REMARKS

ON

STATE MEDICINE IN GREAT BRITAIN.*

BY

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NOT many years ago, State Medicine in England was treated, even by well informed persons, as a mere idea, a speculative theory, or, at best, a German innovation. Any formal view of the subject was liable to be met by taunt and ridicule. Able critics told us that "we might as well have a state astronomy or a state chemistry. As those sciences live by their own wits, why (said they) should not medicine?"

It is scarcely necessary for me to reply to objections which had more of sound than sense in them, and which have been virtually set aside by the progress of public and medical opinion.

At that time, State Medicine was a novelty in England. Its objects were not understood. Even the very meaning of the word was dark. The fact was barely recognised, if not wholly ignored, that there already existed a *fragmentary* sort of State Medicine in the country; that is to say, medical practitioners were frequently employed by Government, or by commissioners, or by local authorities, or in courts of law, for public duties of some kind or other—employed indeed without method or rule, and therefore not only inefficient but expensively. Yet these ill-contrived and irregular arrangements have called into action another class of objectors—members of our own profession among them—stout defenders of vested interests and established usages, raising the old conservative cry, "Great is Diana of the Ephesians."

Now, in the face of this active and passive opposition, certain great questions involved in the public action of the profession—chiefly in its preventive and legal departments—have advanced so rapidly; the demand for the aid of physicians and surgeons in various departments of civil and legal duty has so greatly increased—the *force of circumstances*, in fact, has been so irresistible—that the public, as well as the Government and the medical profession itself, are now compelled to inquire into the principles and the methods on which this growing department of medicine is to be most effectively worked for the benefit and safety of society. And thus it is that, following the lead so admirably taken by Dr. Symonds in 1865, I have the honour, by invitation, to treat this day concerning its further development and better organisation.

The proximate cause of my being named for an undertaking which should have fallen into more competent hands, I suppose to have been a request which was made to me some months past by our able and energetic associate, Mr. Arthur Ransome; viz., that I would propose a resolution, at this meeting, in support of certain improvements recommended by Dr. Farr (Registrar-General's 27th Annual Report), with the object, in the first place, of verifying the fact of death, identifying the person of the deceased, and, as accurately as possible, investigating and recording the cause of death.

The principal feature of the plan, however, was the appointment of a specially qualified *Registration Medical Officer* in every registration district of the kingdom, who would perform certain duties, without superseding either the certificate of the medical attendant of the deceased or legal inquiry by the coroner.

Dr. Farr's important suggestion forms the primary and most characteristic feature of a larger project which had been published at least ten years before. Then, as now, this measure was proposed as the *basis* of an organisation, not only for the public registration of all sickness attended at the public expense and in public institutions (which is the object of Mr. Ransome's Committee), but also, and mainly, to secure a more accurate and trustworthy determination of the causes of death, a more satisfactory performance of medico-legal investigations, a supply of more reliable medical evidence in coroners' inquests and courts of law, and to provide generally for scientific advice and aid to local authorities in matters of public health. *These objects are comprehended in, and constitute the main elements of, what we call State Medicine.*

Historically and practically, most of these duties arise out of public arrangements for the medical relief of the poor. It was in this department of public medicine, and in the hospitals and dispensaries of the kingdom, that medical men became acquainted with the extent and depth of the physical misery and degradation of our common humanity. Here was learnt, here is to be learnt, the condition of the masses—of

the living and dying, the healthy and diseased. Here are trained the men who might afterwards become the most useful Physicians of the State, the *Ἀσκληπιοὶ πολιτικοὶ* of Plato—"ἄσσοι πλείστους μὲν ὀφειλομένους, πλείστους δὲ νοσῶντας μετεχειρίσαντο." And thus it is that, from the Stygian realms of destitution and dissoluteness and disease, uprises the corrective agency, empowered to vindicate the primal laws of public order and public health.

In no country, I may here observe, does this elevation of object, this transition from the merely palliative to the really preventive, appear to be so easy of execution and so promising of success as in Ireland, the dispensary system of which is probably the best in Europe, and, happily for London, has recently been adopted by the President of the Poor-law Board as the model for his new organisation of medical relief.

It is my present purpose to call attention to some of the more remarkable defects and anomalies of our public arrangements, and then to show how, *under existing circumstances*, the primary objects of preventive and legal medicine might be best attained.

I.—ETIOLOGICAL: REGISTRATION OF MORTALITY AND SICKNESS.

I speak, first, of that which I believe to be at the very root of the matter: our public system of inquiry into, and record of, the causes of mortality—and, incidentally, the causes of fatal diseases and injuries.

Accurate observation and rigid verification of facts, careful identification of persons and things, simple and clear definitions of phenomena, especially a correct *nomenclature* of diseases and casualties (such as we are now likely to possess, thanks to the Committee of the London College of Physicians)—all these are indispensable and primary conditions of a sound method of inquiry.

The two great branches of State Medicine spring from this same root—scientific inquiry. If the results ascend through a well organised stem of record, they will expand into a noble tree of knowledge, the fruits of which alone may be safely used to amend the administration of justice, to improve the social condition, and to prolong the lives of the people.

We may, indeed, look back with much satisfaction on the growth of vital and medical statistics within the last forty years. A considerable increase of our knowledge of the causes of disease and death has been attained under the systematic records and returns of the medical departments of the army and navy, and in certain departments of the civil service. But our greatest advance is due to the general registration of the causes of death, for which England (may I not say the whole kingdom?) is indebted mainly to Dr. Farr. Crude and imperfect as were the earlier returns, a continuous improvement, though at a very slow rate, has been creeping on year by year. But those who have closely watched the working of the system, well know that in England—and I am not surprised to hear in Ireland also—we are, as yet, far from possessing any trustworthy records.

It is indeed rare that even the simple fact of death is verified. Neither the Court of Chancery nor the Bank of England accepts the national register as legal proof of any reported death; while, as to the so-called "cause", the greatest possible discrepancy exists, as to the matters reported, the persons who report, the nature of the report, and the subsequent use made of it. In a multitude of cases, neither the cause nor even the manner of death is returned. In a greatly larger proportion, the return is inaccurate or made on partial and defective evidence.

In almost all returns, one out of a consecutive series of destructive impulses is selected as *the* cause, arbitrarily and on no definite principle. In too many instances, the most important stage of the series, as regards the legal bearings of the event or the hygienic inferences to be drawn from it, is utterly and hopelessly—sometimes wilfully—suppressed. Again: "setting aside all the necessary doubts of the certifier, and unavoidable errors of diagnosis—and taking the death-certificates as they stand to be tolerably correct—one cannot examine them without seeing that more than one interpretation may be given to a very large proportion of the recorded 'causes', even by one versed in nosology and the sequence of morbid changes." (Dr. Wilson.)

