ADDRESS IN PUBLIC MEDICINE.

Delivered at the Annual Meeting of the British Medical Association in Brighton, August, 1886.

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THE MEDICAL PROFESSION IN IRELAND AND ITS WORK.

THE medical profession in Ireland and its work will be the subject of the address which, in response to the invitation of the President and Council, I humbly submit.

The exhaustive way in which the great questions grouped under the name of public medicine have been treated by my predecessors since the section was founded in Dublin, and by the editor of the JOURNAL, has rendered selection of topics very difficult. My choice arose in the belief that reliable information concerning my country would just now interest a British medical audience, and that, being somewhat conversant with its curative and preventive organisations, the limited time at my disposal could be thus best used.

I shall, of course, only dwell on those points wherein our system differs from the British.

And at the outset, perhaps, those fond of ancient lore may be pleased to hear of what kind our calling was when (to use the words of a matchless orator) "Ireland had almost a monopoly of learning and piety, and when she nearly alone held up the truths of civilisation, of true Christian civilisation in Northern and Western Europe."

In the introduction to South's *Memorials to the Craft of Surgery*, Sir J. Paget says: "Many of the things thus told must seem to us very strange, and in this sense amusing; especially if we only think of them as if they were occurring now and under the same conditions as we are living under. A more careful reading will show that the 'strange' things were usually fitted to the times and the circumstances in which they happened; and that, like the organs and the changes in an embryo, and in spite of many errors and defects of human management, they were in progress towards better things." The earlier dwellers in Ireland were very heterogenous, and battles were constant between the various races. Military surgery must needs have been cultivated. However, I pass by this time of which Dianecht, that is "God of Healing," was the most renowned, the reliable and the fabulous being too much intermingled in the records.

The Brehon Code of Laws, the most ancient in Europe, dating from the fifth century, lately translated under a government commission, of which Dr. Graves (now Bishop of Limerick) was secretary, deals largely with medical affairs. The most important of them, Senchus Mor, originated with St. Patrick, and for twelve centuries controlled the native Irish, especially while the tribal system prevailed. The provision in them most worthy of imitation at present was that the physician sat in the Council of the State. Sir D. Corrigan, our greatest physician, and one of our foremost public men, regarded membership of the Privy Council as vastly superior to titular distinction—yet he was never offered that position, wherein his splendid abilities would have widely served his nation. Sanitary and many other great public works are controlled by this body in Ireland. These Brehon Laws refer to surgeons who lived before the second century. They carefully provide for distress, that is, taxation, for the support of a son taken from his mother's dead breast, for the incurable, for the care of the sick as to food, bedding, nursing, and a house with wind blowing in all quarters, and with a stream close by. The medical man had power to keep from the sick room "fools and female scolds." The mode of restraint in case of a physician was, "Let his horsewhip and his probes be taken up. If he has not the proper number of such things, let a thread be tied about the finger next his little finger."

The unqualified physician was to be fined if he operated without getting a guarantee against damages, or without having given notice that he was not qualified. The regular practitioner was to be quite exempt. An impartial physician was to be the judge of the mode of treatment, and of the due recompense.

The fees, always paid by oxen, the current coin, were most exactly proportioned to the rank of the patient. Cattle abounded, and as late as 1369 the value of a cow in Dublin was only 3s. 4d.

[1338]

Injuries were distinguished as the "lump-blow," that is, when swelling followed, and the "white blow" where no ecchymosis resulted. Castration was a dire offence in the case of procreating men, but in the case of old men or clerics quite trivial; simple and compound fractures were plainly separated in fixing fines.

Testing times were laid down for special injuries, within which the doctor or the inflictor was liable for damages according as the blame was adjudged.

Penalties were so often assigned for the felonious bleeding of living cattle, that the practice must have been common. In 1770, a great epidemic of diarrhoea raged in Munster, owing to scarcity of food, and the poorer owners of cows periodically bled them, and prepared the blood as a kind of pudding. A similar food, known as "drisheens," obtained as the beast is being slaughtered, is to the present a favourite in Cork.

The Royal Irish Academy possesses very great numbers of medical manuscripts written in the thirteenth, fourteenth, and fifteenth centuries; and, even as regards historical interest, their translation is most desirable.

In presenting a few records of epidemics in Ireland, it will not be convenient to follow strict chronological order. In 1492, the sweating-sickness raged, and most wondrously differentiated the races, the English settlers having been alone attacked. This has been explained by excess of food and drink; but the profound physiological differences which mark the nervous systems of the Celt and the Saxon have much to do with their relative *capacitas morbi*. Caius recorded that the French were exempt, while the English in France suffered. In all ages, writers, from Strabo downwards, attest the cerebro-spinal activity of the Celt, his mental vivacity and muscularity. In our bogs are often found boughs of oak five inches in diameter cut by a single stroke of the axe. His proneness to follow a leader, often for no sound reason, was acquired in the tribal system under which he lived.

On the other hand, his vaso-motor and visceral strength has been lowered by many centuries of scanty food. Saxon immigrants and Celtic emigrants have been in larger proportions males than females, and thus the influence of the Celtic mothers has preponderated in the visceral characteristics of the people.

In 1760, the proportion of the Celt to the Saxon was, in Connaught, nine-tenths; in Munster, five-sixths; in Leinster, two-thirds; and in Ulster, two-fifths. Early in the previous century, the Saxon element had been much greater.

The Celt's weak endurance of climatic change is sadly illustrated at American ports; and shock, that is, impress on the sympathetic system, after great operations—for example, ovariectomy—is far more potent than in the case of the Saxon. Surgical statistics in Paris, and amongst the French in the battles of 1870, mark the same racial feature. Sir J. Simpson asserted that the potato-fed Irish, the oat-fed Scotch, and the rice-fed Hindu bear operations well; but theirs is the kind of endurance to be tested by the septicæmic thermometer, which, at the other end, indicates the constitution of the brewery vatman.

As to the sixteenth century, many of the surgical injuries were scarcely repairable. Lord President Sir Henry Sidney reports to the Privy Council: "They fight for their dinners, and many of them lose their heads before they be served with their suppers." It was upon this Viceroy that lithotomy was first performed, namely, in 1559, at Dublin. About this time, all social ties among the native Irish were fearfully disorganised; for pay, the father fought the son, the son the father. The entire population of the country was only half a million. It is believed to have been three millions before the English invasion.

It does not appear that the ancient Irish were largely addicted to intoxicating drinks, and they were mainly ale and mead. Stanihurst, who was not a native, in his *Dieta Medicorum* (1550), bursts into extravagant praises of whiskey.

"It drieth up the breaking out of hands, and killeth the flesh-worms; it scoureth all scurf and scalds from the head, being there-with washed before meals. Being moderately taken it sloweth age, it strengtheneth youth, it helpeth digestion, it cutteth phlegm, it abandoneth melancholie, it relisheth the heart, it lighteneth the mind, it quickeneth the spirits. It keepeth and preserveth the head from whistling, the eyes from dazzling, the tongue from lispings, the mouth from mauling, the teeth from chattering, the throat from rattling, the hands from shivering, the sinews from shrinking, the veins from crumpling, the bones from aching, the marrow from soaking."

To this day there is a universal belief among the vulgar as to the preventive and curative effects of whiskey in the onset of acute disease.

According to Dr. Rutty, there were in Dublin, in 1749, 3,500 drink-shops in a population of about 150,000. The habit of taking drinks and giving them as a treat, without using food at the same time, has been, amongst the underfed poor, always rife in Ireland more than elsewhere, and as it was new whiskey, taken occasionally, not habitually, excitement and violence often arose.

J. Howard tells us that, in the Irish prisons, whiskey was procurable in any quantity at the price of 4s. per gallon. In 1772, the Foundling Hospital was supplied with beer at 1s. per ten gallons, stuff, it must have been, which could not have induced children to acquire habits of alcoholic indulgence.

