AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PUBLIC MEDICINE,

*At the Annual Meeting of the British Medical Association,
in Cork, August 1879.*

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ASSOCIATION.

BEFORE the Section proceeds to its systematic work, it becomes my duty, following the now established custom, to address a few words to those who purpose devoting their special attention to Public Medicine during the present meeting.

My first and most pleasing duty is to thank the Association for the honour they have done me in selecting me as President of this important Section. The honour of occupying a chair which has been filled by John Simon, William Farr, Henry Rumsey, Alexander Patrick Stewart, Samuel Houghton, Lyon Playfair, by W. H. Michael, Russell of Glasgow, De Chaumont, and Arlidge, is one which may well be coveted by the most ambitious. I cannot claim to be much more than an amateur sanitarian, as the department of the profession which I have selected as my vocation is that of practical medicine. I shall do my best not to dim the lustre which has been shed on the Section of Public Medicine by the roll of illustrious men who have occupied its presidential chair.

Most of my hearers are probably aware that this Section was first instituted at Oxford, in the year 1868, under the presidency of Mr. John Simon. This Oxford meeting followed the first meeting of the Association in Ireland, held at Dublin in the preceding year. At the Dublin meeting of the Association, the subject of Public Medicine assumed a position of greater importance than it had hitherto occupied. This was due in a great measure to the eloquent address on that occasion delivered by Dr. Rumsey, and the important resolutions which followed thereon, the first of which was moved by the author of the address, and seconded by Dr. A. P. Stewart, namely: "That this Association do express its decided approval of the plan proposed by Dr. Farr, namely, the appointment of a registration medical officer in every registration district or group of districts, with medico-legal and sanitary functions, and pledges itself to support that measure, as the initiative step to a national organisation for purposes of State Medicine." It was then moved by Dr. A. P. Stewart, seconded by Dr. Sibson, and unanimously resolved: "That the Committee of Council be instructed to direct their early or special attention to the amendment of the sanitary laws; to invite the co-operation, for this end, of the Council of the National Association for the Promotion of Social Science; and to urge the Branches of this Association to promote the same object by local efforts, by representations to individual members of Parliament, and, if need be, by deputations to Her Majesty's Government." These resolutions marked an important epoch in Public Medicine, and may be considered as the foundation upon which all sanitary legislation has since rested. Thus, at the first Irish meeting of the Association, one of the most important steps was taken to connect the Association with the general public in promoting measures connected with Public Medicine.

At this, the second Irish meeting of this great Association, I think it will be opportune and instructive to review the position which it has occupied with reference to Public Medicine, and to consider *What the British Medical Association has done for Public Medicine, and what still remains for it to do.* Public Medicine must now be taken to include a vast number of subjects; and it is, indeed, remarkable that, considering the intimate connection which medicine has with many of the most important enactments of the legislature, and the large number of medical matters that are daily dealt with by the Executive Government, up to the present there is not any department of the State whose special duty it is to look after the public health. I know there are some who endeavour to persuade us that the duties of a department of public health are discharged by the Local Government Boards of England and Ireland, and the Board of Supervision in Scotland. I deny altogether that these Boards can be looked upon as State Boards of Health, and, moreover, I claim that this Association has a right to be considered the best judge of what a National Board of Health should be. In the absence of such a department of the State, the duty is the more incumbent on this Association and kindred institutions, of which I would

especially notice the Irish Medical Association, the English Poor-law Medical Officers' Association, and the Association of Medical Officers of Health, and the National Association for the Promotion of Social Science, to take care of the interests of the public, and continually to press upon the Government and the legislature the necessity for amending the laws and making their administration more efficient.

On looking over the proceedings of this Association (in which I have been ably assisted by Dr. Spencer, the Librarian of the Royal College of Surgeons of Ireland), I find that, either by direct resolutions at its annual meetings, by action of its Council and Committees, or through the agency of its widely circulated and admirably conducted JOURNAL, it has ever since its foundation taken a leading part in the discussion and advancement of all measures which tended to promote the public health.

I cannot hope to review, even in a cursory manner, the work done and to be done by this Association, but to deal briefly with some of them is now my principal object. The "comprehensive plan", to use the words of Dr. Conolly's address at the Birmingham meeting of 1834, "of the founders of this Association has from the first embraced in one design all these great questions".

REGISTRATION OF BIRTHS, DEATHS, AND DISEASE.—The first step taken by the Association in reference to public medicine was the passing of a resolution at its first anniversary meeting, held in Bristol, on the 19th of July, 1833, directing the Secretaries to promote measures, then under consideration by a Select Committee of the House of Commons, for the better registration of births and deaths.* The result of the deliberations of this Select Committee, supported by the influence of the profession, was the passing of the Act for the Registration of Births, Deaths, and Marriages in 1836 (6 and 7 William IV, cap. 86). At the meeting of the Association held at Cheltenham on July 19th, 1837, the following resolution was unanimously adopted, calling upon the members to assist in carrying out the newly passed Registration Act: "That this meeting suggests to the members generally the propriety of lending their aid to carry into effect the Act that has recently passed the legislature to procure an improved Registration of Births, Deaths, and Fatal Diseases." The registration was only of "fatal diseases"; and, although the registration thus established in 1836 placed a considerable amount of valuable information at the disposal of sanitarians, yet the Government of the country had not anyone in their employ who could systematically utilise this information with a view of diminishing disease and death.

The Association has been always foremost in promoting measures for the improvement of registration of the causes of death. The mere registration of the causes of death is not, however, sufficient for correct generalisations with respect to the state of the public health; and at the Leamington meeting of the Association in 1865 a Committee was appointed to promote the Registration of Disease (BRITISH MEDICAL JOURNAL, vol. ii, 1865, p. 228). This Committee attempted to establish a voluntary registration of sickness in public practice. Although this subject was reported on from year to year at the meetings of the Association, it soon became evident that voluntary efforts could not establish an efficient system of registration of sickness. At the annual meeting in 1871, the Committee on Registration of Disease reported that some of the returns had been discontinued, and admitted the failure of voluntary efforts to carry out such a system (BRIT. MED. JOURNAL, vol. ii, 1871, p. 177). This Committee never ceased urging upon the Government the importance of the systematic registration of disease, and suggested it as a fit subject for the consideration of the Royal Sanitary Commissioners. In their report in 1874, they notified to the Association that when the Sanitary Laws Amendment Bill (1874) was before Parliament they had approved of a proposal for compulsory notification of all cases of infectious disorders (*ibid.*, vol. ii, 1874, p. 246). In conjunction with the Poor-law Medical Officers' Association, the Committee on the Registration of Disease waited on Mr. Goschen, the then President of the Poor-law Board, on Monday, October 17th, 1870, and impressed upon him the importance of the question, and the necessity for the appointment of "Registration Medical Officers" (*ibid.*, vol. ii, 1870, p. 449). Mr. Goschen replied: "That he thought it undesirable to go into the question at issue until the Report of the Royal Sanitary Commissioners had been considered by the Government." It is well known

* The resolution was as follows: "That the Secretaries be directed to address the Committee appointed by the House of Commons to inquire into the state of the parochial registers a letter expressing the great satisfaction felt by the Association, that the improvement of this important branch of statistics has been taken into consideration by the Legislature, and respectfully submitting to the Committee that great benefits might be expected to accrue to medical science, and consequently to the country at large, if arrangements were made for recording the causes of deaths in the provincial registers of mortality."—*Transactions of the Provincial Medical and Surgical Association*, vol. ii, p. 29.

that the Report of the Royal Sanitary Commissioners was favourable to such a proposal, but no step has yet been taken to carry it out (*Report of Royal Sanitary Commission*, vol. i, p. 60, 1871).

In 1873, the Association memorialised the Government and petitioned Parliament in favour of a registration of disease (*BRITISH MEDICAL JOURNAL*, vol. ii, 1873, p. 189, and vol. ii, 1874, p. 246).

In Ireland, the registration of births and deaths was not even commenced until the year 1864, and languished for many years, until Dr. Burke, the present energetic Registrar-General, came into office. It now appears that, until the laws are made more perfect, a complete registration of deaths in Ireland cannot be easily or effectually carried out.* The Irish Medical Association had a Bill introduced into the House of Lords two years ago to remedy the defective state of the registration laws; this Bill passed into the hands of the Government, in whose hands it still remains. Thus, the work of improving registration of births, deaths, and disease, upon which the Association entered forty-six years ago, still remains incomplete, although an essential foundation upon which every system of State Medicine must rest.

MEDICAL ATTENDANCE ON THE SICK POOR.—The next step which the Association took with regard to State Medicine was the relation of the Poor-law to medicine and to the medical profession; and at the third anniversary meeting, held at Oxford on July 22nd, 1835, the report of the Council recommended: "That a Committee should be appointed to inquire into, and report upon the working of the Poor-law Acts with reference to medical attendance", etc. The suggestion was adopted by the meeting, the following resolution being adopted: "That a Committee be appointed to consider the best means of affording medical relief to the sick poor, and more especially with reference to the operation of the new Poor-law Act" (*Transactions of the Provincial Med. and Surg. Assoc.*, vol. iv, p. 27).

In speaking to this question, Mr. Smith of Southam suggested the foundation of provident dispensaries as a means of partially solving the difficulty of providing efficient medical attendance for the working classes. Mr. Smith had himself established such institutions in the year 1830.