Here it is that we encounter the error—fatal to a sound statistic—of grouping together facts of different nature and order. And because we lack, in England at least, any national registration of diseases and injuries, we make a futile attempt to convert the *mortality register* into a *record of sickness*. The two things ought to be dealt with separately.

Believing, as I do, with Professor Laycock, that in medicine, that which is necessarily antecedent to an event is its "cause", I should wish to see the *manner* or immediate cause of death (*Todesart* of the Germans) expressed simply and briefly, so as to form the *correct unit* for after-grouping and for statistical results; while any further information concerning constitutional, hereditary, or social "causes", even concerning secondary phenomena, should be referred to another classification, and form the first element in a national registration of sickness.

Once more—as to medical duties and liabilities. There is an almost

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entire absence of necessary safeguards in signing a medical certificate; and I have reason to believe that the cause of death has sometimes been certified by a too confiding practitioner when the patient was still alive.

A certificate given incautiously for a reported death may render the signer liable to be indicted for conspiracy to extort money on false pretences from an insurance office.

The certificate is not given, as it always ought to be, and as the old coroners' law of England required, "*super visum corporis*."

Let me not be understood to depreciate the value of a written opinion, given by the medical attendant of the deceased, as to the cause of death. Such certified statements are of great and increasing value; and no system of registration could be complete without them. But I repeat that, in a large proportion of even certified deaths, the necessary conditions are wholly wanting, and the cause is ill defined; while, with regard to the vast number of uncertified deaths—deaths of which it is impossible to determine the cause without inspection—the scientific superintendent of registration, the district officer of Dr. Farr, is the more urgently required, in order to render the returns available for the national use. In Scotland, these faulty returns, unserviceable for all statistical purposes, amount, as we are told by Dr. Christison, to more than one-fourth of the total deaths.

Thanks to the chiefs of our Registration Department, the English returns are not so defective, for the medical certificate is not compulsory in England.

An arbitrary system of coercion, without some sort of compensation, has doubtless a direct tendency to impair and invalidate the testimony of unwilling certifiers, and to "mingle errors among the facts spontaneously supplied by enlightened and accurate observers." (Reg. Gen. Stat. Nos. 1845.) If a man is forced to say something, the chances are that he may say anything.

I regret to see that, under another form of penal liability, the certificate of the cause of death is made scarcely less compulsory in Ireland.

But, whatever may be the risk, I believe it to be the duty of all, and especially of the man of science, to refuse to certify to any facts which he has not ascertained on clear and indisputable evidence.

Before I pass on to another division of my subject, I venture to express my surprise that the medical profession in Ireland, as a body, did not make it an indispensable condition of their support to the Act of 1863, that the local superintendence of registration should be committed to medical officers; that a character should be given to the office of superintendent, which, unfortunately, it does not possess in England; and that functions of a preventive and medico-legal nature should be connected with it. This important principle was strongly urged by the Social Science Association upon those who were actively promoting the measure in Ireland.

But the tide of public opinion took another direction for the time. The lower office was accepted by the doctors. The higher was secured by the lawyers. The Government would not listen to the advice of scientific and statistical authorities, and Parliament of course acquiesced. The mistake—for such I presume to call it—is, however, not irreparable. Dr. Farr's proposal again opens the question; and, if that be supported as it deserves, the profession, here and in England, may yet occupy its rightful position in the local supervision of vital and sanitary statistics.

II.—MEDICO-LEGAL.

I pass on to the second branch of my subject, the medico-legal; of which there are two divisions—I, that touching Coroners' Inquests; and II, that which may be more strictly called Forensic Medicine.

I. I have no desire to undervalue those *legal verdicts* in cases of sudden, doubtful, or violent deaths, which are returned by the coroners of England and Ireland; but I believe that investigations of the kind are far more perfect and satisfactory under the Scottish system, in which an official inquiry, initiated by the Procurator-Fiscal, takes the place of our coroner's inquest. The opinions of some of our best legal authorities are known to be unfavourable to the English method.

The recent alteration in the law of coroners' inquests, while it may have prevented unseemly disputes between magistrates and coroners about payments for inquests, has nevertheless tended to diminish the number of necessary inquiries. The coroner, be it observed, has not only the power of deciding whether or not an inquest shall be held, but he may, at his option, carry on the inquiry, or suppress it at the solicitation of interested parties. Now, I am quite ready to grant that, in those extremely rare instances in which the coroner is either himself an accomplished medical jurist, or is aided, as he should always be, by skilled investigators, who have the special knowledge and experience, the time, the means, and all needful appliances and conveniences for the investigation—where, moreover, a jury, satisfied of its own incompetence and ignorance, and relying on the conclusions of a skilful and impartial medical jurist, is content to accept his carefully drawn up report and to

record a verdict accordingly—in these instances, if there be any such, I grant, the return of the coroner may be relied on.

But what of the remaining vast majority of inquests?

Our highest authority on this subject, Dr. Taylor, is of opinion that the system affords no certainty for the detection of crime—no protection to those who are wrongly accused—and that, in some cases, it screens a criminal by a verdict based on an imperfect inquiry, in which the important medical facts are misunderstood or misinterpreted by the jury. The additional expense of a *post mortem* examination frequently leads to the refusal of the order for such inspection. Cases are recorded in which deaths by poison or violence have been thus concealed, the facts coming to light some years afterwards. We may conclude with Dr. Taylor that every inquest in which there has been no medical inspection of the body is a vain mockery. If an inspection be not required, an inquest is unnecessary.

Again, we know that many persons who hold the office of coroner have neither the medical nor the juridical qualifications for the proper discharge of its duties. No preliminary test of ability or special qualification is required. All the vices and absurdities of a system of election by forty shilling freeholders, without any of its political advantages, are offensively conspicuous in the choice of coroners. As Dr. Tindal Robertson said: "The longest purse and the most adroit electioneering tactics defeat the highest qualifications for the office."

These abuses can hardly be allowed to remain unremedied by Parliament without irretrievable degradation to this ancient office, which, in the time of Simon de Montfort and the Barons to whom we owe the liberties of England, was held to be one of the highest importance and dignity in the county.

Moreover—and this is our main point—at these inquests, no provision is made for the employment of skilled witnesses or assessors. The usual practice in England is to select the nearest medical practitioner; but it is not uncommon for the coroner to summon his personal medical friend, whether he has had forensic experience or not, and often to trust an important chemical inquiry in the hands of one who, perhaps, has never before performed an analysis for poison.