At present, amongst the humbler rural population, alcoholic diseases are not comparatively frequent, but they are amongst the middle classes. It is remarkable that not one retreat for the treatment of dipsomaniacs has been set up. The clause prohibiting their being owned by the proprietor of a lunatic asylum seems to me unwise. In cities where our emigrants have settled in large numbers, drink is, alas! a very potential cause of mortality. In New York, deaths by alcoholism and by Bright's disease are said to be thrice as numerous amongst the Irish as amongst the Germans. In that city, greater crowding, and more scantily clothed and unwashed bodies, would seem to have influenced the mortality by phthisis and bronchitis, for it is nearly twice as great in the former as in the latter race. Over half the deaths in New York occur in the tenement-houses, which are there defined as buildings in which more than three families reside. I regret that, in American towns, it is often found that death-rates are in direct ratio to illiteracy, and illiteracy to Irish element of population. The general election of 1885 brought out the melancholy fact that one in four and a half of the voters in Ireland were illiterate. In Donegal county, the proportion was 8,424 to 19,183. Only 1 in 58 of the electors of Scotland were unable to read and write.

Starchy food has much to do with our high phthisis-rate; and there is more of it in the tea and bread diet which has been substituted for the milk, egg, and potato menu in vogue before the famine of 1847.

Since Strabo called us "poephagi," herb-eaters, our peasant's food has often been too bulky. The teeth in ancient Irish skulls are worn like those of horses, and more bronze sickles have been found in Ireland than in all the rest of Europe. In the famines of 1822 and 1846, wood-sorrel and other wild plants were resorted to, when the treacherous potato failed. On the other hand, eight or ten centuries ago, animal food aided largely the physical prowess, and the mental eminence of the Irish, for then the flesh of the game they hunted, beef and butter, were plentifully used. Casks of this latter food, converted into adipocere, are often found in bogs.

It is hard to believe, yet it is true, that so ill-practised is the cooking art, that potatoes, the staple food, are often served turnip-like and water-logged. In 1864, Dr. E. Smith, who was commissioned by government, reported that the weekly consumption by the Irish farm-labourer, and of his English fellow, were in ounces.

	Irish.			English.		
Bread-stuffs	...	...	326	...	...	196
Potatoes	...	...	92	...	...	96
Meat	...	...	4.5	...	...	16
Milk	...	...	185	...	...	32
Fats	...	...	1.3	...	...	5.5

This return is erroneous as regards every item.

For the seventeenth century, Irish medicine has not much to call into court. Allen Mullen's discovery of the ciliary vessels and nerves, Robert Boyle's statement that the blood-clots by the loss of an alkaline spirit, Sir Hans Sloane's pre-eminent position in science, and Thomas Proby's great surgical skill, are all that are noteworthy. The descendants of this surgeon and of Ralph Howard, Professor of Physic, in 1674, in the University, are respectively Earl of Carysfort and Earl of Wicklow, and each owns a side of the Vale of Ovoca, a classic spot amongst those which my countrymen hope may tempt their British brethren to brave the three hour voyage across the channel. The notable medical man of the century was Sir P. Dun; for, by having insisted, against the advice of many surgeons, that the wound of William III, at the Boyne, was trivial, he contributed much towards the winning of that battle so decisive. A knighthood and large grants of forfeited lands were his rewards, the latter serving good purposes in Dublin to the present day. On condition that Dun's endowment was to be for one chair only in the College, Albinus, Haller, and Van Swieten, became candidates, and offered to test their merits by competitive examination. The Act of 1741, however, subdivided the professorship, and thus was lost the opportunity of gaining the greatest anatomist, the greatest physiologist, or the greatest pathologist of the first half of the eighteenth century—any one of whom would

have created and fostered such enthusiasm, that Dublin would have become a famous seat of medical science. Until the time of James Macartney, she could not lay claim to such a distinction. An eloquent notice of this anatomist formed part of the address of Professor MacAlister, in opening the Anatomy and Physiology Section of the Academy of Medicine.

As is often the case, Irishmen shone more brilliantly abroad than at home, and the most famous of the medical emigrants was Neil O'Glacan, an able writer, who filled successively the chairs of Physic in Toulouse and Bologna. He was, in 1629, Privy Councillor to Louis XIII, King of France, a monarch who enrolled himself as "Master Surgeon."

Dr. Sir W. Petty was not born in Ireland, but spent the last thirty-five years of his wonderfully active life there. He became all powerful, and amassed great wealth, endowing the Lansdowne family, of which he was the founder. He had been Professor of Anatomy at Oxford, and his greatest work, written in 1672, he styled *The Political Anatomy of Ireland*. The preface discusses "The Body Natural and the Body Politick, and the arts of preserving both in health and strength; it is as reasonable that, as anatomy is the best foundation of the one, so also of the other; and that to practice upon the politick without knowing the symmetry, fabrick and proportion of it is as casual as the practice of old women and empirics. Furthermore, as students in medicine practice their inquiries upon cheap and common animals, and such whose actions they are best acquainted with, and where there is the least confusion and perplexure of parts, I have chosen Ireland as such a political animal, who is scarce 20 years old, where the intrigue of State is not very complicate, and with which I have been conversant from an embrion." If he were there to-day to anatomise her, his tone would be less confident.

From many mediæval plagues Ireland, owing to isolation, appears to have been spared; but in respect of others, as elsewhere, there was enough in domestic conditions to account for their malignity without appealing to atmospheric or telluric influences. Open houses, called "betaghs," to which all classes were welcome, helped much to spread contagion.

Typhus has had its home more in Ireland than in any other country; and the vastness of its diffusion was such that, during the epidemic of 1818, a million and a half of cases were recorded, and in that of 1846-7 there were treated in hospitals 579,721 individuals. You will see how widespread was distress by the fact that, during July, 1847, 3,020,712 separate persons were given cooked rations. The population was under seven millions. The traits of the people became changed; thieving, unknown before, was widespread; sadness reigned, and the national pastimes died out.

Drs. Barker and Cheyne, in their truly classical work, assign as a cause of the fearful famines and fevers which raged during the eighteenth and the first quarter of the nineteenth century, "the high price of land artificially created by land-jobbers, and the vast income drawn from the country by absentees, the deadliest foes of Ireland." Many of the famine and fever-stricken people perished for want of the aid which a resident gentry could have afforded, and appeals to the absentee landlords in England or the Continent usually had no response.

Dr. Cheyne was Professor of Medicine in the School of the College of Surgeons, and his advanced scientific position will appear from the fact that he recorded the axilla and mouth-temperature of 250 cases of fever during the summer of 1817. Sir C. Cameron, in his history of the College, details the circumstances which led Dr. Cheyne to settle in Dublin. "He states that he found the profession respected, chiefly, no doubt, owing to the eminent physicians who had flourished during the previous half century; for example, Dr. Smith, remarkable for his munificence; Sir N. Barry, whom Mr. Grattan characterised as the most accomplished gentleman he had ever known; Dr. Plunkett, the witty and learned brother of the Lord Chancellor. He found the Dublin physicians, mostly belonging to Cullen's school, relying chiefly on symptomatology, and paying but little attention to pathology. Much of the purely medical practice was passing into the hands of the surgeons." His invasion was successful, as he attained the most lucrative practice ever known in Dublin. Just now there is much more cogitation about emigration than immigration as regards that capital.

How our profession suffered, will appear from a few figures. Between 1818 and 1839, 560 physicians had fever; and, in 1847, 123 died of it, the latter being a rate 35 times greater than the fever death-rate of the people in general. The poor emigrants during the latter epidemic were fairly said to have made Liverpool "the hospital and cemetery of Ireland," for its death-rate became 63.5—double its average, and the highest of any modern city. During that year,

400,000 Irish entered Liverpool, of whom 70,000 stayed there, overflowing its already crowded tenements. Corrigan had foreseen the sequence of famine and fever; and Virchow, in his *Hunger-Typhus*, extols our great countryman, and laments that "Ireland is even today (1868) the land of famine, of typhus, and of emigration."