The Committee thus appointed reported at the next annual meeting, held at Manchester on July 20th, 1836, and suggested a solution for the difficult question which has not yet been solved, namely, "Who are the poor requiring medical relief?" The suggested answer was, "Those who are paupers, or too poor to join sick clubs". At this meeting, the Committee was reappointed, with extended functions: "To investigate and report upon the various methods of extending medical relief to the sick poor not dependent on parochial relief."

The same volume of the *Transactions* which contains the report of the meeting in 1836, also contains a valuable paper upon this question by W. Rumsey, R. Ceely, and H. W. Rumsey, "On the Present Conditions of the Medical Relief for Sick Paupers, with Recommendations for an altered and improved system".

The Committee on Poor-law Medical Relief reported to the annual meeting at Cheltenham, in July 19th, 1837, and made recommendations for a new enactment for Poor-law medical relief. The recommendations were: 1. A general professional superintendence for the whole body of union medical officers, which might be conducted by a Poor-law medical board, or one or two medical commissioners; 2. That the Poor-law medical board might form a section of a national board of health. (*Transactions of Provincial Med. and Surg. Assoc.*, vol. vi, page 35, *et seq.*) It was also suggested that Poor-law medical officers should be paid for midwifery operations and vaccination by fees, and that they should be remunerated for the rest of their services by salary instead of by tender, as at that time. The meeting adopted a petition to Parliament embodying the recommendation of the Committee, and praying for an inquiry.

The Committee was reappointed; and, at the next annual meeting at Bath, in July 1838, it was able to report that Parliament had complied with the prayer of the petition, and had appointed a Select Committee, before which the Committee had laid evidence on behalf of the Association. The result of this was, that (owing to the influence of the Association) the then existing system of supplying medical relief for sick

paupers by tender was utterly condemned by the Select Committee, and in the year 1840 a new Poor-law Bill was brought in. Serjeant Talfourd, acting on behalf of the Association, proposed clauses for the new Bill. These were: 1. To provide medical commissioner. 2. Medical commissioner to settle boundaries of medical districts. 3. Medical commissioner to make orders in conjunction with other commissioners. 4. Guardians to determine amount of remuneration of medical officers, subject to approval of commissioners. 5. Double qualification should be required for all Poor-law medical officers. 6. Expenses should be a parochial charge (*Transactions of the Provincial Med. and Surg. Assoc.*, vol. ix, page 18). Thus the foundation of the Poor-law Medical Service of England, as it at present exists, was laid by the assistance of this Association. The Association continued to watch the working of the new Act through its Poor-law Committee, reports of which proceedings will be found in the *Provincial Medical Journal* in 1840, 1841, 1842, 1843, 1844, 1847, 1848. In 1868, the Association pointed out the insufficient number of medical inspectors employed by the Poor-law Board (*BRITISH MEDICAL JOURNAL*, vol. ii, 1868, p. 144).

Intimately connected with the question of medical relief under the Poor-law is that of the relief of the sick among the artisan class. It is with a view of providing for the wants of this class that our great charitable hospitals and dispensaries, supported by voluntary contributions, are now maintained. These institutions were no doubt originally founded on the wide basis of providing for the sick poor, especially the very poor. The State, however, has compelled well-to-do ratepayers to compound for their charity, and thus our hospitals have become institutions for the relief of those immediately above the pauper class. The persons to be relieved by voluntary efforts are those who are not entitled to relief under the Poor-law, but are too poor to pay for their own medical attendance, and who, in fact, would become paupers when sick but for our voluntary charities. The best method of protecting our medical charities from being taken advantage of by unfit persons is, no doubt, a very difficult question, and one to which the Association should direct its special attention. The *JOURNAL* has devoted much space to supporting the movement for reforming the outpatient departments of our hospitals, etc. That medical relief under the Poor-law is much abused there can be no doubt; and in this respect I believe Ireland is much worse off than England. This especially applies to the issuing of dispensary visiting tickets—red tickets as they are termed in Ireland. In many cases, these are habitually issued by dispensary wardens, and even by members of the dispensary committees and Poor-law guardians, to persons well able to pay for medical attendance. This matter has been repeatedly brought under the notice of the authorities by the Irish Medical Association, and recently under the notice of the Poor-law and Lunacy (Ireland) Inquiry Commissioners, who point out the importance of this question, and print the letter of the Irish Medical Association in the appendix to the report. (Poor-law Union and Lunacy Inquiry Commission (Ireland), 1879, page xlvii, and Appendix A, page 173.) In passing, I may remark that this report contains a vast amount of curious and useful information relative to institutions connected with public medical administration in Ireland. The abuse of Poor-law medical relief can only be remedied by special legislation, imposing penalties on those who obtain free medical advice by false pretences. It is only by the establishment of provident dispensaries that provision can be made for the efficient medical attendance on the sick among the well-to-do artisan class. The present system (if system it can be called) of sick clubs cannot be considered as satisfactory, and the wretched position and pay of the medical attendants attached to sick clubs is much calculated to lower the "honour and respectability" of the profession. Although the Association has, by papers read at its meetings, and through the columns of its *JOURNAL*, given attention to this subject, yet it requires a great deal more consideration than has yet been expended upon it. The Charity Organisation Society of London, and Sir Charles Trevelyan especially, have done a great deal to promote provident medical institutions. (*Metropolitan Medical Relief*, by Sir Charles Trevelyan, etc. London: Longmans, Green and Co., 1877. *Provident Dispensaries: Suggested Rules of Charity Organisation Society*. London: H. K. Lewis, 1871. See also other papers of the Charity Organisation Society.)

Again, connected with this question is the subject of pay-hospitals for the well-to-do, which has been so ably dealt with by Mr. H. C. Burdett and the Home Hospital Association. The present state of our great hospitals as to the return they give to the public in the way of relief of the sick poor, advancement of science, and the training of practical physicians and surgeons, and the providing of trained nurses, and how their usefulness in these departments may be increased, requires great consideration, and should more fully occupy the attention of the Association and its Committees. (The Invalids' Home, or Home Hospital Movement: some account of its Origin and Progress. 1878. First

* An important report on the sanitary condition of Dublin, made in 1874 by Dr. Burke (then Medical Superintendent of Statistics at the General Registry Office, now Registrar-General for Ireland), showed that when the registered deaths were compared with the burials in the principal Dublin cemeteries, there was a deficiency of 9 per cent. at least in the deaths registered. (*Thom's Directory*, 1875, p. 1408 *et seq.*) When the Public Health (Ireland) Act, 1878, was passing through Parliament, a clause (sec. 191) was inserted at the instance of some friends of sanitary progress, which required the registrars of burial grounds to make returns to the local registrars of deaths, with a view of enabling the registrars to discover unregistered deaths. The result of this enactment has been in Dublin to show that even a larger number of deaths escape registration than was formerly supposed to be the case.

Annual Report of the Home and Hospitals Association (for passing patients), 1877-78. London: Harrison and Sons, 1879.)

MEDICAL REFORM.—The subject of medical reform is one which it may seem superfluous to introduce to the notice of this Section, considering that this important subject has been brought under the notice of the Association by the report of the Medical Reform Committee. I consider, however, that as medical reform is an important branch of public medicine, and is a department in which the Association has borne the leading part, its consideration is essential to my present subject. The improvement of the condition of the profession was one of the primary objects of the Association, included as it is in promoting the "honour and respectability of the profession". It was evident that the profession could not be honourable and respectable until its constitution was improved; and accordingly we find that, in the first anniversary address, delivered by Dr. Barlow, at Bristol, on July 19th, 1833, he called special attention to this question, and insisted on the necessity for medical reform.*

At the annual meeting at Birmingham, on July 18th, 1834, referring to the question of medical reform, and the Select Committee of the House of Commons which was then sitting, Dr. Johnstone remarked that "there can be no doubt that qualifications should be nicely ascertained" (*Trans. of the Prov. Med. and Surg. Assoc.*, vol. iii), and he insisted on the importance of a sound preliminary education for medical students. At the annual meeting at Cheltenham, in the year 1837, a Committee was appointed "to watch over the interests of the profession at large, and make suggestions to the Council" (*Trans. of Prov. Med. and Surg. Assoc.*, vol. vi, p. 26). This may be considered the first Medical Reform Committee—indeed, the first General Committee on Public Medicine which the Association appointed, but it was limited to the "interests of the profession".

Dr. Bardsley (*ibid.*, p. 93), in his address at this meeting, called attention to the want of measures of medical reform, and was able to announce that the examinations at the Royal College of Surgeons of England had since improved, by the introduction of questions on practice of medicine and materia medica, but that still physiology was not included in the examination, and that the curriculum did not include attendance on clinical medicine. He, too, insisted on improved preliminary education, suggesting the necessity of a knowledge of classical and modern languages. He also pointed out that there should be no marked difference between the education of the physician and of the surgeon, how the different portions of professional education should be divided, and that it should not extend over a less period than three years. He condemned quackery, and protested against its patronage by Government. He said: "It is a humiliating circumstance that, in this enlightened country, quackery is openly protected by the Government, whilst in almost all the other States in Europe it is prohibited under severe penalties."