The wretched manner in which the serious duty of medico-legal examination is performed by persons unaccustomed to it, or engaged in routine practice, without special knowledge to guide, or official instructions to direct them, is calculated to defeat the very object of the inquiry, and to render nugatory all subsequent attempts at scientific research.

Mistakes of this kind could not occur in Germany, where specific directions are issued by public authority for making *post mortem* examinations, and for drawing up the necessary reports.

Even under the most enlightened and experienced of English coroners, it seems to be impossible, as the law now stands, to prevent very defective and inaccurate examinations. Dr. Lankester admits that cases come before him, in which no certain conclusions can be drawn as to the cause of death. He therefore, in concert with all who have considered this question, proposes that some plan should be adopted by which persons specially qualified for and devoted to these pursuits should be employed to make all legal *post mortem* examinations. (Fourth Report, p. 18.) It was long ago recommended that every inspection made by such officers should be conducted according to formal rules, drawn up by experienced pathologists, and approved by the medical officer of the Privy Council.

It was also shown, in a recent discussion on this project, how real would be the advantage to the curative practitioner to be released from the necessity of performing perilous examinations of a disgusting nature, often in filthy localities, and generally rendering him liable to convey cadaveric or morbid poison to his patients for many hours afterwards. Before such an audience as this, I need hardly mention the dangers from this source to women in the puerperal state, and to patients who have undergone important surgical operations.

The proposed measure has further the advantage of being no novelty; for, as we are informed, the duties of a scientific assessor and cadaveric inspector in this city had been performed for eleven years by that distinguished surgeon Mr. Porter, with the acquiescence of the coroners, and with all the public benefit which might be expected to accrue from the aid of a trained and accomplished examiner. I regret to hear that this admirable arrangement has come to an end. If the testimony of the illustrious dead were needed to prove the wisdom of committing these functions to skilled officers appointed by public authority, I might refer you to the lectures of the late Professor Graves, who, with the moderation distinctive of true genius and real power, confessed that, if called upon to decide a case of poisoning, he would refuse, on the ground of incompetence.

To those who imagine that the general practitioner has no option but to undertake cases of this kind in sudden emergencies or in remote dis-

tricts, I would suggest that he would be fully justified in refusing to give evidence upon any facts or appearances which he had not himself witnessed in his private or therapeutic capacity; and also that, were medical officers appointed for this purpose, as we propose, in every district, the ordinary practitioner would have no excuse for stepping out of his beaten track of duty.

Thus, from different points of view, the same object has presented itself to several independent thinkers and observers; and it is precisely the object of Dr. Farr, when he recommends that a medical officer of registration should perform these duties.

II. The question of medical evidence at coroners' inquests (which answer in some respects to the "Tribunals of the First Instance" on the Continent) leads me to touch upon the application of medical science to the proceedings of the higher courts.

In these proceedings, as well as in private inquiries authorised by law, the physician or surgeon is required to state, orally or in writing, his opinion respecting the physical or mental condition of some person who may be accused of crime, or who may need the protection of the law, or who may demand compensation for injury, or whose competency, physical or mental, to perform any social or family duty, or to fulfil any labour-contract, may have become the subject for legal inquiry and decision.

Now, I think it unnecessary to prove that the methods adopted by the courts and legal authorities for eliciting facts and for obtaining scientific opinions in these inquiries are especially liable to error and fallacy, and tend to pervert rather than to establish truth and justice.

1. We encounter, first, the enormous disadvantages arising out of the particular forensic character conferred on the person called upon to give scientific evidence. He is subpoenaed as a witness on one side or other of a civil trial, or by the Crown, or by the defence. As a mere witness, legally speaking, he has nothing to do but to state fully and accurately the facts which he has observed. He may very properly decline to give any opinion. The former belongs to a mere witness; the latter to an adviser of the court. And, unless he appears in the character of an adviser or assessor and hears the whole evidence, he will generally do well to withhold any formal statement of opinion. Unhappily for himself and others, he does not always exercise this prudent reticence.

2. The usual method of examination destroys the value of scientific statements. The position of an *advocate-witness* does not always permit him to say all he knows.

Barristers, ignorant of the proportionate value of the details of medical evidence, often give undue prominence to secondary or trifling points, which serve to conceal or obscure the more important. Oral examination, unless it be after the delivery of a written report, destroys that careful elaboration of the subject which the witness may have previously made mentally or in writing. The truth is distorted, or only half-told.

Surely, neither facts nor opinions should be given in the words of counsel, who are professionally bound to serve their clients.

3. There is also the prevailing defect of competence and skill in the medical witness. For even in the statement of facts, unless he possess special attainments, trained powers of observation, experience in the detection of incidents and circumstances, and a clear and intelligible manner of explaining them, he may fail in giving a correct impression to the court; while, if he hazards an opinion, he runs the greatest risk not only of discrediting his whole evidence, but of hopelessly mystifying the jury.

It must be recollected, that neither the legal profession nor the public have any recognised standard or test by which to determine the special qualifications of medical men for forensic duties. The legal status, in this respect, of all medical practitioners, is the same. The *Medical Register* of the United Kingdom is the only proof of qualifications; and there is no classification in that Register.

The real knowledge of a particular subject which this or that man may possess is seldom known to those who arbitrarily, and for interested purposes, select the witness. The merest sciolist may be the very man to obtain an influence over the jury, which the more cautious, learned, and conscientious witness may wholly fail to secure.

4. But the employment of even skilful and learned men as partizan witnesses is dangerous in proportion to their skill and learning. It leads to an abuse of science—science employed, not for the discovery of truth, but for the triumph of a cause. I might cite instances of eminent men who, on different occasions, have been "hired" to give opinions on opposite sides of the same question, such as the salubrity of water-supplies, the deleterious effects of gas-works and other offensive trades and manufactures.

To place the scientific referee in his proper position, he should be allowed to act independently of the bar, delivering his written report after a careful examination of the case, and his final conclusions after

hearing all the evidence. It might, nevertheless, conduce to the ends of justice, that he should be subsequently cross-examined and re-examined upon his report. Some of our most distinguished men so abhor the present system, that they have uniformly refused to appear in court—Professor Faraday, for instance. "The true scientist," as Mr. Chadwick once said, is often deemed "an unsafe witness—safe for the truth, but unsafe for the particular cause." That full comprehension of difficulties, uncertainties, and contingencies, that carefulness to avoid bold assertions and hasty conclusions, that absence of dogmatism, which distinguish the true philosopher, render him far less available for the lawyers than a less scrupulous or a more shallow and self-confident witness.