The circumstances of the cholera-epidemic with us must convince the most sceptical of the portability of the disease. On July 26th, 1866, as coroner's witness, I was directed to see the body of a girl who had died, it was believed, after seven hours' illness. Although I had never seen a case of cholera, the blue shrivelled skin and the ejecta showed what was to be dealt with. In the morning, she had arrived from Liverpool by the ordinary passenger-boat, and had vomited, it was supposed, from sea-sickness. Her dwelling there had been the seat of several cases. A wake was held, for we had no power to prevent it, and exhortation was useless, as they believed she had died of no catching disease. Owing to the exertions of Catholic clergymen, these dangerous meetings are now rarely held in towns. Her death was followed by those of three other persons. One, while ill, had used a privy in a house a mile off, whither he had gone to buy the coffin. In that house, the next case occurred. Further, an early victim was a woman who lived a mile and a half away, but dealt in the place first attacked. From these several foci, the contagium was quickly disseminated. Out of 923 victims, only three belonged to the better classes in Dublin. It is a curious coincidence that our magnificent water-supply was distributed on the same day that the last case of cholera arose. The only striking fact shown by a map on which the site of every case was marked, was that the beds of old diverted streams were most favourite habitats. This may have been owing to the lower level, or to fecal impregnation of the soil. Very many places in Ireland have defective water-supplies. I see many cases of illness in country patients due to extreme hardness of water. In 1880, the water of a favourite spring in a large town had 385 grains of solids per gallon, and that from a well in a fashionable Dublin suburb gave 22 grains of organic matter. It was largely fecalised.

In the year 1867 we had a brief but fierce epidemic of cerebro-spinal meningitis. Not one etiological fact was made out then, nor do I believe since, as regards this malady.

If cholera or small-pox again threaten us by sea, it is not certain that they could be efficiently met by the machinery now in working order. Observation, or it may be quarantine-hospitals in isolated positions, such as, for Dublin, the Pigeon House Road, for Liverpool, New Ferry, for London the floating hospital at Purfleet, could alone cope with such an impending disaster. Undoubtedly, such provisions for occasional use must be kept, while they are despised as useless. In 1876, we equipped a vessel in our river; but, having been only twice used, it was given up. In 1883, it intercepted a virulent case of small-pox, which otherwise would probably have caused an outbreak. A ship from Riga came in without flying the yellow flag, although the ailment of one of the crew was apparent. He was removed at once to our hospital-ship, and a young medical man remained with him, without intermission, till recovery. The clothes of both were then burned, and the doctor swam to the shore, where he put on new garments. Small-pox has fluctuated remarkably in Ireland during the past twenty-five years; the maximum, 10,317 cases, was in 1872; the minimum, last year, 18 cases. In the former year, the virus had exhaustively searched for its unprotected victims.

I could present to you a view of the health of the Irish people in no way so clear as by a brief summary of a paper read last year in the Academy of Medicine by Dr. Grimshaw, our Registrar-General. During the decade 1871-80, the mean civic population (that is, those dwelling in unions wherein there were towns of 10,000 people and upwards) was 1,476,929, and the death-rate was 22.5. On the other hand, the rural population was 3,816,678, and its death-rate 16.6. Had it been up to that of the town-people, about 22,000 more deaths would have occurred. Of counties, the extremes are, Mayo, 13.9; and Dublin, 26.2. The only possible source of error is, that the registration may be less complete in the sparse than in the crowded districts. On the census-night, the rate of the temporarily sick was 10.5 per 1,000 of the civic, 6.6 in the case of the rural population.

As townspeople have better houses, purer water, improved sanitary appliances, and more efficient medical care, they should be healthier, were it not that condensation vitiates the air, that their occupations are less healthy, and that there is greater proneness to intoxication and other evil habits. Of course, infective diseases prevail more in towns than in the country, and the figures are respectively 3.2 and 1.8; but, as regards phthisis and other respiratory diseases, an excess on the same side appears. The deaths by phthisis were, per 1,000, 2.8

amongst the civic, 1.6 amongst the rural, and by other diseases of the breathing organs 3.8 and 2.3. The magnitude of these ratios will be seen when it is stated that these two causes together produce over one-fourth of the deaths in Ireland. Preventable ills in my city promote phthisis, but its low level and climate must also be blamed. Dr. J. W. Moore, a most reliable observer, describes the latter as follows: "In the fullest sense an insular one, free from extremes of heat and cold—except on very rare occasions—and characterised by a moderate rainfall (about twenty-eight inches) annually, which is distributed, however, over a large number of days (about 195 in each year), clouded skies, a high degree of humidity, and a prevalence of brisk winds, chiefly from westerly points of the compass, make up the climatology of the Irish capital." The great moistness of the climate of Ireland in general accounts largely for the prevalence of phthisis. The stimulating and oxidising sunlight is interfered with, and cutaneous action is checked.

With regard to two single items, Dr. Grimshaw shows that the risks of childbirth, owing to want of skilled attendance, are greater in the rural than in the urban districts; and that in our great factory town, Belfast, the conditions of life tend powerfully to promote phthisis. The death-rate for the whole country last year was 18.4, and the average of the decade was 18.3.

The sick poor in Ireland are better cared for than in any other country, thanks to the Medical Charities Act of 1851. Before the establishment of the Poor Law, the arrangements were most imperfect and irregular; for example, in 1836, in the county Mayo, which is seventy-two miles by fifty-eight, the travelling too being of the hardest, but one dispensary existed. Such institutions were supported by a small grant from county cess and, by subscriptions, in the collecting of which by the medical officer there was much humiliation. The Poor Law Commissioners, in their first report on the Dispensaries, 1853, declare "There is now afforded to those officers a practical and sure means of protection, provided they avail themselves of it, against an abuse most fatal to their professional interests, which prevailed extensively under the former system, whereby many contributors to this tax were permitted to look upon themselves, their families, and dependents, as peculiarly the objects of the charity; and led them to expect attendance and advice in return for their subscriptions. We trust that all tendency to abuse of this nature may, under the present law, be effectually suppressed by a judicious and firm exercise of the power possessed by Dispensary Committees, to cancel tickets for Medical Relief given by the individuals authorised to issue them to persons not entitled by their position to receive it, and by the publicity which may be expected to arise from discussions in Committee on such occasion." In 1841, they had reported that persons holding one or two hundred acres had sought gratuitous medical relief.

The great want now is the provision of cottage hospitals, in which infective cases could be taken. In the sparsely inhabited parts, a fever hospital for a county is useless at perhaps twenty miles distance, the more so as there is nothing in the shape of an ambulance-wagon for reaching it. The fever hospitals already provided have had the most signal effects in lessening this great cause of death and pauperism.

At present, the medical officers of workhouses and dispensaries number over 1,000, being about half the practitioners of the country; in a few places the two posts are held by the same person. They must be qualified in medicine, surgery, and midwifery, and, until lately, should be 23 years old. This restriction, still in force for workhouse medical officers, has excluded many, as entry into the far more desirable public services may be obtained when they have got their licences from the medical authorities, in all of which 21 years is the standard.

Their duties were well summarised in an address given by Dr. Jacob, in the State Medicine Subsection of our Academy last February. Including care of the sick and vaccination, they yearly treat nearly a fifth of the whole population, while they register about 126,000 births and 96,000 deaths. The visits paid last year were 595,486, of which nearly one-third were at the patients' homes.

The emoluments to medical officers, including vaccination, were £99,787, and £2,836 to apothecaries.

The appointment has been heretofore decided by local interest, but I have for many years advocated the competitive system, which has told so well in the other public medical services. There are, of course, great differences. The military officer obtains uniform pay, and follows a moving population—a dispensary medical man might have to settle in a poor district, in which severe labour earns £150 yearly; another might at once obtain a small but well-to-do practice, where one-third of the work will gain three times the income. A half-yearly competition under the Local Government Board would establish a roll of merit.