At the annual meeting at Bath, in 1838, the report of the Council referring to quackery said: "It is, however, certain that no legislative enactments could be so framed as to prevent those who are ignorant

from placing their reliance on quacks." There can be no better proof of this statement than the perseverance with which those not supposed to be "ignorant persons" permit themselves to be deluded by the accomplished quacks who style themselves "homœopathsists". The Council hoped the question would be brought before Parliament by Mr. Warburton, when an opportunity would occur to frame such legislative enactments as may be practically beneficial. The Association, in the meantime, should consider the question, and be prepared to render valuable assistance in legislating on the subject. At the Liverpool meeting of 1839, the Committee, appointed in 1838, brought up their report, and pointed out that, although a Select Committee of the House of Commons had been appointed on March 11th, 1834, this Committee had only reported the evidence relating to England, but that relating to Scotland and Ireland had never been reported to the House of Commons; at all events, the subject dropped. As five years had elapsed, and no opportunity had been afforded of bringing the views of the Association before Parliament, the Committee made certain suggestions for medical reform, and recommended the Association to petition Parliament for medical reform.*

At the meeting at Southampton, on July 22nd and 23rd, 1840, the Council announced that the medical reform petition had been presented to Parliament. The result of the petition from the Association, assisted by the efforts of the *Lancet* and its able proprietor, Mr. Wakley, was that the first Medical Reform Bill, namely, that of Messrs. Warburton, Wakley, and Hawes, was introduced into Parliament in 1840, and again in 1841. It would be a tedious and unprofitable task to enumerate the various attempts of the Association to promote medical reform until the passing of the Medical Act of 1858. (For further details, see statement prepared by Dr. Watson for Select Committee now sitting, entitled "Medical Reform—Historical Summary".) It is sufficient to say that, in 1844-5, Sir James Graham failed to carry the Medical Reform Bill brought in by the Government of the day, and that the Act of 1858 was the result of a Bill brought in by Mr. Headlam on June 26th, 1855, on behalf of the Association; the Bill was reintroduced in the following year, with important improvements, and again in 1857. The Bill was modified, and was about to be introduced by Mr. Cowper (now the Hon. W. Cowper-Temple) as a Government Bill, but a change of ministry compelled Mr. Cowper to introduce it the following session as a private member, when it finally, after many modifications, became the Act of 1858. Thus the Act of 1858 was the direct result of the action of this Association, and any benefits it has conferred on the public are due to this Association. That it has not succeeded is not the fault of this Association nor of the profession, but is probably owing to the fact that the views of the Association were not fully carried out by Parliament. It was very soon discovered that the Act of 1858 had been an expensive failure, so far as substantially improving the education and examination of persons seeking entrance to the profession. This became so evident that, in 1867, the Medical Council undertook to promote legislation for the amendment of the Medical Act of 1858. The Association at once came forward to assist them in their endeavours, and the Council of the Association communicated their views to the General Medical Council. At the Dublin meeting in 1867, resolutions in favour of direct representation of the profession in the General Medical Council were passed, and a Committee was appointed to carry out their views. This Committee was at first only charged with the duty of promoting direct representation, but soon it became clear that there were other important questions as closely connected with medical reform as the constitution of the General Medical Council, and accordingly the powers of the Committee were enlarged, and it became the Medical Reform Committee.†

* "The state of the profession ought to be such, that all its branches should be in harmony with each other, cordially co-operating for the advancement of science and the public good, . . . but in the present political organisation of the profession, there are many disturbing forces which tend to weaken its energies and to place individual interests, real or supposed, in collision with those duties which science and humanity enjoin. . . . the evils to which a complex and discordant state of the profession give rise. . . . are very generally felt, and must soon engage the attention of the Legislature, which, it is to be hoped, will give them a full and scrutinising investigation. By a forced and unnatural division of offices, the profession has been split into departments, each attempting to pursue a separate course, while the natural unity that characterises the whole has been too much overlooked. Each department has had assigned to it a separate superintendence, the aim of which has been to advance its interests without reference to the other branches, while there existed no institution for regulating and combining the whole, so as to adopt their several energies for their collective well-being and the public good. . . . What we now need is not a rectification of slight errors, but a general revision of the whole profession, and such an arrangement of it as would render the good of each branch compatible with the whole. . . . Government of the profession by separate and independent corporations has been fully tried, and has utterly failed. As experience can no longer be pleaded in its favour, it would now be wise to try whether that course which reason and sound policy dictate, might not be beneficially substituted; whether the establishment of one presiding institution in which all minor corporations should be consolidated, might not realise a system of adequate protection and efficient control such as the separate and independent authorities have never yet afforded. By the establishment of such an institution no revolutionary changes need take place; each department continuing, as now, to exercise its functions to whatever extent the public exigencies might demand; but the adequacy of each branch to its allotted duties could be more effectively insured; collisions at once inconsistent and injurious could be prevented; equality of qualifications in each respective branch be promoted, so as to remove all necessity for partial restriction; freedom be thus given to individuals to practise as interest or inclination might incline; and that harmony be established among the several branches, which the public good, the interests of science, the collective welfare of the profession, and the happiness of the individuals composing it, imperatively demand: an arrangement of the profession which should accomplish these valuable purposes may yet be distant." (*Trans. of the Prov. Med. and Surg. Assoc.*, vol. ii, p. 28, *et. seq.*, 1834.)

* The Petition was to the following effect: 1. Showing that the Select Committee of 1834 had not published a Report; 2. Approving of the plans adopted by the University of London; 3. Proposing examining Boards for each division of the United Kingdom; 4. That the proposed Reform would not disturb the existing grades of the profession. The prayer of the petition was: "Finally, your petitioners, confident that the time has arrived when the intervention of Parliament is imperatively called for to give to the medical profession a sound legal constitution, and deeply impressed with the association that an adequate and uniform education, with community of rights and privileges, constitutes the only sure basis on which to found such constitution, humbly beg that necessary legislative enactments may be passed for establishing in each division of the United Kingdom one superintending body, founded on the same principles and governed by similar regulations, through whose examination, and by whose license alone, shall admission to the profession be in future attained."

† The alteration of the title of the Committee was made at the Newcastle Meeting of the Association, in August 1870, and it was thenceforth called the "Medical Reform Committee". In consequence of the views adopted by the majority of those present at this meeting, with reference to the failure of the General Medical Council to administer the Act of 1858, and the necessity for a reform of its constitution, several members of the General Medical Council, who hitherto had been active members of the Association, resigned their membership. At the time of this occurrence, it was declared by admirers of the General Medical Council, as constituted in 1858, that the retirement of these members would prove a great blow to the Association. On the contrary, the Association has grown in prosperity ever since, and the blow fell,

The Medical Council having failed to suggest a satisfactory Medical Act (1858) Amendment Bill, the Marquis of Ripon, then Lord-President of the Council, introduced a Bill which proved alike distasteful to the Association, as it contained no provision for the reform of the Medical Council, and to the medical corporations, because it materially interfered with their privileges and independence, without conferring any substantial benefits on the public. Thus the Association has struggled on for the advancement of medical reform up to the present time; and, without in the least depreciating the efforts of other bodies, I think it may be fairly claimed for the Association that, if the present inquiry result in a satisfactory settlement, that settlement will be chiefly due to the efforts of this Association, acting through the Medical Reform Committee, whose affairs are so ably managed by its learned and indefatigable chairman, Dr. Edward Waters. Among those bodies who in Ireland have ably and energetically co-operated with the Association in their efforts, I may mention the Irish Medical Association, the University of Dublin, and the King and Queen's College of Physicians. It is to be hoped that, in the year 1880, we may see realised the expectations of the Council expressed at the annual meeting at Leeds in 1869.

I hope I may be excused for thus dwelling at length upon the question of medical reform; but this is really the question of the day in public medicine. It is quite clear that the working of the Act of 1858 has not fulfilled the expectation of its promoters, and that a ten years' agitation for amendment has been without result up to the present time. This Association has offered its co-operation to all honest medical reformers, has tendered advice, and spent its time and its money in promoting medical reform, without substantial result. To whom, or to what, is the failure of the Act of 1858 due? Is it to the defective construction of the Act, or is it to its defective administration; and, if to either, upon whom does the blame rest? My answer to this last question I give with great regret. The failure of the Act of 1858 must be attributed to the General Medical Council. If the Act gave insufficient power to the Council, and they found themselves unable to administer the Act, why did they not respond to the request of the Government in 1869, and suggest such amendments as the Government could recommend for the adoption of Parliament? This they did not do. It cannot be argued that the powers of the Council are insufficient, for they have never tried to exercise them against recalcitrant medical authorities. It cannot be argued that the medical authorities have done their duty, or else legislation would be unnecessary. It was the duty of the Medical Council to coerce the authorities into efficiency; this the Council has never tried to do, and, therefore, the Council must bear the blame of the failure of the Act of 1858. To remedy this, it is essential that the Council must, in the first instance, be reconstructed; and, in its reconstruction, it is essential that the authorities to be controlled should not elect the three-fourths of the Council. No one desires to deprive the medical authorities of their independence, or their power of local government. (The Medical Council should control education directly.) Such a proposal would be contrary to the principles of the British Constitution—one of the great principles of which is the granting of powers of local self-government, such as are not permitted under any other political constitution in the world. The only means of providing an element sufficiently powerful to control the selfish influences of the corporations, and to avoid placing the government of the profession solely in the hands of the Imperial Government, is the creation of a Medical Council, with a considerable number of members elected by the direct vote of the profession. The creation of a powerful and efficient Council, having the confidence of the public, the profession, and the Government, might solve the question of medical reform without the enactment of any other details respecting education and examination. (The Council should be really a council of education, and have the control of medical schools and clinical hospitals, as well as of examinations.) It appears to me that the only other alternative is the abolition of the General Medical Council, and the establishment of a State Board to examine all the licentiates and graduates of the medical authorities before registering them as legally qualified medical practitioners. There can be no doubt that the establishment of a strong and liberally constituted Medical Council is, however, the plan most in accordance with the principles of the British Constitution; and for this the Association has striven for nearly half a century. The work before it, so far as medical reform is concerned, is the establishment of such a Council, and this work still remains for it to do.

not on the Association, but on the General Medical Council. Previously to 1870, it was hoped that the Medical Council would listen to the reasonable demands of the profession, but since then all such hope has been abandoned, and the vast majority of the profession look upon the existing Council as the direct obstructives of medical reform.