The demoralisation of "experts" under the present system can hardly be doubted. While we see many excellent and learned men devoting their great abilities to the public service as experts in medico-legal inquiries, there are a few others who, as Lord Bacon says, "may be accounted the left hand of courts; persons that are full of nimble and sinister tricks and shifts, whereby they pervert the plain and direct courses of courts, and bring justice into oblique lines and labyrinths."

The inferences to be drawn from the preceding considerations seem to be these:

1. That special study and the attainment of special knowledge (to be tested for the future by special examination) should be required for those who profess to undertake medico-forensic duties.

2. That, in preliminary inquiries, our proposed District Physician (Farr's Officer of Registration) would be the proper person to report to the court.

3. That, in other matters (already noticed) not involving forensic action, but requiring the opinion, report, or certificate of an independent and experienced referee, the same officer would be, obviously, the proper local authority.

4. That the Lord Chancellor, or the judges, should appoint a limited number of eminent persons, men held in general esteem, and known to be specially learned—some in psychology, some in the forensic department of chemistry and toxicology—as *assessors* to the courts of assize. These officers of circuits would receive the most important aid from the proposed official "district physicians".

5. That in very obscure, prolonged, and complicated causes, where other scientific men are engaged by litigants, or appointed by the court, there should be, previously to the final trial, a free consultation between the advisers on both sides; that, as Dr. Russell Reynolds has well said, there should be a frank interchange of opinion, and a discussion of facts and theories, *before* meeting in court. Points of agreement would be settled; points of divergence would be limited, and the court definitely instructed.

III.—SANITARY.

We now come from the medico-legal to the sanitary branch of public medicine. One might here expatiate, as is the fashion, on the successful progress of sanitary measures, on the beneficial efforts of officers of health, and the gradual abatement of causes of sickness and mortality under their direction. But, while I heartily acknowledge the debt of gratitude which the country owes to those philanthropists and scientific persons who, in the face of ignorance, apathy, and sordid opposition, and in spite of the very erroneous system under which they act, have stood manfully in the breach, and won many a victory over filth, negligence, and selfishness,—I rather deem it my duty, though it be less agreeable, to pursue my former course of criticism, and to call your attention to the more striking defects which are inherent in our existing provisions of scientific aid and advice to *Local Boards*.

1. We are met at once by the absence of any rational and intelligible principle in the formation or definition of the districts within which such aid and advice is to be afforded. The comparatively few officers of health who are appointed for this purpose to English towns and parishes (beyond the metropolitan boundaries) rarely, if ever, find any correspondence between the limits of their districts and those territorial divisions of the country, in which the great facts of population, mortality, and reproduction, are collected and returned, under the Census and the Registration Acts; nor do either of these correspond with the districts or groups of districts in which the sickness of the poor is treated by medical officers under the Poor Law. This is not the case in Ireland, where, very wisely I think, the organisation for medical relief has been made the basis of areas for sanitary administration, and these again identified with the registration districts. It is true, that the enumeration of the people, as well as the records of their births, deaths, and marriages, are now returned separately for several large towns in England; but Local Boards have been established, and even officers of health appointed, in places which are by far too small and insignificant for separate statistical reports. My friend Dr. Stewart informs us that in 1865, out of 92 provincial officers of health,

no fewer than 63 held office in places whose population was under 10,000. Moreover, I find that in 1866 *one third* of these officers are appointed to places not exceeding 3000 in population; one has only 289 persons under his charge; another 214.

It appears to me that a very large proportion of the provincial health officers are mere sanitary inspectors, or surveyors, and need scarcely be considered in any project of public medical organisation. These vagaries of local government in England sprout forth, fungus-like, from that curious germinal principle of our national life, which enables any self-formed group of parishes, or any single parish, or even any part or township of a parish, to constitute itself, *ex proprio motu*, into a separate sphere of local management under a governing body of its own selection. Whatever may be the advantages of such a system, it is to my mind obvious that anything like a methodical division of the country for purposes of scientific inquiry and record and comparison of results (to say nothing of sanitary instruction), ought to be wholly independent of *parochial* government.

2. There is an utter absence of any check against the appointment of imperfectly qualified persons as officers of health. None of the Public Health Acts prescribe any *special* qualifications for this officer. The highest efforts of legislative genius can conceive of nothing superior to the "legally qualified medical practitioner." The Medical Act, indeed, goes a step farther, and says that the officer of health, like every other practitioner, must be registered. We all know what *that* means, and what it may include. The idol of medical legislators appear to be the full-grown medical practitioner of 21 years of age, licensed to practise in every department of his profession, and fully prepared to act and advise in every emergency, whether it affects the individual or the community. To this mythical personage, a sort of fetish worship is rendered. It may be years before the superstition is destroyed, and the real truth acknowledged, that, in so vast an empire as that of medicine, comprehending such varied fields of science and practice, a division of labour, with correspondent studies, proofs of competency and titles, has become inevitable. I have repeatedly urged the importance of an additional test (by examination) of certain special qualifications, which ought to be demanded of all future candidates for employment in state medicine. Nevertheless, there can be no doubt that those gentlemen who have already distinguished themselves honourably in these specialities—and there are such in all parts of the kingdom—would at once be accredited by any scientific board. But can it be questioned, with any show of reason, that those students who look forward to sanitary or medico-legal employment, ought to be required to devote, at the very least, two years (after attaining their legal and medical majority) to the more minute study of those branches of natural science and those higher applications of pathology, psychology, and social philosophy, which are essential to the creditable exercise of public medical duties? In Ireland the principle of longer preparation has been very judiciously acknowledged by requiring the age of 23 as the minimum for dispensary appointments.