Vacancies, as they occur, might be filled, the probationers meanwhile acting as assistant officers to workhouses, many of which are now under-manned. There are difficulties, of course, in the working of such a system; for instance, it would be lamentable that a brilliant man should be wasted on a dismal western district; and promotion for high marks or good service from one district might imply the severance of social and confidential ties which quickly bind together the physician and his patients. The change should never be compulsory, but a good man should be given the option of taking a vacant place.

The system having been organised a few years after the great famine, 1846 to 1849, far more persons were then entitled to free attendance than in such prosperous decades as from 1869 to 1878. Land legislation having more clearly defined the classes who ought to pay, the medical man is applied to by individuals who should be paying patients on a scale of which the poor-law valuation should be the basis. In the beginning of each year, a list of those entitled to free relief might be made out in each district.

In England and Scotland, the relieving officer applies the rigid test of pauperism for gratuitous medical care and drugs.

The remedy of cancelling a ticket comes too late, and is little used, as only about 500 are thus dealt with out of three quarters of a million issued.

The expenditure on drugs and on medical appliances was last year £27,653, a sum vastly above the rate in other countries, and yet it is believed that their quality is very inferior. It was proposed, with much reason, that they should be contracted for to serve the whole country. In a central depot these articles could be examined as to purity and fitness, and then distributed to the unions as a contribution from the Consolidated Fund (in the same way as is a proportion of the medical and other salaries); or their value could be annually charged to each district according to consumption. Another plan which would tend towards ensuring that the drugs were not only pure, but well kept, would be the employment of inspectors, expert in pharmaceutical analysis, to visit periodically the workhouse pharmacies and dispensaries.

The right of pension to poor-law medical officers on the grounds of length of service or proven ill health, as in the case of other civil servants, should be conceded; several instances of grossly harsh refusals have arisen, many a septuagenarian has been kept in very galling harness. All unions in which the officer had served should contribute, and the State should in all justice pay the same proportion towards the maintenance of the worked out, which it does to the working medical man.

The amalgamation of unions in the more thinly peopled districts is now forcibly advocated, and if such take place, enactments should provide for compensation or transference of the medical officers of the suppressed union. It was lately held in the Queen's Bench that no such power exists. At present there are 87 annuitants receiving £6,956, the average being £79 9s.

It has occurred to me that the extension of the Post-Office Assurance system to the granting of weekly stipends in cases where the assured were sick or maimed, would be most desirable. The comparative adoption of that act in England and Ireland is, however, not encouraging; for of the insurances effected since 1865, only one-fourteenth have been in Ireland, where the inconveniences of the benefit societies are so universally felt. Incorrect entry of age, the delay, trouble, and expense of getting the money, such waste in salaries that a canvasser is paid 15s. weekly if he bring in 24 penny subscriptions, are faults greatly complained of. Their shakiness may be fairly judged of by the fact that over 10,000 friendly societies failed in the ten years 1856 to 1865, and the substitution of some sound system is called for.

My English hearers will be surprised to learn that provident dispensaries are unknown in Ireland, except in a few of the larger towns.

As far as I can judge, the Poor-law Medical Service in England is not as well organised as with us. Mr. Rivington, in his Carmichael Essay, calculates the average payment to each medical officer for attendances, drugs, and appliances at £69, and that an average of 149 poor persons are under the care and supervision of each at a time. This number is, however, owing to caprice of guardians and other causes, most unequal—often four times greater in some districts than in others.

It is manifestly better that the practitioner should, as with us, be supplied with drugs and surgical appliances. In our two Colleges, any pecuniary interest in them is forbidden in the declarations which their Fellows make. The picture of the dispensary system in the north of Scotland given in the same authoritative work is astounding in respect to size and inaccessibility of districts, smallness of pay, and insecurity of appointment. In the remoter districts in Great Britain,

the system in force in Ireland for building residences for the medical officers might be very usefully copied.

During the past six years, social changes have taken place in the rural districts, which call loudly for alteration in the payments to practitioners. Notwithstanding the reduction of rents, the farmers and the shopkeepers have become less able or less willing to pay, and the landowners, who were generous patients of the local medical men, or of Dublin consultants in critical cases, have left Ireland in great numbers. The general practitioner system, as known in England, where separate charges are made for advice and for medicines, has scarcely any representatives in Ireland. In Dublin, a few most estimable gentlemen connected with the Apothecaries' Hall follow it; but, throughout the country, for the guinea fee one or more visits, according to distance, are given, and the drugs are included. Neither has counter-practice—that is, the selection by the chemist of drugs according to the name of the patient's complaint—much hold.

Notwithstanding lessened population and greatly lessened wealth in the country, the number of practitioners entered in the *Medical Directory* has increased, having been, on the passing of the Medical Act, 1,836; in 1872, 2,384; and now is 2,501.

The proportion of practitioners to each 10,000 of the people in England was in each of the three last censuses as follows—8.5, 7.2, 6.4; and in Ireland, 3.7, 4.1, 4.5. Our estimated population is now 4,924,342, or less than three-fifths of what it was forty years ago, before the famine. In nine counties—Galway, Kerry, Meath, Westmeath, King's, Queen's, Kildare, Wicklow, and North Tipperary—the population is less than 100 per square mile; and in two of them, Meath and Kildare, over 15 per cent. got poor-law relief. According to income-tax assessment, the distribution of wealth varies in Ireland astonishingly. In one county, Dublin, it is per inhabitant £10 14s. 4d.; in another, Leitrim, 4s. 5d.

As it is now a popular cry that we should revert to past modes of relief for the poor, I may refer to the Act II of Anne, by which the workhouse was set up in James Street, Dublin (which afterwards became a foundling hospital only). The beggars taken up were lodged horribly, treated cruelly, and finally transported beyond the seas. I may refer also to the Act of George III, 1772, which established corporations in every county and city who might license by badges such helpless poor as had lived in the district a year to beg therein. Our cities and towns soon swarmed with most miserable objects.

In 1787, Lord Clare said, "I agree with Mr. Grattan that the lower order of the people in Munster are in a state of oppression, abject poverty, sloth, dirt, and misery, not to be equalled in any other part of the world."

The machinery for the relief of the acutely sick about this time was sadly imperfect. The county hospitals were all visited by the immortal John Howard. I will only note his report as to the state of one. "All the rooms very dirty; little or no bedding; an upper room full of fowls; a dunghill in the small front court." As to the appointment of officers, he says of another: "I am well informed that the surgeon spent £500 in procuring votes to ensure his election. The same scandalous abuse by which the lives and health of the poor are in a manner put up to auction prevails, as is well known, in many of the London Hospitals."

Now the county infirmaries are efficiently and most economically managed. Nearly one-third of their support is from private benevolence, and more than half the inmates come from homes over five miles distant. The cost per bed is £37 yearly, and per patient £2 10s. In the Dublin hospitals receiving Parliamentary grants, the average cost per bed is £54. For many years there has been an agitation for the closing of our county infirmaries, the workhouse hospitals to be alone maintained.

For the treatment of acute diseases and accidents arising amongst the artisan, smaller farming, and trading classes, and higher servants, the county institutions are clearly needful; and perhaps some small payment by or on behalf of the patients should be demanded in aid of the public rates. Corrigan often forcibly urged that "sickness should not be made a chain to drag a man into a poorhouse." Including all kinds of hospitals except those of the workhouses, there are 6,484 beds available in all Ireland, and 3,130 were occupied on the census-night, April 3rd, 1881.

Time would not allow my discussing the peculiar features of the clinical hospitals of Dublin, and indeed it would not be proper to do so, as they are being investigated by a Government Commission. I will only recall the fact, so creditable to our profession, that many of them were endowed by the fortunes of medical men—Dun, Steevens, and Mosse, for examples.