SANITARY LEGISLATION AND ADMINISTRATION: STATE MEDICINE.—The branches of public medicine to which I have directed attention, were naturally the first which attracted the attention of the Association; but the great subject of preventive medicine (which must always be looked upon as the primary object of this section) did not receive any special attention until the year 1837, when, at the annual meeting at Cheltenham, the following resolution was passed: "That it appears desirable to this meeting that the members of the Association, in their several localities, should urge upon the members of the Legislature the importance of an enlightened consideration of the questions touching the public health pending in Parliament." (*Transactions of the Provincial Medical and Surgical Association*, vol. vi, p. 25.)

This referred to the defective state of the public health, which had been specially brought under public notice by the first returns of the Registrar-General. It must not, however, be thought that the subject of preventive medicine had not previously been brought under the notice of the Association. It was mentioned in Dr. (afterwards Sir Charles) Hastings' address (*ibid.*, vol. i, p. 5) at the foundation of the Association, when he referred to the writings of Hawkins in *Medical Statistics*, Thackrah *On the Effects of Arts and Trades on Health*, Darwall *On Artisans' Diseases*, etc. Dr. Barlow, in his address at Bristol, in 1833, when referring to the cholera epidemic, seemed to despair of preventing epidemics. He said: "To arrest the course of such visitations is as hopeless as the expectation is irrational," and quoted the following in support of his view.

"May one turn again the arrow that is shot by a strong archer! The mighty Lord sendeth the plagues, and who is he that can drive them away? Behold, famine and plague, pestilence and anguish are sent as scourges for amendment" (*ibid.*, vol. ii, p. 25).

Dr. Prichard, in his address at Oxford at 1835, again referred to this subject (*ibid.*, vol. vi, p. 31), and said: He "must offer a few remarks on the additions lately made to a department of knowledge which may be termed medico-political. The prevention of diseases is better than the art of curing them." He referred to the French "Conseil de Salubrité", and said: "The British Government has more than once experienced the want of some arrangement of this kind, a want which has been, if I am not mistaken, but imperfectly supplied by inquiries instituted occasionally." It is humiliating to think that this statement, made forty-four years ago, might be repeated with equal truth at the present day.

In opening the meeting at Manchester on July 20th, 1836 (*ibid.*, vol. v), Dr. Holme invited the attention of the members to the condition of the working classes, and the relations of manufactures and the limiting of the hours of labour to the health of the people of Manchester. The Council at the same meeting recommended the keeping of records of epidemics in each locality, the object being "not to build theories but to record facts". In the year 1839, the Association met at Liverpool, under the presidency of Dr. Jeffreys (*ibid.*, vol. viii). At this meeting, an important event took place, which marked a distinct advance in "political medicine". The Irish Medical Association had been founded but a few weeks before, and one of its first acts was to send a deputation to co-operate with its elder sister in England. The deputation included Mr. Carmichael, Dr. Jacob, Mr. McDonnell, and Dr. Henry Maunsell. The co-operation thus commenced, though interrupted by Irish disasters at the time of the famine, continues to this day, and the occupation of this chair by me, may, I think, be considered as one of the connecting links. (On January 28th, 1841, the Council of the Irish Medical Association passed a formal resolution offering co-operation with the English Association.—*Ibid.*, 1840-41, p. 335.) Dr. Jeffreys remarked, in his presidential address, that, "'Hygeia' was a subject in this country, comparatively speaking, neglected..... and this may be said without detracting from the great merits of those authors who have afforded aid to the student by their writings on this subject, namely, Dr. Southwood Smith, on the 'Philosophy of Health'; Andrew Combe, on the 'Principles of Philosophy'; R. Dunglison, on 'Human Health'; Alexander Kilgour, on 'Hygiene'; Hodgkin's lectures, and Garrett Dillon's letters on 'The Mortality of the Metropolis'; and last, though not least in importance, our talented associate now present, Dr. Maunsell's recent pamphlet on 'Political Medicine'." (*Dublin Medical Press*, February 6th, 1839.) I have given these as early examples of the efforts of the British Medical Association towards the promotion of sanitary reform. These efforts were from time to time renewed, especially at the meeting at Leamington, in 1865, when the following resolution was carried on Dr. Symonds's motion: "That a committee be appointed to take into consideration the present position of medical practitioners in respect of medico-legal investigations, and to confer on the expediency of impressing upon the legislature the appointment of State physicians, whose duties might embrace both medico-legal inquiries and the care of the public health." At the Dublin

meeting, these efforts reached a crisis, when the resolutions I quoted at the beginning of this address were passed. The Committee of Council at once obtained the co-operation of the Council of the National Association for the Promotion of Social Science, and thus came to be founded the now well-known "Joint Committee on State Medicine". This Committee at once set to work, and drafted a memorial to the Government, and Dr. Rumsey prepared a memorandum of the details with regard to medical officers of health, their appointments, duties, qualifications, etc., to accompany the memorial. These were forwarded to the Government; and on May 22nd, 1868, a deputation from the Joint Committee waited on the Duke of Marlborough, Lord President of the Council; the Earl of Devon, President of the Poor Law Board; and the Right Hon. Gathorne Hardy (now Lord Cranbrook), Home Secretary. The result of this interview was the issuing of the Royal Sanitary Commission of 1868, which was somewhat, and I believe injuriously, modified in 1869, by limiting the inquiry of the Commissioners to England and Wales. (At a meeting of the first Committee on October 5th, 1868, a resolution was adopted on the motion of Dr. Gardiner, seconded by Dr. Mapother, opposing this limitation.—BRIT. MED. JOURN., vol. ii, 1869, p. 225.)

The report of this Commission comprised a number of subjects, viz.: 1. A history of the sanitary laws; 2. Observations on the evidence laid before the Commission; 3. A summary of existing laws, together with suggestions for their amendment and consolidation; 4. The leading features of the Commissioners' proposals in the form of a series of resolutions. A careful analysis of the recommendations of the Commissioners will show that they may be comprised under the following heads: 1. A codification, consolidation, and amendment of existing laws; 2. Convenient areas of administration, with easily workable sub-areas; 3. Uniform local authorities, without clashing of jurisdiction; 4. A complete executive organisation; 5. Constant supervision by the central authority; 6. Security for a certain amount of independence for the local officers from the local authorities.* Except under the first head, it may, I think, be fairly stated that little or nothing has been done to carry out the recommendation of the Royal Commission.

The most serious defect in the sanitary administration of these countries is the want of an efficient central authority for each division of the kingdom, under the direction of a minister of health responsible to Parliament. So long as the care of the public health is dealt with as a small portion of the Poor-law and Local Government Department, so long will it remain neglected. The Royal Sanitary Commissioners pointed out the want of a proper central authority for the control of sanitary matters, in the following words: "The want of central officers, there being no staff for constant, and a very small one for occasional, inspection. The want of constant and official communication between central and head officers throughout the kingdom." This want still exists, and has in no way been diminished during the ten years which have elapsed since it was publicly pointed out. In Ireland, it is not only that there is only "a very small staff for occasional inspection", as in England, but there is absolutely none at all. Two notable examples of the want of a department of health for Ireland, and of the absence of any intelligent medical adviser for the Irish Government, are at present given; firstly, by the inability of the Irish Government to provide, from its ordinary resources, a tribunal to inquire into the causes of the excessive death-rate in Dublin; and secondly, in the ludicrous offer of a salary of £40 a-year for officers to perform the combined duties of medical attendant, health-officer, medical jurist, and compounding chemist to Irish prisons! and the still more ludicrous idea that competent persons can be had for the salary offered. To remedy the before-mentioned defects, and to obtain a fulfilment of the five conditions which I have laid down, is a work which this Association must still follow and pursue until it is accomplished.

STATE MEDICINE QUALIFICATION.—Essentially associated with the foregoing subject, is that of providing suitably qualified medical officers of health to undertake the duties under a soundly constituted sanitary organisation. The Association has earnestly laboured in this direction, and it was at the instance of the Association that Dr. Rumsey brought this question under the notice of the General Medical Council in 1868, which resulted in the valuable report upon the subject of qualifications in State Medicine issued by the Council. (Resolutions of the General Medical Council adopted July 9th and July 12th, 1869, together with the second report and appendix of the Committee on State Medicine, appointed June 27th, 1868.) The immediate result of this report was the establishment of a State Medicine qualification at the University of

Dublin in the year 1870, soon to be followed by the University of Cambridge, and now the same qualification is obtainable at other universities. At the London meeting of the Association in 1873, Dr. Rumsey read a paper in the Public Medicine Section on the State Medicine Qualification. (BRIT. MED. JOURN., vol. ii, 1873, p. 247.) After a discussion on this subject, the Section adopted a resolution recommending the Association to appoint a Committee "to consider the best means of providing an adequate qualification in State medicine for all public medical officers". The Association adopted this recommendation, and a Committee was accordingly appointed. I cannot here enter into the details contained in the report of this Committee, but I may mention that it suggested feasible methods by which the qualifications should be obtained, and further enumerated the public offices for the holding of which a State Medicine qualification should be essential (*ibid.*, vol. i, 1874, p. 559). It is to be regretted that none of the medical corporations have yet provided for granting qualifications in State Medicine, and that the Government have not required a special knowledge of State Medicine for those who are candidates for public medical appointments, in which such a knowledge is essential, for example, medical officers of health, medical inspectors of seamen, of factories, or inspectors under the Local Government Board. The First Committee on State Medicine recently memorialised the Duke of Richmond upon this question, insisting upon the desirability of securing a compulsory qualification in State Medicine (*ibid.*, vol. ii, 1878, p. 246). The Association should continue its efforts to carry out the recommendations of its Committee on the State Medicine Qualification.