3. Again, there is a total absence of any general regulations for defining the duties, terms, conditions, and relations of the medico-sanitary appointment.

a. On the DUTIES I need not now enlarge, for they have been fully and repeatedly described. No one has written on this point more clearly and instructively than the medical officer of the Privy Council, himself at one time the health-adviser of the City of London. In a few first-class towns, doubtless, these functions are discharged for the most part with diligence, skill, and efficiency; but in many other places, and under the present conditions of office, it would be absurd to expect any real approach to a normal standard of duty and responsibility. I refrain from further remarks on this point.

b. For recent information about the TERMS, I may again refer you to Dr. Stewart's pamphlet; but I cannot forbear noticing that, in some towns and parishes, the officer of health receives no salary at all. One local board gives him 12 guineas a year, another £20; and you may have observed in a recent journal (*Lancet*), that the worthy representatives of popular intelligence in a northern town have accepted a tender of £10 as the annual payment for the services of their medical scavenger. Even in this noble city, I perceive that our friend Dr. Mapother receives for his arduous and valuable labours the munificent remuneration of four-sevenths of a farthing per head on the population of his district. Yet, if his advice be utilised as it deserves, not less than ten years will be added to the average duration of life of every inhabitant of Dublin. The amount of salary in each case should be subject to general regulations, or to the approval of a central authority.

c. The officer of health has every where suffered a material loss of public usefulness and importance, because his RELATIONS with certain authorities and functionaries have never been properly adjusted or defined. I could point out many singular anomalies and gross defects in

these official relations, but I again refrain from entering into details. These points deserve full discussion. They might be equitably settled either by direct legislation or by general orders.

d. A few words as to the CONDITIONS of the office. Its *tenure* should not depend on the caprice of ill-informed local authorities. No officer should be dismissed, but after inquiry and consent by a competent central authority. Without surrendering the power of appointment to a central authority, it might be vested in a local court of extensive jurisdiction, and composed of persons of higher intelligence than are generally to be found on the small boards and councils chosen only by rate-payers. But, to my mind, the most important condition is, that the officer should be *debarred from private practice*, in order that his time, his thoughts, and his labour, may be devoted to the public service. I have always urged this, not only for his own sake, but also for the satisfaction of his medical brethren in the district, and, above all, for the security and benefit of the community. Let him, as Dr. Symonds said, be "freed from the entanglement, fatigue, engrossment, and distraction, contingent upon ordinary medical practice." This condition has been fulfilled in the model appointment at Liverpool, where the distinguished officer of health receives £1,000 a year.

e. I may observe, that the appointment of these supervising officers in all the registration districts of the kingdom (as suggested by Dr. Farr) need not interfere with existing sanitary appointments. Where the latter have been made in towns and parishes forming only portions, and sometimes small portions, of registration districts, the existing health officers might become the local deputies (for such would be most useful) to the superintendents of the wider districts. Where the town or borough contains a population of 40,000 or 50,000 and upwards, the appointment might continue distinct, and the surrounding parishes, if any, might be apportioned among the neighbouring district physicians. Where some enormous town, as Liverpool, may contain more than one registration district, the proposed officers might very advantageously act as statistical and medico-legal assistants to the existing sanitary officer.

4. That learned and active body, the Metropolitan Association of Health Officers in London, might reasonably object to any general suggestions which ignored their case. Yet I feel that I might well be charged with presumption were I now to point out the many deficiencies in their organisation, or to propose improvements, of all which they must themselves be the best judges. They have already put forth some very judicious proposals. But I cannot shut my eyes to the prospect of more sweeping changes, which may probably be found inseparable from certain intended reforms in the municipal government of the metropolis; and my impression is, that a reconstruction of the metropolitan municipalities will involve a considerable *reduction in the number of health officers*. If I am right, then will arise the opportunity for introducing such amendments into the system, such safeguards and conditions, as may accord with true principles of sanitary administration.

5. As to the country at large, I submit that nothing could be more unwise than to petition Parliament, or to memorialise Government, for the *compulsory* extension of such a health officer system as I have shown to be now slowly spreading among the provincial towns and parishes of England. No defects of local management could, in my opinion, justify the demand for the general adoption of so objectionable a plan for providing medical advice to local boards as that which I have now criticised. The greater the multiplication of those appointments, the greater will be the difficulties and obstructions in the way of a future proper organisation.

DISTRICT ORGANISATION.

Dismissing the specialities of my subject, I have now shortly to urge the advantages which a well ordered *local* or *district* organisation possesses over mere central action, however enlightened. A purely central system is not unreasonably called for by those who, seeing with dismay the miserable administration of sanitary affairs in many localities, and the no less defective arrangement for medico-legal inquiries, propose to create or to strengthen some Government department, not merely with the view of making inquiries, instituting proceedings, and collecting and comparing results, but even for the purpose of regulating and enforcing local duties, by means of a selected body of inspectors, who are to be sent here and there as public calamities may require. This principle has been recently extended to public vaccination by empowering the inspectors of Privy Council to make awards—in the form of "payment by results"—to those vaccinators whom they may consider to have been sufficiently zealous and efficient in their office. A more equitable payment for well executed public duties is thus made to depend on the *favourable opinion* of Government Visitors, who, I presume, cannot by any possibility inspect more than a tenth part of the vaccinations annually performed in England. I think this is introducing into medical matters a very doubtful, if not dangerous, principle of public administration—a

principle which an independent profession is bound to resist boldly and perseveringly.

The central method is also occasionally applied to medico-legal inquiries by committing them—when local medical practitioners are baffled or distrusted—to accomplished experts of metropolitan reputation. While freely acknowledging the very efficient aid often rendered by these learned commissioners and skilful experts—and believing that they may still be most usefully employed in their respective departments of inquiry—I deny that it is a wise or healthy principle of government to confine each duties to the missionaries of a central board.

Nothing is easier than to damp or even extinguish local research and local action; and the effects of such continual interference must, I think, be detrimental to sound local progress. It has been too hastily assumed that rays of metropolitan illumination are necessary to dispel the Cimmerian darkness of provincial people. But, in truth, there are many able and thoroughly scientific workers in the counties and chief towns of this empire. And these men, if superseded by intrusive central action, may retire in disgust, or expend their leisure and unemployed force in disputing and invalidating the reports and conclusions of government officials. On the other hand, the local principle by itself, even in its highest development, is but a narrow one. The sphere of observation, even if comparatively large and well-worked, is limited to the boundaries of the district. Means of comparing results in different localities are wanting, and an obstructive prejudiced policy is the natural result.

It is the combination of the two principles in the measure which I have suggested, that I trust may recommend it to the philosophic organiser. The foundation should be LOCAL. The public medical officer of each large district, closely observing, verifying, collecting, and revising his facts,—making his examinations and reports,—directing his subalterns,—and advising the magistrates and the executive bodies within his sphere,—would give a tone, value, and force to local action which it has never yet attained,—would elicit facts and establish conclusions from local physical conditions and phenomena, which might remain for ever unnoticed under mere central action. Each district superintendent, forming only an item in the national system, and communicating, through inspectors, with the state departments, would contribute by his discoveries and reports to form the grand national total of information—a treasury of scientific knowledge and practice for public use, such as for extent and exactness could never be attained under the present system or on either principle singly applied.

PROFESSIONAL INTERESTS.