There is, probably, no city in the world in which hospitals are so numerous as in Dublin, there being ten, besides obstetric and ophthalmic

ones. Of course, they benefit patients from distant places besides the city population, which is only 249,602. By this distribution of hospital-relief, cases which it would be risky to convey long distances are served, but the materials for clinical study are too much subdivided. Lord Spencer appointed a Commission to inquire into a project for amalgamation, but it has not yet reported. I have suggested that two or three hospitals should unite as to their teaching and classes. As there are altogether thirty-seven hospital-surgeoncies, that office is easily, perhaps too easily, obtained.

The number of medical students in Dublin averages 1,300; but fewer of these are engaged in real hospital-work as clinical clerks and dressers than should be. One reason with shame I confess, namely, that persons following other occupations from ten o'clock till late in the afternoon are permitted to pose as students of medicine. There is no restriction as to the number each physician or surgeon shall have under supervision. In 1702, a by-law declared that no surgeon at St. Thomas's "shall have more than three cubbs at one time, nor take any for less than a year." Very large sums were gained by Dublin surgeons in the first third of this century as apprentice-fees. During his career, Mr. Cusack entered seventy-eight apprentices on the College-books, each of whom paid him about £400.

I will not describe the character of the clinical teaching, but quote Sir W. Bowman, who had frequent opportunities of observing it. He said at the meeting in Dublin in 1867:—"The eminent spirit of Dublin as a clinical school of medicine and surgery has been, perhaps, less appreciated than it deserves by the world at large owing to its geographical position, somewhat aloof and insulated from the ordinary tracks of travel. The system of teaching was eminently honest, scientific and practical, laboriously and richly turning to the best use of science and instruction great opportunities, the teachers exhibiting themselves to students as students themselves in the great field of nature." We are not much given to specialism; for instance, there is no institution which treats skin-diseases exclusively. Dr. Barnes lately wrote of "the unrivalled advantages which Dublin possesses for clinical obstetric work and the fame of its teachers." In the general management of our hospitals, the medical staff take little or no part, and in the Act regulating Sir P. Dun's Hospital it is forbidden that they shall.

Just before the Irish College of Surgeons was founded, there were in Dublin sixty-eight surgeons and forty-four physicians, and under some of these the soldiers had been placed; for, the barracks being in bad repair, houses in various quarters were hired. The Army Medical Board was then organised mainly by the energy of George Renny, who retired from the Director-Generalship of Hospitals in 1847 after service, on full pay, of seventy-two years, a period of active employment probably never exceeded in our or any other profession. A portrait, a splendid work of art, in my College attests the feelings which his contemporaries entertained towards him.

I may mention that the penal laws, which excluded Catholics from most important callings, did not control entrance into the medical ranks. Of that creed was Lord Trimleston, who practiced physic actively during the middle third of last century.

Sir Philip Crampton stated that, when he was beginning practice in Dublin in 1805, he was told by Richards that the entire surgical fees of that city could be only estimated at £10,000 a year, nearly half of which he was receiving, and the others divided the rest. The pure physicians earned about £21,000, Dr. Percival's share being nearly one third.

If there had been death-registration in Dublin during the final ten years of last century, its disclosures would have been terrific. During 1791-7, six hundred spylified children were said to have died in the Foundling Hospital, and one only to have recovered. Many of them had the virus when admitted, the rest contracted it by unwashed feeding utensils or clothes. However, a Committee of the House of Commons inquired, and having found that want of decent care and of curative treatment had caused this wondrous mortality, ordered the dismissal of all the medical officers. It was reported that infants lay "three and four together in filthy cradles with covering insufficient to preserve vital heat at an inclement season, and remote from fire," and that the matron, having been appealed to, said, "Those children were just laid there to die." It was fairly concluded that this was more than savage cruelty, reflecting on humanity and national character. In a report to the Local Government Board, 1875, Mr. Wodsworth, who had taken most benevolent interest in the case of the survivors, states: "Infants from all parts of the country, and at all seasons, were brought up in batches of eight or ten in kishes or creels," and frequently died on the road after terrible sufferings. In 1826, Parliament voted £37,350 for the maintenance of children—nearly seven thousand—supported by this notorious institution.

Wakefield described the Charter School children as puny beyond belief; and Whitelaw, our reliable historian, found the tenement houses filthy and filled to an amazing extent. In No. 6, Braithwaite Street, an eight-room house of average size, he counted 108 inhabitants. Seventy years afterwards I found in the air of a room in the same house (thirteen persons having slept therein) three times as much organic matter as in that of the College of Surgeons dissecting-room, in which there were eight subjects.

Prior to 1864, Ireland had no death-registration, which had been at work in England for twenty-eight years, with most palpable benefit; no sanitary power even to the extent of thinning an overcrowded tenement.

In 1865, I attempted to depict the sanitary state of twenty-nine towns in various parts of Ireland, their death-rates and their status of disease, as shown by fever cases and the cases of cholera in 1832, 1849, and 1854. I will cite a few striking figures; in Gort, of 3,056 inhabitants, one-half suffered cholera in 1849; in Ballinasloe, of 4,934, the same proportion; in Kinsale, of 6,918, one-sixth; in Kells, of 4,205, one-twelfth, all within seven weeks. In Navan, in 1818, one-fourth of the people had typhus. In all these instances, bad water-supply and worse housing were the palpable promoting causes of these pestilences. Steps are being taken much more actively for improvement of the latter evil than the former. Last month it was reported that the water for Dungarvan (population 7,391) was carried in barrells from a spring a mile off and sold. It was scantily used, and the sewers were never flushed.

In 1864, prosecutions for nuisances were most unfrequent; for examples, one each in Clare, Leitrim, Fermanagh; and, in King's County, not one during that or the following year.

Since 1876, the Local Government Board has sanctioned loans, mainly for works for water-supply and sewerage, to the amount of £1,547,169. The economical advantages of this system of home-inquiry will appear when I tell you that two Parliamentary Committee contests (in both of which I was a witness) cost Sligo half the sum estimated for water-supply, and the bill was finally thrown out. In the cholera-epidemic of 1832, this town suffered more than any other town in Europe, 1,232 of the 10,000 inhabitants having been attacked, and seven of the nine medical men having died.

Of all sanitary bills, the most radical was that printed on June 2nd for four medical members—Dr. Farquharson, Sir H. Roscoe, Sir G. Hunter and Dr. Cameron—"For the better sanitation of dwelling-houses, schools, hotels, hospitals, etc." All such were to be registered, after they were certified, to the local boards by engineers or medical men qualified in sanitary science, as being in a satisfactory state.

As to inspection of the sanitary state of rural districts, I fear the unions in nine-tenths of the country are unable to pay for any improvement. If they become able, or if a paternal government becomes paymaster, the system of health officers for large districts recompensed handsomely for the giving up of other emoluments must be adopted. Meanwhile, in Ireland, sanitary inspection has been done with great public spirit by the dispensary officers, for so wretched was the stipend that it could not weigh.

Distinctions in battles against epidemics should surely be as readily won as in warfare, where the motives are not so noble. That the want of them does not cause the heroic fire to die out attests the humane spirit which actuates the medical soldier. I was much amused in reading in the address of the President of the Law Society which appealed for honours for that profession, the sentence, "A medical man, besides making a fortune at his profession, might look forward to being made a baronet, perhaps even to a peerage." Three weeks ago, on a public occasion, one of our most eminent judges called ours "the noblest amongst the lay professions," but he could not have shown that there was practical appreciation of such characteristics as compared with that which his own profession receives.

The steady decrease of fever cases, treated by poor-law officers, must be largely attributed to the working of Public Health Acts and the spread of sanitary knowledge. The number for 1865 was 26,566; for last year, 5,780, and 1,664 deaths by that disease were registered.

The earnings of the poorer cottiers by labour in England, during the harvest, have been greatly lessened by the use of machinery.

