdom on the principle of equal fees and uniform examinations. The question has been asked by one eminent member of the profession: What is medical reform?—implying apparently that we are so near perfection that it is impossible to see what further improvements we can require. One answer certainly would very generally be given by all of us; and that is, that we want to see definite improvement of the General Medical Council. If that body are satisfied with the work achieved by them, they will find, at any rate, but a small part of the outside world to agree with them. For twenty years the Council has been in existence; its expenses, we are told, being about £400 for one day's sittings, or £160 day by day during prolonged sessions; and for this large outlay, and throughout this length of time, it is difficult to remember any work of value that they have performed, except the bringing out of a *Pharmacopæia* and an annual *Medical Register*, which is of less value and less generally

used than that of Churchill—a more remarkable case of “*Parturiunt montes, nascitur ridiculus mus*” cannot be imagined. Nor is it likely that anything can be done until the first mistake of all—the constitution of the Council itself—is altered. At present, it consists of a President and seventeen members, nominated by different corporate bodies in London, Oxford, Cambridge, Durham, Dublin, and Edinburgh; and of six members, nominated by the Crown. Thus no less than three-fourths of the whole number are sent by corporations, some of them purely medical bodies, as the College of Physicians, but some only partly so, as the universities; whilst, in the extreme instance of the University of Durham, there is barely any medical element at all to represent. Elected thus from this or that body, the Council have ever shown themselves careful to defend the interests they are sent to represent. As a consequence, we see that they have never been able to agree or to take definite action in the great question of a conjoint examining board, because here the private interests of their constituents are too closely concerned. For twenty years, this subject has been before them. As long ago as 1858, in moving the second reading of his Bill, Mr. Cowper-Temple said he had in view to appoint conjoint-boards “to raise to an uniform standard the education and qualification of medical practitioners”. For all these years the importance of the subject has been acknowledged, but no action of the General Council has helped to further it. Depend upon it, the great principle for which we have to fight is direct representation upon the Council, so that the representatives of the corporations may meet our representatives, and, through them, may hear and feel the influence of the voice of the profession itself. When this is done, I have no doubt the rest will follow. Until it is done, be sure no alterations will be made, however much they may be required for the good of the profession, that will in the least interfere with the interests of the corporations. Nothing can show better than these questions the want of sympathy between the existing Council and the profession at large. In reply to the circular issued by the Association, asking its members to vote whether they are in favour or opposed to direct representation, 5,075 ayes were received, to 121 noes. Yet on this point, on which it may be said the profession are almost unanimously agreed, the majority of the Medical Council are against them. On the other point of compulsory examination boards, on which the voting of the members of the Association was almost equally unanimous, we find it was only supported in the Medical Council by a small majority (14 to 10, five of the Crown nominees, we are told, voting in the majority); the corporation representatives having thus a majority of the number against it.

The influence of the General Medical Council is not great in the profession. Many of us hardly trouble to read the reports of their long and generally uninteresting sittings which we see from time to time reported in the *JOURNAL*; but they have a political power, and it is to them that the Lord President applies for information when a Medical Bill has to be prepared, or its clauses considered; and it is not a matter of indifference, as some seem to think, whether such a body really represents the feelings and interests of the profession or the reverse. In this case, we have the greater right to be represented, as it is from the profession at large, through the registration fee, a tax invented for the purpose, that the money has been raised to pay the great expenses of the Council; and thus we are in the ludicrous position of seeing the expenses of the representatives of corporations paid for by our money! Surely, it is not much to be wondered at if such an arrangement lead most of us to wish for a reform.

Whether or not a Medical Bill will be passed this year is at present doubtful. That of the Duke of Richmond and Gordon received the most important alterations before finally passing the House of Lords in the change from a permissive to a compulsory formation of conjoint examining boards; but it is still inferior in value to that called No. 2, and introduced by Messrs. Mills, Childers, and Goldney, which provides for direct representation, and contains some simple but effective regulations for carrying out the principle. The latter has received the support of the Reform Committee of the Association, and I cannot conclude this part of my subject without remarking how much we owe to these gentlemen, and especially the active Chairman (Dr. Waters of Chester), for their unceasing labours in our cause. We may remember with pride that they are strong, not only from the justness of their cause, but from the fact that they represent the great power of the British Medical Association; and, whilst we recognise with satisfaction that our body are thus, through this great organisation, able to make its wants and wishes felt, and to obtain a hearing, let us also recollect that it behoves us each as individual members not to be negligent to strengthen our executive by our votes and support whenever opportunity offers.