VACCINATION.—The great prevalence of small-pox, and the want of any provision for public vaccination in the United Kingdom, attracted the attention of the Association in the earliest days of its existence. At the annual meeting at Bath, on July 18th, 1838 (*Trans. of Prov. Med. and Surg. Assoc.*, vol. vii, p. 51), Dr. Dodd addressed the meeting, and pointed out that vaccination was compulsory in all the principal Continental States, but that in England there was no provision for public vaccination other than the supply of lymph, at the expense of the State, through the National Vaccine Institution, founded in 1825. He moved the appointment of a committee to inquire into and report upon the question. This committee proved to be one of the (if not *the*) most important ever appointed by the Association. It undertook the re-investigation of the whole question of vaccination by means of experiments performed by Mr. Ceely of Aylesbury (*ibid.*, vol. viii, p. 287). This report, rich not only in sanitary but also in scientific information, was presented at the Liverpool meeting in 1839; its reading occupied no less than three hours, and was one of the most important events in the history of public medicine in England (*ibid.*, vol. viii, p. 52). At the conclusion of the report, the Association adopted a petition to Parliament, setting forth the result of the labours of the committee, and praying for legislation to promote vaccination. The petition set forth—1. The strength of the Association; 2. That full inquiry had been made into the nature of vaccination by experiments detailed therein; 3. That the result of the inquiries was to confirm the efficiency of vaccination as a protection against small-pox, if the vaccination is efficiently carried out; 4. That imperfect vaccination permits the spread of small-pox; 5. That at present there is no provision for public vaccination. The prayer of the petition was—To prevent inoculation, which was abandoned by educated men, but still carried out by "ignorant and illiterate persons", and to provide public vaccination in connection with the National Vaccine Institution.

At the Southampton meeting, in 1840, it was announced by the retiring President, Dr. Jeffreys, of Liverpool, that the petition on vaccination had been presented to Parliament, and the Council reported as the result of this action the passing of the Vaccination Act of 1840, and the Act to prevent inoculation (*ibid.*, vol. ix, pp. 19 and 27). These Acts may be said to have been suggested by the Association, and thus legislation in favour of vaccination was mainly owing to its action. When further amendments of the vaccination laws were required, the Association was foremost to promote them. At the Dublin meeting, the Parliamentary Bills Committee reported their action in the Vaccination Bill of 1866, which was withdrawn, and was again brought forward and carried in 1867. During the small-pox epidemic of 1871, the Association was very active in recording, through its JOURNAL, the progress of the epidemic, and reiterating its oft-repeated warnings concerning defects in vaccination. On February 13th, 1871 (BRITISH MEDICAL JOURNAL, vol. i, 1871, p. 184), a Select Committee of the House of Commons was appointed to inquire into the working of the Vaccination Act of 1867. On March 4th, the JOURNAL called attention to the appointment of the Committee, and pointed out that vaccination was defective, and that the then epidemic of small-pox was due "not to the defective power of vaccination, but chiefly to the system and way in

* Sanitary Legislation and Organisation—Its present State and future Prospects. By Thomas W. Grimshaw. Read before Section F of the British Association for the Advancement of Science, at the Belfast Meeting, 1874. See *Sanitary Record*, vol. i, p. 189.)

which it was worked, want of organisation, division of authority, and antagonism of interests, are the fruitful causes of failure here as in various departments of life". The article pointed out the advantages of combining in one power the offices of public vaccinator, registrar of births and deaths, and Poor-law medical officer, as in Ireland. On March 4th, 1871, a joint deputation from the Poor-law Committee of the Association and the Council of the Poor-law Medical Officers' Association waited on the Medical Officer of the Privy Council (Mr. Simon), pointed out the defects of the existing system, and suggested improvements, especially insisting on the adoption of the Irish system of combining the appointments of public vaccinator and Poor-law medical officer (BRITISH MEDICAL JOURNAL, vol. i, 1871, p. 264). The Select Committee adopted several of the recommendations of the Association. Lord Redesdale, in the House of Lords, at the suggestion of the Association, moved an amendment to strike out Clause 10, "which made immunity from vaccination purchasable by a fine of twenty shillings" (BRIT. MED. JOURN., vol. ii, 1871, p. 239).

Although these acts did not carry out all that the Association desired, yet there can be no doubt that the present law, if properly administered, would prove effectual for its object in England; in Ireland, I regret to say, it is not so. The benefits conferred on England by the Act of 1867 have not yet been extended to Ireland, and the vaccination laws of Ireland, even if properly administered (which they are not), could not be made efficient for the prevention of small-pox. The Irish Medical Association, fully appreciating these defects, had a Bill drafted to assimilate, with some amendments, the Irish vaccination laws to those of England, and placed the Bill in the hands of the Government. The Government have introduced a "Vaccination Act (Ireland) Amendment Bill", but unfortunately they have omitted some of the most important provisions proposed by the Irish Medical Association—notably, provisions for the supervision of vaccination, and proper payment of the vaccinators for their services. I think the Association should direct their special attention to this subject, and aid the sister Association in its efforts to effectually amend the vaccination laws in Ireland.

RELATION OF THE MEDICAL PROFESSION TO LEGAL PROCEEDINGS.

—The position held by the members of our profession with regard to legal proceedings is of a most unsatisfactory nature. The manner in which coroners' inquests are conducted is a scandal to the nation. This may seem rather strong language to use with regard to one of the oldest judicial institutions in England. Without referring more particularly to cases where the cause of justice has been seriously imperilled, instances will occur to every person who takes even the slightest interest in public medicine where the proceedings before coroners have been a mere farce. The recent case of a coroner's jury being to a great extent composed of criminals, should of itself be sufficient to compel a radical change in coroners' law. I noticed within the past few months an account of an inquest on the body of a person found dead in his berth in a Channel steamer. The result was a verdict that the deceased had died of sea-sickness. There was no evidence to prove that such was the case. Bodies found in water are declared to have lost their lives through drowning, without any further evidence. So long as this state of things continues, and coroners advise juries without skilled medical evidence, so long we shall, on reading the report of a coroner's inquest in a morning newspaper, be inclined to repeat the expression of the grave-diggers in Hamlet—"Is this law? Ay, marry, is't; crown's quest-law!" Is the "crown's quest-law" much better than it was in the days of Shakespeare? I much doubt it.

This Association has from time to time endeavoured to promote amendments in coroners' law, but hitherto with but little success. In 1871, the Association successfully opposed a Coroners' Bill, which would have deprived medical witnesses of their fees (BRIT. MED. JOURN., vol. ii, 1871, pp. 178-179). The Irish Medical Association has had a long battle with, and at last triumphed over, a system which had unfortunately prevailed to a great extent in Ireland, of coroners making use of their position to direct the fees from medical witnesses into the pockets of their own friends, without any regard to the fitness of the witnesses called, and in direct violation of the law which provides that they shall call as a witness "a medical practitioner residing at or near the place". If Dr. Farr's proposal for the appointment of "registration medical officer with medico-legal and sanitary functions" were adopted, there could no longer be any difficulty in obtaining skilled medical evidence in all cases of deaths from doubtful causes. This officer should settle, from a medical point of view, whether an inquest was or was not necessary, and act as medical assessor to the coroner. I should much prefer this system to the appointment of medical men as coroners. I believe that a coroner should be a barrister, like other judges, and should be appointed by the Crown, not elected by the rate-payers, as at present. It is to be hoped that the inquiry which has just

concluded before the Select Committee will result in some improvements in coroners' law. It is gratifying to notice that one of the recommendations of the Committee is the appointment by each coroner of one or more competent medical men, to be approved of by the Secretary of State, to act as medical referees at inquests, and that these or other medical men similarly appointed should perform *post mortem* examinations. This is a move in the direction of appointing regular medical experts as assessors to the coroner. It should not, however, supersede the necessity for calling as a medical witness the medical practitioner who had attended on the deceased. This recommendation of the Committee is capable of being developed into an efficient system of medico-legal assessors, as advocated by Dr. Farr, and approved by the Association in their resolution at the Dublin meeting. It is to be regretted that Scotland and Ireland are not included in the recommendation of the Committee (Report of Select Committee on Coroners' Bill, July 10th, 1879, and Coroners' Bill, 1879, as amended by the Select Committee Bill, 243).

The unsatisfactory relation of the medical profession to courts of law is not confined to coroners' courts. The position which members of our profession occupy in courts of law is at present not only discreditable to the administration of justice, but also far from conducing to the honour and dignity of the profession. No doubt this is in a great measure attributable to the ease with which they permit themselves to be called as witnesses in support of particular views. It is quite certain that, until power is given to judges and juries, independent of the wish or desire of litigants, to refer technical questions to experts, who should act as assessors to the court, conflict of medical opinion will continue to disgrace our profession and the administration of justice. Another feature in the administration of justice which urgently demands the attention of the Association is the mediæval barbarism of a jury of matrons, for which should be substituted a consultation of gynaecologists; pregnancy, in no matter how early a period, should be a bar to execution in any civilised country.