In 1841 the rural population was 7,000,000, and 8 per 1,000 of them migrated to England for wages; now it is 4,000,000, while but 5 per 1,000 leave their homes for this purpose. These figures relate to the whole country; but in the West things are as bad as they were before the calamity which befel us in 1846-51. No less remarkable a person than Queen Elizabeth condemned the concentration of rural labourers in towns. In 1580 her words were: "Great multitudes of poor people inhabiting small rooms, being therein heaped together and in

a sort smothered in one house; if plague or sickness came amongst them, it would presently spread through the whole city and confines." The hovels of our rural poor are still so awful that the full spread of the provisions of the Labourers Dwellings Acts, 1883-85, can alone make a traveller in many western regions realize that he is in a civilised country. On Hare Island, near Skibbereen, where typhus is now raging, there were found dwelling, in one room of a small cabin, twelve persons. In one room of another, three married couples and four children slept. Under these Acts, there have been built or authorised 14,300 cottages, to cost £1,330,949. The usual rent is 1s. weekly. Several of the preliminary inquiries have been abortive from want of medical evidence, which, however, the officers were willing to give, the question of fees being postponed. Their provisions will relieve the dangerous congestion of the smaller towns, and lessen pauperism; for the family of the labourer dwelling in them, could not live on the earnings of the bread-winner, which were low, owing to his fatigue in walking great distances to his work. The establishment of county boards to manage the numerous functions now thrown on Poor Law Guardians is often very forcibly advocated, so that the latter will have the care of the infirm and sick alone, but some central directing body will nevertheless be needed. The desirability of rating whole unions instead of electoral districts unequally is every day becoming more apparent. It was never more forcibly advocated than in the address delivered at the Belfast meeting of the British Association in 1882, by the great Dr. Alison, of Edinburgh.

The office of coroner is held in many counties by medical men; but the expensive mode of election, namely, by the votes of the Parliamentary Constituency, makes it, in case of contest, often a doubtful prize.

Inquests in various towns, from 1871 to 1880, were held in strikingly different proportions of the deaths: namely, Belfast, 1-57th; Dublin, 1-46th; Galway, 1-32nd; Limerick, 1-28th; Cork, 1-23rd; Derry and Waterford, 1-22nd; and Sligo, 1-19th. In some of our towns the coroners must be far more active than their brethren elsewhere, or suspicious deaths are sadly numerous. The proportions of such investigated deaths which are found to be violent, also vary remarkably: Dublin, 4-5ths; Belfast, 2-3rds; Limerick, Galway, and Sligo, 2-5ths; Cork and Waterford, 1-4th; and Derry, 1-5th. In all England the proportion is 2-3rds, and in London 5-8ths. Violent deaths out of every 1,000,000 living are—in England, 745; New York, 730; Prussia, 486; and in the most sober nation, France, 268. In Dublin in 1880 the ratio was 660. Under the Coroners' Act (1881) for Ireland, following the rule in English counties (1860), a salary based on the average number of inquests for the five previous years was allowed. Only medical practitioners, barristers, solicitors, or magistrates of five years' standing were made eligible.

It is surely time that in large cities there should be, in addition to the last attendant, experts whose evidence as to cause of death might be received with implicit reliance, and that the necropsies should be held in hospitals for the instruction of students. Such changes were urged by a Special Committee of the House of Commons, in 1879. No general statute on this important subject has been passed for fifty years, yet it is one on which all parties might agree towards the codification of previous acts, the adoption of the qualification in the Irish Act, and the placing of the elective power in some smaller body than the parliamentary voters.

To the public medical services I am induced to refer, as there has been too little kinship between them and civil practitioners, although it is most desirable in the interest of the profession at large that the former should be kept at a high state of efficiency, and because those who have the control of these services have always lent a willing ear to suggestions emanating from our body. Moreover, in them is now being tried the question, important for us all, "Can the medical profession be entrusted with the complete control of hospitals?" and it is our interest to see that the trial is a fair one. A few words will point out what are the advantages of the public services. All three Services—the Army, the Naval and the Indian—seem to offer careers to medical men in many respects highly attractive. To spend twenty years seeing the world in pleasant company, fairly well paid, occupied, yet not fatigued with congenial pursuits, with, at the end of that time, the choice of continuing in the service or of drifting into civil life on a liberal pension, seems not a bad way of answering the great question of youth, What shall I make of my life? Yet these careers have some drawbacks, and some of the regulations call loudly for amendment.

It seems hard that the clauses of recent warrants affecting the pay and allowances of medical officers should have no force in India. Even if these warrants had not been issued, some increase of pay would be equitable for India, owing to the depreciation in the value of

the rupee. To withhold there pecuniary advantages that are given at home and in all our colonies, is anomalous and unjustifiable. In computing retiring allowances, periods of half-pay are considered in the case of combatant, not of medical, officers.

The social isolation, which must be endured on joining the service, owing to their not being attached to a regiment, is much complained of by the juniors. If the authorities could see their way to attaching junior surgeons to regiments for periods of five years, these officers would gain much in discipline and the amenities of life, and the regiments would be spared the constant changes of medical advisers, to which they now so much object. The period during which administrative medical officers hold their appointments, namely, until the incumbent reaches sixty years, is too prolonged; and it follows that, when young men are promoted for special service, they completely block the way of all older than themselves. If it were regulated that administrative appointments could only be held for a limited number of years, as is the case in the combatant, commissariat, and ordnance store departments, a constant and healthful flow of promotion would go on, and deserving junior men could be promoted without injustice to their seniors. It is becoming most evident that the creation in the medical services of some unit larger than the individual, who now, whether as officer or private, wanders from station to station, and arrives a stranger amongst strangers wherever he goes, is required. At present, when it is necessary to organise for active service, a bearer-company or field-hospital, men, non-commissioned officers and officers, are got together from various stations, and their first acquaintance with one another is on board the transport that takes them abroad. What would be the efficiency of a battery of artillery so got together? Yet the carrying, the feeding, the lodging, and healing of wounded men, is as complex a problem as the killing of sound ones. The views on such topics, and on practical education in hospital hygiene and dieting, which have been so forcibly put forward by Surgeon-Major Evatt, and some of his disciples in civil life, are most worthy of our consideration. In Ireland, we are warmly interested in the medical staff, for nearly one-third of it are alumni of the College of Surgeons, and over a hundred others were qualified by other bodies in that country.

As from personal visits, in 1865, I was made aware of the value of the work done at Netley Laboratory, it has often been to me a matter of surprise that, in a few principal stations, means for scientific investigation of hygienic and pathological questions have not been established.

In 1812, the Admiralty requested the Irish College of Surgeons to examine into the state of health and of wounds, if any, of officers retiring or going on half pay. The fee was proportional to rank, three guineas in the case of an admiral, one in that of a mate.

I shall not even touch upon the question of the fitness or unfitness of women for ordinary practice, as not one has settled in Ireland; the size of country districts, the number of male rivals in the towns, and the decreasing remuneration in both, have probably been deterrent.

There are two occupations, however, in which their services could with great advantage be accepted, namely, mechanical dentistry and dispensing. In the United States, dentists frequently employ female assistants whom they find expert manipulators and accurate book-keepers, and, moreover, content with lower remuneration than men. There cannot be a doubt that women would readily master the chemical knowledge required, and would make skilful and conscientious pharmacists. A rude shock was given to the confiding trust which practitioners had in the exactness of dispensing by the disclosures published in our JOURNAL last February. A prescription was sent to fifty West-end establishments, in seventeen of which it was very incorrectly dispensed, the extremes of error being that in one case the drug was 57 per cent. in excess; in another the deficiency was 85 per cent. The ordinary chemists were the most accurate. It would be very desirable that such an investigation should be conducted on an extensive scale.

The sale of patent medicines and other nostrums is very limited in Ireland, due probably to the poverty of the people and the adequate distribution of medical relief. It is therefore strange to find them largely advertised in country papers.