Can it be necessary to prove to a learned body of men, distinguished for their liberal and self-sacrificing efforts in the diffusion of preventive knowledge, and in applying it for the public benefit, that no part of this scheme would injuriously affect the interests of established practitioners? Hardly! Yet, to avoid being misunderstood, let me remind you, first, that to relieve the ordinary physician and surgeon of public responsibility and personal risk in the conduct of *post mortem* examinations need by no means prevent his being summoned as a witness to facts, or being present (if he desire it) at cadaveric or judicial inspections, or giving evidence as the medical attendant of the deceased. To the completeness and success of any medico-legal inquiry, the attendance of the man who had watched the case in life, or who had known the family tendencies, is obviously essential. To the general interests of society, his presence is often very important. To himself, the summons of the court is a mere act of justice. He would have the option of giving evidence on the prescribed terms, although the district physician would be the officer of the court. Secondly: that, in certifying as to the mental condition of persons alleged to be insane, or the physical inability of persons claiming to be absolved from industrial employment or official duties, it would generally be a great relief to him that his opinion should be supplemented, supported, or (if necessary) corrected, by the statement or counter-signature of an official person, after further investigation. Thirdly: that the state physician, being precluded from *private* practice, would never appear as the rival of the local practitioner, but would rather come as his official coadjutor, receiving, indeed, from him all needful information as to prevalent sickness and mortality and their causes, yet in turn relieving him from the performance of many disagreeable and damaging public duties, aiding him by prophylactic advice, and supporting him, if that were necessary, under unjust accusations of *mala praxis*.

And now, Mr. President and gentlemen, I pray you to accept my sincere apology for the undue length to which these very imperfect remarks on a great subject have extended.

As I may be expected to conclude with some practical suggestion, I beg leave to draw your attention to the result of your late attempt to report on this question.

After my friend Dr. Symonds had ended his very impressive address on Medical Evidence in Relation to State Medicine, at Leamington, a Committee was appointed "to take into consideration the present position of medical practitioners in respect to medico-legal investigations, and to confer on the expediency of impressing on the legislature the appointment of *State Physicians*, whose duties might embrace both medico-legal inquiries and the care of public health."

This Committee was to report to the next meeting of the Association or to the Committee of Council, which body was authorised to devote a sum of not less than £20 to the purposes of the inquiry. The Committee met for the first and last time at Birmingham, in July 1866, and resolved—"That the subject for their consideration was *state medicine*, which they understood to include both legal medicine and public hygiene." They agreed—"That the present system of engaging medical witnesses is unsatisfactory in its results and detrimental to the public interests." They also resolved, although not unanimously—"That, in the districts of England, there should be appointed medical officers, specially qualified and freed from the embarrassments contingent on ordinary medical practice, whose duty it would be to give evidence, forensic and documentary, in the various cases and questions in which legal action has to be taken; to investigate the causes of sickness and mortality in their respective districts; and to afford advice and aid to the civil and legal authorities"; also, "that such district organisation should be supplemented by a central board in the metropolis for reference in cases of difficulty". This Committee made no report. A quorum was not present at Chester.

I hope that the grounds, if any, for some slight difference of opinion among its members, may have been removed. It remains for this congress either to confirm the resolutions of that committee or to direct a renewal of the inquiry. At all events, permit me to urge the adoption of some decisive measure in support of the principal amendment proposed by Dr. Farr, as the safest and soundest initiative step towards a national organisation for purposes of State Medicine.

Discussion on Dr. Rumsey's Paper.

DR. LANKESTER: I rise to make a few remarks upon this excellent paper, and I shall confine myself to the division of the paper, in which Dr. Rumsey more particularly alluded to the office of coroner. I do not entirely agree with Dr. Rumsey's remarks upon the coroner's court. Although I have known some Englishmen who think that the Scotch system would be better than the jury system which prevails in England, for inquiring into the causes of death, I think I know a still greater number of Scotchmen who prefer our system to their own. The element of common sense, which a jury of twelve Englishmen presents, is often depreciated and overlooked in cases where there is not a sufficient knowledge on their part to comprehend technical evidence. I can almost confirm what a learned judge said a little time ago, with regard to juries, that in cases where juries had decided against his directions, on reflection he found that the juries were generally right. I have been very much struck occasionally with the common sense of twelve jurymen such as I am in the habit of meeting; and I meet about twelve thousand of these gentlemen every year in the county of Middlesex, and therefore have a pretty good opportunity of forming a judgment on their capacities of understanding and deciding on evidence. And I certainly have come to a conclusion somewhat different from that which Dr. Rumsey has stated in his paper. But I think we shall never be able to modify the jury system in England. It seems to be one of the general ideas among the population, that the jury system is the foundation of our liberties to a certain extent. And I think that, when you see how constantly a jury is employed in the country in all great causes where decisions have to be made, you will find that the feeling is not a wrong feeling, and that there is some truth in the notion that our civil and religious liberties depend on the jury system. I should be very sorry to see any attempt made to diminish the power in England of the jury system in connexion with inquiry into the cause of death. But when we come to the conduct of the court and its various surroundings, then I am more in accordance with Dr. Rumsey's opinions. I think that much may be done. I consider the registration of deaths exceedingly defective. And what Dr. Rumsey has pointed out so forcibly, is this, that really the medical certificate is not a proper certificate. There frequently is no inspection of the body after death, and the medical man certifies on hearsay evidence. Somebody tells him that the patient is dead; he does not see the body after death; and he records his opinion as to what the cause of death is. Frequently it is impossible to ascertain the cause of death unless some inspection takes place. Sudden death constantly occurs in long illnesses which may have arisen from a variety of causes. I have been often called on to investigate such cases of sudden death in long illnesses, where, if the medical man had given a certificate, he would have given one utterly at variance with