CONTAGIOUS DISEASES ACTS.—The passing of the Contagious Diseases Acts of 1864 and 1866, for the prevention of venereal diseases at certain military and naval stations, is, as the Royal Sanitary Commissioners remark in their Report, "a very remarkable instance of legislative interference in the way of sanitary regulations". The question of the extension of these Acts is one of great importance, and one which may well occupy the careful attention of the Association. Whatever doubts may have been entertained as to the results to morality of the working of these Acts, there can now be no doubt, except in the minds of fanatical opponents of the Acts, that their working has been most beneficial from social, moral, and sanitary points of view. I would especially refer to the report of the Rev. E. P. Grant, Vicar of Portsmouth, in support of this view. The inquiry now proceeding before a Select Committee of the House of Commons will, no doubt, throw additional light on the beneficial action of the Contagious Diseases Acts.

DWELLINGS OF THE WORKING CLASSES.—The subject of the dwellings of the working classes is one which has from an early date engaged the attention of the Association (*Trans. of Prov. Med. and Surg. Assoc.*, vol. iii). Dr. Conolly, in his address at Birmingham in 1834, referred to the excessive prevalence of epidemic diseases among the poor living under unhealthy conditions. The principal unhealthy condition at that time was the state of their habitations. There can be little doubt, as Dr. Southwood Smith expresses it, in 1854, that "for many years past there has been in the public mind a growing conviction that the physical condition of the labouring classes is mainly dependent on the state of their dwellings". ("Results of Sanitary Improvement, illustrated by the Operation of the Metropolitan Societies for Improving the Dwellings of the Industrious Classes, the Working of the Common Lodging-house Act, etc." By Southwood Smith, M.D. London: Charles Knight and J. Cassell. 1854.)

Although Public Health Acts had been passed previously to this date, there was not any special law to facilitate the provision of suitable dwellings for the working classes (Artisans and Labourers' Dwellings Act, 1855). "The growing conviction" mentioned by Dr. Southwood Smith seems to have had its origin in the greater interest in the operative section of society which followed the passing of the Reform Act of 1832, and received its greatest impetus after the accession of Queen Victoria and the subsidence of the Chartist agitation, which, notwithstanding its excesses and evils, forced upon the public and the legislature the many social and sanitary evils from which this portion of the community suffered previous to that time. (See Report to Her Majesty's Principal Secretary of State for the Home Department from the Poor-law Commissioners, on an Inquiry into the Sanitary Condition of the Labouring Classes of Great Britain: with Appendices. Presented to both Houses of Parliament, July 1842. London: Clowes and Sons.

1842.—Report on the State of Large Towns in Lancashire. By Dr. Lyon Playfair, one of Her Majesty's Commissioners for Inquiry into the State of Large Towns and Populous Districts in England and Wales. London: Clowes and Sons. 1845.)

These evils were well and forcibly illustrated by Disraeli in his *Sybil*, or *the Two Nations*, in 1845; and many had forgotten, when the present Government entered upon office with the motto of "*Sanitas sanatur et omnia sanitas*", that the head of the Administration had himself been active in pointing out the wretched sanitary conditions under which these people lived. Have all such defects disappeared, or nearly disappeared? I am afraid we cannot say they have; and the defective state of the dwellings of the industrial classes is probably the most glaring sanitary want of the present day. Although much has been done by public measures to remove these defects in several large towns, notably Glasgow, yet it cannot be said that the provision of suitable dwellings for the working classes has even kept pace with the increase of town-population. Are there not still to be found habitations such as those described in *Sybil* as constituting the "rural town of Marney" in 1837? "Cottages built of rubble, or unheaven stones without cement, and, from age or badness of the material, looking as if they could scarcely hold together. The gaping chinks admitted every blast; the leaning chimneys had lost half their original height; the rotten rafters were evidently misplaced; while in many instances the thatch, yawning in some parts to admit the wind and wet, and in all utterly unfit for its original purpose of giving protection from the weather, looked more like the top of a dunghill than a cottage. Before the doors of these dwellings, and often surrounding them, ran open drains full of animal and vegetable refuse, decomposing into disease, or sometimes in their imperfect course filling foul pits or spreading into stagnant pools; while a concentrated solution of every species of dissolving filth was allowed to soak through and thoroughly impregnate the walls and ground adjoining. These wretched tenements seldom consisted of more than two rooms, in one of which the whole, however numerous, were obliged to sleep, without distinction of age, or sex, or suffering. With the water streaming down the walls, the light distinguished through the roof, with no hearth even in winter, the virtuous mother in the sacred pangs of childbirth gives forth another victim to our thoughtless civilisation, surrounded by three generations whose inevitable presence is more painful than her sufferings in that hour of travail; while the father of her coming child, in another corner of the sordid chamber, lies stricken with that typhus which his contaminating dwelling has breathed into his veins, and for whose secret prey is, perhaps, destined his new-born child. These swarming walls had neither windows nor doors sufficient to keep out the weather, or admit the sun, or supply the means of ventilation; the humid and putrid roof of thatch exhaling malaria like all other decaying vegetable matter. The dwelling-rooms were neither boarded nor paved; and whether it was that some were situate in low and damp places, occasionally flooded by the river, and usually much below the level of the road, or that the springs, as was often the case, burst through the mud floor, the ground was at no time better than so much clay, while sometimes you might see little channels cut from the centre under the doorways to carry off the water, the door itself removed from its hinges, a resting-place for infancy in its deluged home. These hovels were in many instances not provided with the commonest conveniences of the rudest kind. Contiguous to every door might be observed the dung-heap, on which every kind of filth was accumulated, for the purpose of being disposed of as manure; so that, when the poor man opened his narrow habitation in the hope of refreshing it with the breezes of summer, he was met with a mixture of gases from reeking dunghills."

I have visited such habitations in this country; and they still exist, and, *mutatis mutandis*, exist in the city of Dublin itself. The following are typical examples. "The house-accommodation in the county of Galway is generally of a poor description. According to the last census (1871), of 45,955 families residing in the rural districts, 11,046 were housed in 'fourth-class accommodation', which practically means one room with one window; 1,086 of these families lived in mud cabins. The houses in Athenry are not better than those of the surrounding country. They are generally sunk below the level of the streets, with but one room and in some instances no windows, and altogether of a most wretched description. The most remarkable street we have ever visited—and we have been in a great many queer places—is River Lane in Athenry. It seems that about twenty years ago the river was directed from its natural course and turned into a mill-course. The bed of the river was seized upon by squatters, who built thereon the most wretched hovels. We visited some of those localities, and had to reach them by walking ankle-deep in filth. There was small-pox in four of them at the time of our visit." (Report of the Commissioners of the Sanitary Board. See *Sanitary Record*, vol. iii, p. 17, July 10th, 1875.) I have ascertained from Dr. Leonard, the Medical Officer of Health of

Athenry, that River Lane is "still in existence", and that there was no improvement in the locality on July 21st, 1879.

"19, *Christ Church Place, Dublin*.—These premises consist of a house (No. 19), and a house at the back, which appears much older than the front house, and probably originally occupied the plot of ground on which the premises stand. The front house is entered by a narrow flagged passage, in good repair, but in an extremely filthy condition. A large pool of most filthy solid and liquid matter was standing in the passage near the back door. From this passage, the front house is approached by stairs, which are rotten and filthy. On the first floor were no less than five persons, ill with fever, who had obtained an order for removal to hospital this morning (at one o'clock). These were members of a family of eight who occupied two small rooms on this floor. The upper part of the house seemed even in a worse state than this floor. The back yard was extremely filthy. A choked drain, close to the back door of the front house, was covered with a large pool of filthy fetid fluid, mixed with cabbage-stalks, etc. A small portion of this yard was cut off for the use of the occupants of the lower part of the front house; and this portion was filthy, and the stench from it horrible. The back house, though older, seemed in better repair and cleaner than the front, the walls having been recently whitewashed. Beneath these houses are large quantities of decomposing rubbish. The yard of the back house was extremely filthy, being altogether occupied by a filthy privy and overflowing ashpit, the contents of which have not been removed for some time." (Report of the Dublin Sanitary Association, June 10th, 1875, pp. 46 and 47.)

There are numbers of such places to be found in the city of Dublin. The above examples, though not so graphically detailed, are quite equal to Disraeli's description of Marney in 1837.