You will be surprised to hear that in Ireland—a country deeply interested in the production of horses and cattle, and where epizootics are rife—there are no means for the teaching of veterinary science or art. As nearly all the scientific chairs already exist in our medical schools, a hospital for diseased animals and a dissecting-room are alone needed. If they be not shortly provided, the present practitioners will find it hard to defend themselves from accusations or want of public spirit or dread of competition. Our very old and most useful body, the Royal Dublin Society, has lately decided that it

would not be justified in undertaking the risk ; but there is no doubt that the project would soon become self-supporting, if a public grant was made for the building. It is right, however, to state that the number of diplomas granted by the London College, which alone examines in Great Britain, was, for the year ending last June, only fifty.

In 1882, the Academy of Medicine was formed by the amalgamation of the Medical, Surgical, Pathological, and Obstetrical Societies. Two ranks were created, those of Fellows and Members. Admission to the former was most liberal at first ; but now some restriction, as to number or qualification, such as Fellowship of a College or the Doctorate of Medicine, for which an Arts degree is required, so as to make it something of a blue ribbon of science, is desirable. The Sections are Medical, Surgical, Pathological, and Obstetrical ; and there are Subsections of Public Health and Anatomy and Physiology. The meetings occur alternately in the Colleges of Physicians and Surgeons, and the result has been unexpectedly successful. There are now 211 Fellows, 35 Members, and 24 Student Associates, for the meetings are open to senior pupils ; and the volumes issued show an amount of work far in excess of that accomplished by the four bodies when separate.

Its immediate predecessor, the American Academy, founded in 1876, numbers only 291 Fellows, in a country where about 97,000 practitioners reside ; but this is not surprising, when we learn that graduation in Arts is a necessary qualification. By such a bar, Cheyne, Corrigan, Stokes, Crampton, Carmichael—to take a few examples from my country—would have been ineligible ; but in Great Britain this absurd rule would tell even more injuriously. Many circumstances forbid most promising students from a university course ; and, when professional labour is undertaken, it is rarely possible that extraneous studies can be superadded.

Scientific medicine having been provided for by the Academy, the Dublin Branch of the Association has concerned itself only with such questions as medical legislation, the position of the public medical officers, the notification of infective diseases, and vaccination. It has 184 members ; and the annual dinner, to which many leading personages are invited, is one of the social events of the city.

The new Medical Act has been so fully discussed, that it would be tedious to even allude to any but one topic—that is, the preponderating influence of the licensing bodies, and the absurd inequality of the constituencies which elect their representatives. Of the thirty members, twenty are to be sent from these bodies, elected in the most diverse modes. Taking Ireland only, in Dublin University the power is vested in the Provost and seven Senior Fellows, only one of whom is medical, and he takes the seat.

In the Royal University, the electors are thirty-six senators, of whom seven are medical, and one of them is their representative. When I recall to your memories the names of the gentlemen thus chosen—Drs. Haughton and Banks—you will be convinced that so conspicuous is their fitness, that the proper constituencies—namely, the medical graduates—could make no better choice.

In the Apothecaries' Hall, the directors, that is, a few of the shareholders, choose one of themselves.

In the College of Surgeons, the Council of twenty-one, annually elected by the 363 Fellows, nominate the representative ; and, lastly, in the College of Physicians, all the Fellows (49) have a voice. In all the authorities, the voting power should be vested in those who hold the highest rank—that is, Doctors and Fellows.

The recognition of foreign and colonial qualifications is a great step towards international reciprocity. It is to be hoped that only those qualifying bodies where the standard is high will be recognised. The desideratum to be next sought for is the assimilation of weights and measures. At the meeting of our Association at Cork, Professor Charcot said that his acquaintance with British work was more obstructed by our ways in these particulars than by our language.

A few words touching our universities, which, like those of England and Scotland, have been the pets of the new Medical Act. Dublin, unlike any city in the world, has two universities ; while the opinion of all educated and disinterested men, is that there should be a single *Mater*.

There are so many prominent advocates for colleges in which the government and the education shall be denominational, and so many others who desire to see all religious tests abolished, that the question will never be set at rest until equitable endowments are provided for each class of institution. Let there be diversity in the colleges, but unity in the university.

The famous site of learning now approaching its tercentenary should alone survive, due representation being given to such colleges as may be added to Trinity, with which now it has alone to do. It is to be hoped

that its system of choosing its Fellows (from which the governing body is by seniority constituted) will never be wholly dispensed with. It is by competitive examination ; and although, in this way, men fitted for original work may not always come to the front, it is a surer way of getting competent teachers than other elective modes.

While the Bill to create the Royal University was being passed, no one conceived that it was intended unduly, if not exclusively, to benefit the three provincial medical schools, and one in Dublin. However, in 1882, medical Fellows were advertised for, but on the appointed day none were selected ; yet for medical examinerships (offices not before notified), sixteen professors most unexpectedly came into permanent power. The proportions were from the three provincial schools—~~and~~ out of twenty professors from one Dublin school, seven of the eight professors (the eighth was a Senator), and from the other four schools two of the fifty professors. One selected examiner was not a teacher.

The number of anatomical students in the favoured school of Dublin, according to the returns of the previous session, was recorded as 100, against 736 attending the other four together. I forbear from comment upon our universities, as the reports of the Medical Council visitors, and the replies thereto, will suggest enough.

That proposals for the conjunction of medical licensing bodies are not very novel, would appear from "The Craft of Surgery," for there is fully quoted such a scheme, framed in 1423, under the title of "The ordonnance and articles of Phisicians withinne the cite of London, and Surgeons of the same cite."

During the present century, Richard Carmichael was the ablest advocate of the union of physic and surgery, and, by a great congress of the profession in 1839, nearly carried his object. The College of Physicians, then a small body—30 Fellows and 52 Licentiates—meeting in Sir P. Dun's Hospital, refused very generous terms, owing to their pride in their landed estates. Just now this pride has had a fall, but they may rejoice that nearly three times as many licentiates pass yearly as there were then altogether on the roll ; and they now have a noble hall. By his will, Carmichael left £3,000 to form a prize fund for essays, to further this union. Awards of £200 and £100 will be made next May.

Extraordinary variation is exhibited in the number of licences, or lower qualifications, issued by the Irish bodies at various periods. In 1797, only one medical student matriculated in the University. For the ten years, 1826-35, the average numbers were—University of Dublin 15, College of Physicians 5, College of Surgeons 32, and Apothecaries' Hall 57. For the five years ending 1871 the numbers were : University of Dublin, 34 ; Queen's University, 55 ; College of Physicians, 86 ; College of Surgeons, 108 ; and Apothecaries' Hall, 22. Last year they were respectively 52, 76, 142, 85, and 25, and the figures touching earlier examinations show two notable facts—the number passed for first half in the College of Physicians was only 15, and the percentage of rejection in the College of Surgeons for the three first years' examinations together was 38.5 of 460 examined.

The Irish Colleges of Physicians and Surgeons, like the English and the Scotch, are now virtually united ; only the higher titles are to be granted separately. Let us hope that the fusion will be completed by all being empowered to call their qualification M.D., as is universally the case in America. The full letters of their licences L.K. and Q.C.P.I., L.R.C.S.I., and L.M., are peculiarly unhandy. Although there are doctorates in four other faculties, as alone will the public call "doctors." Of other designations, "registered medical practitioner" is too long, and "medical man" does not include our professional sisters. As a single word, I see no objection to "medicist," which is quite analogous to "scientist," "statist," "jurist," etc. In the thirteenth century, the Welsh military corps had attached to it an officer styled "medicus." Shakespeare used the word "medicine" to signify a physician.

Conjunction between some of our five schools is much to be desired, especially as regards the preliminary scientific subjects. If thus remunerative chairs were arranged, the first year might be fairly devoted to Physics, Chemistry, and Biology.