the cause of death as it came out upon investigation. Dr. Rumsey speaks of the fact that persons get certificates of death before the parties referred to in the certificate are dead. One instance was brought before the Medical Officers of Health Association of London by Mr. Liddle of Whitechapel, in which a woman actually got several certificates of her husband's death. She appealed to the charity of her neighbours, saying, "My poor husband is dead, I want money to bury him; there is the certificate of his death"; and thus he had died three or four times to Mr. Liddle's knowledge. That would not happen under a proper system of inspection; and I quite advocate a change. Dr. Rumsey has opened up another question which has pressed on me rather anxiously within the last two or three years; and that is, as to the necessity of obtaining, if possible, cultivated and scientific evidence in the coroner's court. I have felt that my medical brethren might think that I was not appreciating their education as I ought; but I say that frequently, in coroners' courts, the knowledge that is required for the investigation of a special case is not possessed by the medical man. That is no disgrace, no reproach to him at all. It is quite impossible for a gentleman in general practice, who in his lifetime meets perhaps with but one or two cases of importance that come before the coroner's court, to keep up all the knowledge of medical jurisprudence that is really necessary. Yet if he is called in to the case, if he gets the warrant of the coroner, he must perform his duties; and he may examine the body in a most imperfect way, but yet in such a way as to render it impossible for any further inquiry to be made. I have known that to occur more than once. I could give you a large number of cases in which justice was rendered incapable of application, because of the imperfect knowledge of the medical man of the nature of the inquiries necessary into the cause of death. It is on this ground, as well as on many others, that I have been an advocate for having some one medical man who would be educated for, and who would go to, all such cases, and who would acquire a facility, knowledge, and power of investigation, which would be of the greatest possible assistance; and I think that this plan would, in the long run, turn out much more acceptable to the medical profession than their having to do this thing themselves. I need not tell you that there is a great objection frequently to a medical man being called in as a witness in his own case. The Medical Witnesses Act supposes that the medical man who has been the attendant upon a deceased person, is the man who ought to make any examination that is required, and be called as the medical witness. But it frequently happens that the whole importance of the case turns on that medical man's testimony; and it is perhaps too much to expect that a man will always be thoroughly honest in his own case. If a person dies suddenly and the medical man who attended him had told his friends all along that he had a certain disease, and that he would die of that disease, and if that medical man afterwards makes a *post mortem* examination and finds himself utterly wrong, it is almost against human nature that he will come into court and say, "I was entirely wrong in this case." It would be much better that the examination should be made by some independent person who has no feeling about the case at all. And I am sure that if you go through your experience, and I believe that every medical man here has appeared in a coroner's court, you will all say that it would be much better for coroner's juries that the medical witness there should be some expert, some person who had by previous attainments acquired a power of investigating greater than any individual practitioner would present. I wish this question to be agitated as widely as possible before any steps be taken. I believe that the power given to the coroner in the Medical Witness Act could be disputed in a court of law if he were to choose any particular individual to make this investigation; but there is the objection Dr. Rumsey has mentioned, that the coroner may choose a personal friend. Now I do not think that ought to be done; and I should be glad if some system could be hit on, some plan by which the profession should appoint that man, or at any rate by which some competent body should do so. I quite sympathise with what Mr. Rumsey says as regards centralisation. A great central authority like government is not always capable of dealing with particular questions of local appointments. I am sure that in my district the great body of the profession, if they had a number of candidates before them, would be able to hit on the man best suited for giving the kind of evidence required in the coroner's court. With regard to the medical officers of health, I can only say that I feel every day more and more the importance of these officers being wholly devoted to their work; and if any system could be hit on of appointing men to great districts, to which alone they could give up their whole time and attention, I think it would be a benefit to the community. I would be very willing to retire from the post I hold as officer of health, if four or five neighbouring parishes would unite to give a proper salary to one man who should devote himself entirely to the work. I think the system might be carried out in that way, and that the whole country might be thus covered by an inspection, which I

am sure is necessary to the health and wealth of the community. What is frequently not regarded in this point of view, is the saving that is effected. Vestries do not seem to understand that when they are giving £200 or £300 a year—a sum which is often grudged—to the officer of health, he saves the community of the parish, though it may not appear in the rate-books, perhaps £1,000 a year. I calculate that for every £100 a year spent in sanitary matters, London gains £1000 a year. I should like to say what I feel with regard to the calling in of medical witnesses in the courts of law. I do feel that it is almost a degradation to us to be called on to give evidence on one side, to have to go into court knowing something which is perhaps against our own side, and yet supposing that we are not there to tell the truth, but just to say what is wanted of us. I do not think that is a good position for a medical man or a man of science to be placed in; and I should be glad to see any system adopted which would relieve us from that kind of degradation. I have heard Mr. O'Ferrall express himself on this subject very often, to the effect that a medical man ought never to give evidence on the one side or the other. I have no objection to give an opinion; that is what I think we should do, and then let the judges and juries decide. [Applause.]

Dr. DAVYS, (Swords): I feel desirous of making a remark or two on this important subject, which has been so ably brought forward by Dr. Rumsey, although it may be almost superfluous that I should allude to it, after what we have heard from Dr. Lankester. Holding, however, the position of one of the two coroners of the county of Dublin, and feeling an interest in the matter, I desire to refer to it. First, with regard to the system of registration of deaths in this country; the form of medical certificate adopted by the Registrar-General in this country requires the medical man issuing it to state the day on which he saw the deceased, the illness with which he was afflicted, and the day on which he died; in other words, he must be perfectly certain, not on hearsay evidence, but convinced, that the person is dead. That certificate is afterwards forwarded to the superintendent of registration of the district, and is recorded and afterwards sent to the Registrar-General's office, where it undergoes a careful examination by the medical registrar, Dr. Burke. I may also remark that, in the quarterly return forms issued by the Registrar-General of Ireland, the notes or remarks from various registrars in this country of the sanitary condition of their respective districts prove, in my opinion, the most wholesome stimulus to sanitary reform in this country; because these quarterly return forms are issued to every registrar, and to the principal gentry in the country. The records of the sanitary condition of the several districts are noted, and the district that is backward in sanitary reform sees that its neighbouring district is in a better condition. With regard to the appointment of a medical assessor for the coroner, I do not believe it would be of advantage, except in populous districts and large cities. I do not think it would be competent to our professional brethren to bring from a distance a medical assessor. In large towns, it would be a saving and an advantage to the government; because, in a case of suspected murder or poisoning, when the verdict of the coroner's jury states that the deceased has been poisoned, the stomach and all the important viscera are taken from the medical man who performs the *post mortem* examination, and are entrusted by the government to some analyst; the medical gentleman who performs the *post mortem* examination gets only two guineas from the coroner and loses the total profits in the matter, while a gentleman living perhaps forty miles off, who carefully examines the viscera, gets perhaps forty or fifty guineas. With regard to the system of coroner's juries, there is in many cases, in thinly populated districts, a difficulty of providing them.