It was hoped that the passing of Torrens' Act in 1868, to which the Association gave its aid (*BRITISH MEDICAL JOURNAL*, vol. ii, 1868, pp. 144, 145), would have produced a remedy for those evils. Such, however, did not prove to be the case; and it became necessary to pass the Artisans' and Labourers' Dwellings Act of 1875. This Act was really brought forward by the Government at the instance of the Royal College of Physicians of London, who were moved to act in the matter by the late Dr. Anstie. When the Bill was introduced, it did not extend to Ireland; but, at the instance of the King and Queen's College of Physicians and the Dublin Sanitary Association, Mr. Gibson, now the Attorney-General for Ireland, had the Bill so amended that Ireland was included in its provision. When this Bill was before Parliament, the Association prepared various amendments which much improved the measure (*ibid.*, vol. ii, 1875, p. 201). This Act, however, is permissive, and only extends to towns having a population of twenty-five thousand or upwards. Mr. McCullagh Torrens, believing that his Act of 1868 failed from want of sufficient power of compensating owners for property removed under the Act, has introduced a Bill to amend this Act, and thus supplement that of 1875. It cannot, however, be expected that local authorities will avail themselves to any considerable extent of permissive legislation of this kind. Past experience of local sanitary authorities shows that but little was done under the Sanitary Acts, until action was made compulsory by the passing of the Acts of 1872-4. The Association should, I think, use its best endeavours to have these Acts made compulsory, as are the other Sanitary Acts. Up to the present, the efforts to improve the dwellings of labourers and artisans have been to a large extent of a voluntary character; great improvements promoted by constituted authorities have been but few. The first of these voluntary efforts was made by the Society for Improving the condition of the Labouring Classes, which in 1844 commenced their operations under the patronage of the Queen and the late Prince Consort, with Lord Shaftesbury for its president. The efforts of the Prince Consort, Lord Shaftesbury, Miss Octavia Hill, and others, in promoting these objects are beyond all praise; but, until some very wholesale measures are taken to properly house the existing members of the working community, but slight improvement can be expected in the public health.*

* Homes of the London Poor. By Octavia Hill. London: Macmillan and Co., 1875. Report of the Dwellings' Committee of the Charity Organisation Society. London: Longmans, Green, and Co., 1873. On the Artisans' and Labourers' Dwellings Bill. By George Ross, M.D. Sessional Proceedings of the National Association for the Promotion of Social Science. March 10th, 1875. The Physical Condition of the Labouring Classes, resulting from the State of their Dwellings, and the Beneficial Efforts of Sanitary Improvements recently adopted in England. By Henry Roberts, F.S.A. London: Society for Improving the Condition of the Labouring Classes, 1866. In Ireland much less has been done than in England towards improving the dwellings of the labouring classes in large towns. In Cork a very successful effort has been made by the "Cork Improved Dwellings Company". In Dublin, two companies have been formed—one, a few years ago, has not proved successful; another, the Dublin Artisans' Dwellings Company, recently founded by the efforts of the Dublin Sanitary Association, has made a successful start, and is already a financial success. In Belfast, similar efforts have been made; but all these are small compared with the work to be accomplished.

INFANT MORTALITY.—The excessive mortality among young children has at all times attracted the attention of political economists and sanitary reformers. Adam Smith, writing a century ago, states, when referring to this subject, that "this great mortality will everywhere be found, chiefly among the children of the common people, who cannot afford to tend them with the same care as those of better station" (*The Wealth of Nations*, Rogers's Edition, vol. i, p. 83. Oxford Clarendon Press, 1869). It remained for more modern students of sociology to discover that gross neglect, drunkenness, wretched homes (already referred to), and systematic "disposal of" infants, were no less important features in infant mortality than mere poverty. An important discussion on infanticide took place at the Harveian Society of London, in June 1866, when a Committee was appointed to draw up a report on the subject, and to suggest the best means of checking the crime, and to report upon the best means of preventing excessive infant mortality, and suggesting means for the rearing of illegitimate children, other than the present workhouse system. The following formed the Committee: Dr. Tyler Smith, Mr. Curgenven, Dr. Hardwicke, Mr. Ernest Hart, Dr. Sanderson, Mr. Benson Baker, Mr. Sedgwick, and Dr. Lankester" (*BRITISH MEDICAL JOURNAL*, vol. i, 1866, p. 677). This Committee made a valuable report, which resulted in a deputation to the Home Secretary on the question (*ibid.*, vol. i, 1867, p. 33). See also an important paper by the Rev. Dr. Cumming, read before the Public Health Section of the Social Science Association, 1874 (*ibid.*, vol. ii, 1874, p. 473). The Society for the Preservation of Infant Life was founded in 1870, and held its first meeting on November 1st, a preliminary meeting having been held on October 13th. This meeting drew up a Bill, and sent a deputation to the Home Secretary to represent their views. The Bill of the Association was introduced into Parliament by Mr. Charley.

The Association, chiefly through the agency of its JOURNAL, and the sagacity of its editor and his assistants, has effectually exposed one of the most treacherous and fruitful sources of infant mortality, namely, the system known as "baby farming". When the authorities took no notice of this system of child-murder, the *BRITISH MEDICAL JOURNAL* took the matter in hand. On a question being put by Lord Shaftesbury in the House of Lords, in July 1868, the Duke of Marlborough replied that inquiries into baby-farming were unnecessary, as it had been "thoroughly inquired into by the *BRITISH MEDICAL JOURNAL*", and the plan of registration and inspection of baby-farms had been suggested (*JOURNAL*, vol. ii, 1868). The Lord-President also said: "The Government would turn their attention to the question during the recess, and hoped they would be able to discover means which, embodied in a Bill, would obviate the dangerous abuses to which attention had been called" (*ibid.*, vol. ii, 1868, p. 121). The conviction for murder of Ann Cuming, the baby-farmer, forced the matter again on the attention of the Government (*ibid.*, vol. ii, 1869, p. 276). A Bill was brought before Parliament by Mr. Charley; but it was not until the year 1871 that the matter was dealt with, when a Select Committee of the House of Commons inquired into the question, before which the most important evidence was given on behalf of the Association. The report of this Committee resulted in the passing of the Infant Life Protection Act (35 and 36 Vic., cap. 38). Although this Act has many defects, yet it is a decided advance towards the prevention of the waste of infant life, and its passing was altogether due to the action of the Association. It is quite certain that the Act has failed in many particulars, and is evaded to a large extent. The number of "baby-farmers" reported in the metropolis is very small. In many large towns, none have been registered. Many cases of infanticide have come to light, which might possibly have been prevented if the Act had been more efficient. The defects in the Act are: 1. It is only children under twelve months that come within this Act; 2. It is only nurseries where more than one (twins count as one) are taken to nurse that come within the Act; 3. There is no inspection.

It is the duty of this Association to endeavour to have this Act amended and extended, so as really to fulfil the objects for which it was originally passed, but which were to some extent defeated by amendments carried in the House of Commons. Many instances illustrative of the failures of the Act will be found in the *BRITISH MEDICAL JOURNAL* for 1875, 1876, 1877, and 1878. The establishment of *crèches*, or "day nurseries" for children whose mothers have to go out daily to earn a living, will tend much to reduce infant mortality.

DISEASES OF ARTISANS; AND FACTORY AND WORKSHOP LEGISLATION.—The conditions under which the artisans and labourers carried on their occupations previously to the passing of the Factory Act of 1833, which was the result of inquiries instituted by Sir Robert Peel (although an Act for the regulation of factories had been passed in 1802), were of such a nature as to endanger the health and lives of those employed in

many industries. This Act, however, only touched the surface of the question, and still for many years the greatest barbarities existed as to the employment of labour. (See Darwall, on Diseases of Artisans, *Cyc. Prac. Med.*, vol. i, p. 149. 1833.) Immediately after the enforcing of the first Factory Act, passed in 1833, the Association met at Manchester in 1836. Dr. Holme, in opening the meeting, referred to the recently enforced Act, and invited the members of the Association to spend a few days in Manchester after the meeting, "investigating the state of society in Manchester, particularly among the working-classes; and in observing the influence which the introduction of manufactures, and the limiting of the hours of labour, etc., have upon the health and comfort of the poor". He referred to the difference of opinion prevailing, and said he felt sure the "members of an honourable profession would approach the subject with unbiassed minds". (*Trans. of the Prov. Med. and Surg. Assoc.*, vol. v, p. 5. 1836.) The state of the working-classes was at this time deplorable in the extreme; and it was not for many years afterwards that some of the most terrible and glaring evils in the employment of women and children in factories and mines were ameliorated. It cannot be said that these evils have yet ceased, and they are not likely to cease until a State department of health is created, with a sufficient staff of professional inspectors. So long as the care of the health of persons employed in factories is under one department, those in mines under another, those in workshops under another, and the rest of the public health looked after by a subdepartment of the Local Government Board, we may expect to have the law violated with impunity by careless or negligent persons, although we may not now have the barbarities openly practised which are mentioned by Disraeli, Dickens, or Kingsley, in their novels. In 1844, the *Provincial Medical and Surgical Journal* called attention to the Factory Bill then before Parliament, and pointed out the evils of early labour, and insisted on their removal; and the Association has always aided legislation for the purpose of curtailing those evils. There are still many defects to be remedied which require the attention of the Association, especially the condition under which work is carried on in private workshops.