If the subject of medical reform be of primary importance, that of

the abuse of the out-patient system, as at present administered in our towns, by the attendance of many who are not proper subjects for hospital relief, is only, if at all, second to it. You have all seen, in the daily papers, that public attention has been called to this difficulty in London, and most of you are aware that the evil is greater there than elsewhere; that it is by no means confined to the metropolis, but that, more or less, it affects all places where charitable work of that kind is carried on. As a profession, it is our boast—and I consider it a proud one—that money-making is not our main aim in life; and that we are most of us willing to give time and trouble gratuitously for the service of the poor in their time of sickness. Long may this feeling continue amongst us, and I should be sorry indeed to say a word that might be interpreted into discouraging it; on the contrary, it is partly because I fear that the frequent impositions on our charity may cause disgust and lessen our spirit for such work, as well as for the reason that I am sure that it demoralises those whom I would call the impostors, and lowers the feeling of the public towards our profession, that I ask your consideration of the subject. That large numbers of people attend as out-patients at hospitals who can afford to pay for medical advice is a truism that one can see for oneself every day; and plenty of practitioners in the neighbourhood of hospitals can tell you of instances of patients who were paying them regularly who think it no shame to take themselves off to the gratuitous advice of the hospital, and, if some only are thus directly affected, the indirect influence of the practice reaches a much wider circle. The idea that pervades the public generally that advice is a thing that any medical man is glad to give gratuitously has its effect in forming in their minds a true idea of its value, and of the position of a class of people who have to tout for occupation in such a way. When we undertake to do such work, we look upon it that we are giving our best time and trouble to attend to the genuinely poor who cannot afford to pay for advice; and the only return we expect, beyond the satisfaction of a good conscience, lies in the experience gained; but by the public it is too often looked at that we are bidding for practice, and that no harm is done, and that we shall even approve of their sending to us people who can well afford to pay.

Until about ten years ago, the large town of Croydon managed to get on without a hospital; all cases of accident being carried a distance of ten miles to the nearest London hospital. To our friend and Vice-President Mr. Roper, in conjunction with Dr. Carpenter and other leading residents, belongs the credit of starting in the year 1869 the flourishing institution we now possess. At first lodged in a small house holding in all eighteen beds, we were able in a few years to expand and, at a cost of about £11,000, to obtain larger premises in the London Road, which we hope many of our friends here will visit this afternoon. The situation, it will be seen, is admirable, and the building has answered its purpose very well. Though only an adapted and altered house, we have found it fairly healthy, and that wounds and operations do favourably in it. But, in point of size and comfort of accommodation, it is not good enough for its purpose; and we would have you understand, in seeing it, that we look forward to its being altered and added to when we have had a breathing space to recover from our still recent expenses of the original purchase. Having so few beds, we are obliged to be particular in the admissions of in-patients, and have a smaller proportion of chronic cases than is usual to such institutions. Out-patients are seen four days in the week; they have to obtain a governor's letter for admission, which lasts for a month, and have to pay sixpence for each time of attendance. The numbers, from a small beginning, have increased year by year, and, in the first three months of this year, reached the great number of three thousand; some of the medical men having as many as eighty to one hundred patients to see in a morning. The press has been so great that the medical officers have found themselves unable satisfactorily to get through the work, and, upon their representations, a committee has been formed, consisting of Mr. Roper, Mr. Horsley, Dr. Philpot, and myself, with an equal number of non-medical members, by whom the whole subject of the out-patients has been investigated and discussed. We propose to take measures that will give some relief to the work, partly by restricting the numbers in attendance on any one day, and partly by the more strict carrying out of the rules of admission, which have been perhaps a little too laxly administered. We have also recognised the fact that here, as elsewhere, the numbers are unduly swelled by many who have no right to claim the aid of a charity, and we have determined that any gross instances of this shall be reported to the House Committee, to be dealt with by them. Further action than this we do not wish to take; for, though there is no doubt that an abuse exists, it is not of a kind that can be met and conquered by stringent rules. Taking only the question of means, it is difficult to define the income that would be eligible from that which is ineligible. Thus a clerk, with a salary of £150 to £200 a year,

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