There are several peculiarities in the educational and examinal curriculum of the Irish conjoined bodies just adopted. There are four examinations, one at the end of each year, and each must be passed before study, which is in rigidly enforced order, can be continued. Chemistry, Materia Medica, and Medicine, are examined in during two years, and Surgery and Anatomy during three. Anatomical lectures must be attended for the first two winters, and dissections performed for three. The only branch of anatomy which was required for the first year was osteology ; surely, a slight knowledge of the structure and relations of the viscera will be a more useful prelude to physiology and to hospital study. Elementary Anatomy and Physiology are in the first examinations in England and Scotland.

Since 1698, when Clopton Havers was elected first Gale lecturer on osteology, undue value has been fixed on the subject. Specimens are easily prepared and kept, and, while they are being handled, teacher and learner are readily reminded of the facts to be acquired.

Anatomy is highly esteemed as a means of mental training, a purpose for which it would be fit for the earlier years; but, during the later ones, no memory could retain a thorough acquaintance with it together with the far more important knowledge to be then stored up. One would have thought that Mr. Syme's committee of the Medical Council (1868-9) would have set this question at rest. The 131 teachers whom they consulted were almost unanimous in restricting anatomical work to the first half of study. In the faulty system lately superseded in my College, there were but two examinations, and Anatomy counted nearly 50 per cent. of the first.

These top-heavy candidates were easily knocked over; fifteen out of nineteen failed a few weeks ago. Thirty-two years ago, when I passed, work with a grinder was indispensable for making knowledge producible; the entire professional examination was oral, only occupying an hour on each of two consecutive days. In some cases, the hours were allowed to be consecutive. Under the new scheme, each student is examined during about fifteen hours within the four years, and in every item the methods are the most practical in the United Kingdom. The conjoined plan compels work in a school during the first year; that of the College of Surgeons did not, and the period went popularly by the name of "the Skibbereen year," as it might be spent in that remote place. Grinding was thus encouraged to a pernicious degree; for the student, having to answer at the end of the year in many subjects, about which he had only read, depended on cramming alone—a fault likely to endure for his whole pupillage.

The conjoint curriculum has no place for the assistantcy with a practitioner, which some value highly, but preferably it insists on *bonâ fide* work as dresser and clinical clerk, which has heretofore been a want in the Dublin Hospital system, and on attendance at ophthalmic and obstetric institutions, and the compounding department of a clinical hospital. In future, the declaration of the President of the Medical Council will be applicable to my city likewise. "The instruction given in London hospitals for the average learners is tenfold more detailed and more precise than in the student days of Hunter and of Brodie." That all our young fellows do not become prodigies, proves there are limits to receptivity.

In the final examination, in addition to medicine, surgery and midwifery, the candidate should be allowed to choose one of the three great special lines of practice towards which he may be called, namely, mental pathology, ophthalmology, or hygiene, and tested in it alone. The growing importance of the last named is shown by the fact that it forms a necessary part of examination in 91 of the 233 colleges which qualify in the United States and Canada. If the Apothecaries' Hall be raised into a full licensing body (the legality of so doing is at least questionable), the medical profession in Ireland will have lost far more than it will have gained by the Medical Act. As that company does not annually receive as much money for its licenses as is paid by a single candidate for any registrable qualification, to abolish its power would inflict pecuniary loss only infinitesimal compared with other sources of profit. As dispensers, they have been largely supplanted by the licentiates of the Pharmaceutical Society.

And now I end this imperfect survey of medical affairs in Ireland, and express to you earnest thanks for having patiently listened to it.

INVERSION OF UTERUS WITH A LARGE FIBROID.—Dr. Goossens, of the Rotterdam Hospital, mentions, in a Dutch medical journal, an interesting case of inversion of the uterus, complicated with a fibrous tumour of the wall. The woman was first admitted into the hospital in 1881 for menorrhagia, which had lasted for three years, or since her last confinement. On examination, a large tumour was found in the vagina, the base being evidently within the uterus. By means of bimanual exploration, the organ was felt to be enlarged and hard. While the surgeons were considering whether a vaginal operation or a laparotomy offered the best hope of success, the patient solved the question for them by leaving the hospital. After the lapse of four years, she was brought back, apparently dying from profuse hæmorrhage. During defecation, a large rounded mass was extruded about eight inches from the vulva; this proved to be a myoma of the fundus of the now inverted uterus. An elastic ligature was at once applied to the base of the myoma, care being taken not to wound the peritoneum inside the inverted organ. The hæmorrhage being thus arrested, the tumour was removed, and, antiseptic measures being taken, the uterus was replaced. The patient was ultimately discharged, cured.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF OBSTETRIC MEDICINE,

*At the Annual Meeting of the British Medical Association
held in Brighton, August, 1886.*

By ALFRED MEADOWS, M.D., F.R.C.P.,
Physician-Accoucheur to St. Mary's Hospital: President of the Section.

ON CERTAIN OBSTETRIC AND GYNÆCOLOGICAL OPERATIONS.

BEFORE we proceed to the special business of the Section, it is customary, and, I think, fitting, that the President should make a few introductory remarks; and in doing so I desire, first, in the name of this Association, to offer a hearty welcome to all those who have kindly honoured us with their presence, and especially those whom, though foreigners in a national sense, we are proud to regard as brethren, whose lives are spent in, and whose hearts are devoted to, the study and advancement of gynæcology and obstetrics. I wish, also, to express my thanks to the Council of this Association for the high honour they conferred upon me in electing me to the Presidency of this Section. It is an honour of which I feel justly proud; and it is one which can be best appreciated by those who are cognisant of the great work which, year by year, is being carried on by the practitioners of this department of medicine.

And here I would venture to make a remark upon the growing differentiation of the subjects of which this Section takes cognisance. More and more evident each year is the divergence which is springing up between obstetrics and gynæcology; not that the practitioners of either department recognise any antagonism between the two; but rather the conviction is being forced upon their minds, that each is sufficiently important to be regarded as a separate "item," and is best studied and advanced by judicious and judicial separation. In America, in Germany, and elsewhere, this divorce is being effected as a matter of scientific necessity, and in our own country the same process of disintegration is going on; while its formal recognition has been prominently advanced by the Council of the International Medical Congress, which has established separate sections in obstetrics and in gynæcology, just as in various centres of study, in the great cities of Europe and America, the same division is being effected. I hold, very strongly, the opinion that it is to the advantage of both, certainly it is to gynæcology, that this divorce should be recognised; for, although it may probably be said that all obstetricians are gynæcologists, more or less, the converse certainly is not true; for many are proud, and justly so, of their gynæcological attainments and reputation, who have no pretensions, and do not lay claim, to be considered as obstetricians. This division will, I have no doubt, become more and more marked as the science and practice extend; and it would be wise, I think, for those in authority to recognise the fact, and do their utmost to advance a most important work. As I have remarked, there is no necessary antagonism between the two; but, as in some other circumstances and relations in life, a forced union between parties, where one or both desire a friendly separation, is sure to lead to family quarrels, and will hinder rather than promote those cordial relations which are essential to prosperity and progress.

It cannot, I think, be denied that this Section is yearly growing in importance and interest; nor, I think, can it be disputed that the advances which have been made and the brilliant achievements which have been wrought in the practice of gynæcology during recent years have placed this department in the foremost rank of surgical art, and have enabled the gynæcologist to rivet the attention of the whole profession on the marvellous record of his courage and his skill. I venture to say that, if we look up and down the history of surgery in this or any other country during the last quarter of a century, it would puzzle us to find a parallel to the chapter which may now be written of the abdominal surgery which the gynæcologist has introduced. Nowhere is there such a record of life saved, of suffering averted, of health restored, of happiness secured, as is inscribed on that tablet of time which the knife of the gynæcologist has carved in letters of indelible characters. Nor is it only in the department of gynæcology that new departures are being taken for the saving of