ABUSE OF ALCOHOL AND CONTROL OF HABITUAL DRUNKARDS.—There has not been much room for the action of the Association with reference to the very important question of the abuse of alcohol; but, whenever the opportunity has presented itself, the Association has always used its influence. Thus the control of habitual drunkards has occupied much of the attention of the Association and its Parliamentary Bills Committee. In January 1871, the Committee petitioned in favour of Mr. Dalrymple's Bill for the control of Habitual Drunkards. (*BRIT. MED. JOURN.*, vol. i, 1871, p. 485, and vol. ii, p. 178.) At the annual meeting in 1875, the Section of Public Medicine passed a resolution, recommending the Association to promote legislation for the control of habitual drunkards. The resolution was brought before a general meeting by Sir Robert Christison, and adopted on the motion of Dr. A. P. Stewart, and referred to a Committee. (*BRITISH MEDICAL JOURNAL*, vol. ii, 1875, p. 214; vol. ii, p. 876; vol. ii, 1877, p. 221; and vol. ii, 1878, p. 220, contain the report of this Committee, stating the progress they had made from time to time.) This question has at length advanced a step towards settlement, through the efforts of my friend Dr. Cameron, the member for Glasgow. (*Habitual Drunkards' Act*, 1879, 42 & 43 Vic., cap. 19.) The Parliamentary Bills Committee has also used its influence on the many occasions on which Licensing Bills have been before Parliament. The suppression of intemperance is a matter of such importance, that the Association should use its utmost power to support any feasible measures which may be proposed to promote the object. For my own part, I have little faith in legislative measures to prevent the abuse of alcohol; I believe the diminution of drunkenness is more a matter of education than of legislation, and would best be promoted by substituting other and more healthy pleasures than those at present offered by the gin-palace. Our JOURNAL, through its editor (Mr. Hart), has done much to promote this desirable object by supporting the coffee-palace movement, which has already shown itself to be an useful means towards a most important end.

REGULATION OF TRADE IN DRUGS AND COMPOUNDING OF MEDICINES.—The regulation of the trade in drugs and the compounding of medicines naturally attracted the special attention of the profession and of this Association. The connection of members of the medical profession with the direct and indirect sale of drugs has tended much to depreciate the status of its members, and induced many to treat them as small retail traders, instead of members of a learned profession. It must be admitted that the practice of members of the profession selling drugs to their patients, and the fact of two of the medical authorities being engaged in the drug trade, justifies, to some extent, this view; on the other hand, the supply of drugs by many practitioners of medicine and surgery was made necessary by the neglect, on the part of the State,

to make the requisite provision for the regulation of pharmacy. The Apothecaries' Company of London, which, in the natural order of things, should have supplied pharmacutists to England, were forced from (I regret to say) the want of public spirit of the Royal College of Physicians, to become a corporation for granting licenses to practise medicine. The Irish Apothecaries' Company, which was founded solely for the supply of pharmacutists, followed, without the same excuse, the example of its elder sister, and became a *quasi* medical authority. The position occupied by these corporations retarded the establishment of a set of properly qualified compounding and dispensing pharmacutists, and thus drove the general practitioners, especially in the country, to compound and dispense the medicines for their own patients. The passing of the Pharmacy Acts for Great Britain and for Ireland (Pharmacy Act (Ireland), 1875, 38 and 39 Vic., cap. 57) has, to a large extent, removed the necessity for practitioners dispensing medicines; and in a very short time the Act, if properly worked and if fully availed of by the members of our profession, should completely remove the stigma of retail trading from the practitioners of medicine in the United Kingdom. At the same time, it is the duty of the profession, and especially of this Association, to jealously guard against the possibility of the establishment of a new race of quacks in the persons of "counter practitioners". The Association, through its Parliamentary Bills Committee, supported the Pharmacy Bill of 1868, but unfortunately their advice was not sufficiently taken; and an Amending Act had to be passed in the following year, and still the regulation of pharmacy is not in a satisfactory condition. (Pharmacy Acts of 1868 and 1869.)

At the Oxford meeting of the Association in 1868, the Parliamentary Bills Committee reported concerning the Pharmacy Bill, 1868, and stated that they had pressed important amendments: "1. That the schedule of poisons and the examination of chemists and druggists should be placed under the supervision of the General Medical Council rather than of the Privy Council; 2. The following addition to Clause xvi, prohibitory of medical practice by chemists: 'And it shall not be lawful for any person registered under this Act to prescribe for any patient, or undertake the treatment of disease, or in any way assume to act as a medical practitioner; and any chemist or druggist so offending shall, on summary conviction, forfeit or pay a sum not exceeding £5'. Instead of this, the following clause, proposed by the General Medical Council, was adopted: 'Provided always that registration under this Act shall not entitle any person so registered to practise medicine or surgery, or any branch of medicine or surgery'; which legally amounts to no prohibition at all; 3. A clause to stop the sale of patent, quack, or any other secret remedies, viz., 'that no patent, quack, or secret medicine should be sold, under a penalty of £20, unless a sworn certificate of its composition were lodged with the Registrar under this Act.'" (BRIT. MED. JOUR., vol. ii, 1868, p. 244, *et seq.*) The various measures which have from time to time been brought before Parliament for the regulation of the sale of poisons and for the prevention of the adulteration of food, drink, and drugs have constantly had the best attention of the Association, its Committee, and its JOURNAL. The Act to control the sale of arsenic, passed in 1851, was owing to a petition presented to Parliament by the Association (*ibid.*, 1857, pp. 456-471).

LUNACY LAWS.—The amendment of the lunacy laws has frequently required the attention of the Association, and probably these laws are now, in spite of their many defects, in a better condition than any others with which the State physician has to deal. In 1842, the Association took part in improving the Bill then before Parliament for the regulating and inspecting lunatic asylums (*Prov. Med. Journ.*, vol. ii, 1842, pp. 31, 32, 75, and 76). The Association supported Sir D. Corrigan's Lunacy Registration (Ireland) Bill, and assisted in its passing in 1871 (*BRIT. MED. JOURN.*, vol. ii, 1871, p. 178).

MEDICAL SERVICES OF NAVY AND ARMY.—The state of administration of the naval and military medical services has elicited many protests and much advice from the Association. "In 1855, the Bath and Bristol Branch presented a petition to Parliament praying for an improvement in the condition of naval assistant surgeons" (*Assoc. Med. Journ.*, 1855, p. 682). "In the same year, the Shropshire Branch passed a resolution thanking the Government for improving the condition of naval assistant surgeons" (*ibid.*, p. 816).

At the annual meeting of the Association, in 1857, the following resolution was passed: "That a Committee be appointed to draw up such a resolution or memorial as they may think proper, to carry out the recommendation of the Council on the subject of army and navy medical reform, and that such Committee consist of Mr. Flint, Mr. Soden, Dr. Budd, Dr. Wynter, Mr. Tidmas, and Mr. Nunneley" (*Assoc. Med. Journ.*, 1857, p. 670). The memorial was drawn up and laid before the meeting. The following resolution was proposed by Mr. Nunneley (Leeds), seconded by Mr. Hatton (Manchester), and adopted: "That

the memorial be adopted, and that a copy be sent to Lord Panmure, Sir Charles Wood, and the Royal Commissioners for inquiring into the Medical Department of the Army" (p. 676).

At the annual meeting of the Association on August 11th, 1866, the following paragraph occurred in the report: "Your Council hopes that at length the medical officers of the army and navy have received at the hands of the authorities that measure of justice for which your Association has contended—warrants for increased pay and rank having been signed by Her Majesty the Queen." It is much to be regretted, for the sake of our sick soldiers, the honour of the Government, and the interests of our profession, that the hopes held out by the warrant of 1866 have been disappointed, and its promises over and over again systematically violated.

In 1874, the Parliamentary Bills Committee was engaged in pressing upon the attention of the Government the claims of the medical officers of the army and navy to improved regulations with respect to rank, pay, promotion, and retirement. The Chairman of the Committee, by means of information collected from medical officers of the service, and others, prepared a statement, which was submitted by a deputation to the Secretary of War and First Lord of the Admiralty. These representations, it is to be regretted, have not yet (July 1879) produced any beneficial result.

We have recently had a remarkable example of the increased confidence of a Government department in the medical profession in the consultation which the military authorities have just had with the medical authorities, medical schools, and associations throughout the United Kingdom. If advice of this nature had been more often sought, and acted upon when received, it would have been well indeed for the public health. The details of administration of existing laws have been carefully watched by the Parliamentary Bills Committee, which may be looked upon as a sort of standing Committee of the Public Medicine Section.

I am glad to have the opportunity through this Section of addressing the public, and can assure them, in the name of this great Association, that whenever they desire advice and assistance in the promotion of measures of public utility, they may seek it from us, and will always be most cordially welcome to it. I can assure them the acts of the profession of medicine have never been, and never can be, found at variance with the public weal; we are always prepared to act upon the maxim "*Salus populi suprema lex*".

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PSYCHOLOGY,

*At the Annual Meeting of the British Medical Association,
in Cork, August 1879.*

By J. A. EAMES, M.D., F.R.C.S.I.,

Resident Medical Superintendent of the Cork District Lunatic Asylum;
President of the Section.

THE IMPORTANCE OF THE STUDY OF PSYCHOLOGY.

In the first place, permit me to express my thanks for the high honour conferred upon me by the General Council in naming me President of this important Section, which I feel is not due to any qualification on my part, but rather as a compliment to the position I hold as Resident Medical Superintendent of the Lunatic Asylum of this county and city, an institution of which we all feel justly proud. And although it falls far short of kindred institutions in England and Scotland as regards what is considered essential in the treatment of the insane—namely, internal furnishing and other accessories affording every means to comfort and solace the afflicted inmates, and to remove their thoughts from self—we are slowly but steadily following in the wake; and every day the necessity is becoming more apparent of extending this so-called moral treatment, as being the best and in the end the most economical means towards promoting the recovery of the insane.

In the second place, I do not intend trespassing much upon your valuable time, especially as there will be several important and valuable papers read and brought forward for discussion.

Instead of giving a *résumé* of our experiences as regards individual cases, I think it a more fitting opportunity for bringing under your notice a subject of general interest to our department, and one of great importance to the profession in general. I refer to the want of legislation on the part of the medical authorities and governing bodies in making