Mr. HASTINGS: I owe some apology to this Association for addressing it, seeing that I have not the honour to belong to the medical profession. But this is a subject which, to a certain extent, is common to the professions of both law and medicine, besides being deeply interesting to the public. I therefore venture to offer a few remarks on the extremely able and most interesting paper which we have heard from Dr. Rumsey. With reference, first, to the question of medical witnesses, it is perfectly true, as Dr. Rumsey has stated in his paper, and Dr. Lankester reiterated since, that the medical evidence often heard in courts of justice is of a very unsatisfactory kind; but I must say—and I can say it with all the more force as not being a medical man—that it would be an entire mistake to suppose that evidence is bad because it is medical, or because it is given by a medical man. I have heard medical evidence often most unjustly treated with ridicule by judges and others accustomed to hear it. But the fact is, there is a great distinction to be drawn. The question is, not whether it is medical evidence or not, but what kind of medical evidence it is. I have practised at the bar for more than seventeen years; and during that time, on circuit and at sessions, I have had the good fortune to examine a considerable number of medical witnesses; and I have remarked that, where they were giving evidence upon material facts, anything more clear, straightforward, and

satisfactory as evidence had never been given by any class of men in a court of justice. [*Applause.*] But medical evidence becomes unsatisfactory at the point where all evidence becomes unsatisfactory; that is, where the witness ceases to be a witness and becomes an advocate in the witness-box. The same observation applies to all kinds of evidence—evidence as to patents, and that of rival engineers in railway cases before the House of Commons. The fact is, the witness is brought to court retained by one side, perhaps paid by that side. He feels bound—at any rate, his inevitable bias is—to do his best for that side; to keep back everything that tells against it, if he can; to put forward most prominently, even unfairly, those parts of the case that tell for him; and, of course, to enter into a gladiatorial contest with counsel as to whether the whole truth is to be brought out. Therefore I most cordially concur with all that Dr. Rumsey said as to the inexpediency of that class of evidence. But I do not see how you are to stop it. I do not see how you can ever say, in either a criminal or a civil case, that the parties are not to bring any evidence they choose before the court, and let it be sifted by cross-examination. But there is one course recommended by Dr. Rumsey, and which I heard him recommend before; for this is by no means the first time that I have had the pleasure of hearing him on the subject. I heard him so long ago as 1859, in the Social Science Congress, read an able paper on this very subject. The paper was referred for investigation to a special committee of the Association, which reported in the form of a long series of resolutions, very much carrying out many of the observations that he made to-day; and one point that he particularly dwelt on, and on which I most cordially concur with him—and I believe that the proposal would be carried out to-morrow, if only the public mind were thoroughly made aware of its importance—was as to the expediency of having attached to courts of justice trained assessors, who should assist the judges in the discharge of their judicial functions. [*Applause.*] That very measure was recommended years ago by a special committee of the Law Amendment Society, after a long investigation; and was also recommended by a special committee of the Social Science Association, and supported by Mr. Welsh and several others of the most scientific men at the bar. I have often heard it said, and I know some of the judges say, that it would not do to establish a double hierarchy in courts of justice. My answer is, that it *is* done; that the system is already in existence in the country. There is one court of justice, most ably managed, in which this system of assessorship prevails; and that is the Court of Admiralty. When the Judge of Admiralty sits to try a cause, for instance, as to the collision of two vessels in the Channel, and to ascertain which of them was in fault, it is the business of that Court to find out in the first instance the facts, and nothing but the facts. But, having elicited the facts, the judge turns round to the two Trinity Masters, who by law sit with him in court and hear the evidence, and says, "Tell me, you, who are scientifically versed in seafaring matters, was it the duty of the one vessel, say, to have ported her helm, or of the other to have backed her sails and showed a light?" And the Trinity Masters say, "In our scientific opinion, this vessel or that vessel was wrong;" and the Court gives judgment accordingly. [*Applause.*] Now, I cannot see—taking, for example, a poisoning case—why precisely the same thing should not be done; why, instead of having an unseemly exhibition between the medical and the chemical witnesses, the court should not content itself with eliciting the simple facts of the case as they took place, according to the evidence of those who proved them; and why the court should not then say to its highly trained assessors—for, in all medical inquiries, the assessors ought to be highly trained practitioners—"Gentlemen, you have heard these facts, as stated by the witnesses before the court; I lay them before you, divested of all extraneous matter. Tell us what is your scientific opinion: Were these results, in your opinion, produced by poison, as is stated by the prosecution; or were they not?" And you would then have an absolutely judicious, unbiassed, calm, trained opinion, on which the jury, and afterwards the judge, might act. Passing to one other question to which Dr. Rumsey alluded—to sanitary matters—I certainly most cordially agree with him in his observations against too great centralisation. The fact is, that what is desirable above all things is, that municipalities and the people generally should be trained up to a knowledge of what is required of them in matters relating to the public health; and that they should be brought to act for themselves, and to judge for themselves. I am strongly in favour of a central department of some kind to supervise and collect information and to diffuse it, and to act as a stimulus to the health movement throughout the country. At the same time, I strongly desire that, as far as possible, all administrative power should be invested in the local authorities; and that they should be trained and stimulated up to the work that they have to do. I beg to suggest that, as Dr. Stewart has given notice of a motion relating to central legislation and the appointment of a committee thereon, it be an instruction to this committee, if they shall be

appointed, to cooperate with the Health Committee of the Association for the Promotion of Social Science. We are at this moment paying very great attention to that question. We sent a deputation, a few weeks ago, to the President of the Privy Council, and are endeavouring to obtain an amendment of the Health Act; and I think that the committee of the British Medical Association and the Association for the Promotion of Social Science ought, as far as possible, to act together. As Secretary of the latter Association, I promise that any cooperation you think fit to give shall be cordially received; and that, as far as we are concerned, we will act in perfect unison with you. [*Applause.*] I hope I may be permitted to take this opportunity, as I shall have no other, of expressing the gratitude I feel towards this Association for the signal honour they conferred on me last year in electing me an honorary member; for which I have endeavoured to show my gratitude by being present at this meeting, which I see so numerously attended. I only wish that one whose name will be always honoured amongst us had lived to see this meeting, to which he would have looked forward with the greatest interest, and which would have surpassed even his warmest expectations.

Dr. DAVEY (Northwoods): This subject is one which attaches so directly to our profession, and is one in which I have for long years taken so great an interest, that I cannot allow the present opportunity to pass by without saying a few words in favour of the principles which have been advocated by Dr. Rumsey. There is one important feature of the case on which I am desirous of saying a few words—the acceptance of the principle of medical arbitration, to take the place of that one-sided and other-sided view of the matter which has obtained up to the present time. This medical arbitration principle is a good one, and I worked it out myself in a pamphlet which I wrote some years ago, forming my address as President of the Gloucestershire Medical and Surgical Association. In that pamphlet, I have done my best to show how very desirable it is to carry out a perfect system of medical arbitration. I reviewed two important trials, for the purpose of showing the great importance of that principle; and I say we have only now to go on earnestly pressing the consideration of the matter upon the public. I think we shall succeed in influencing society at large, and the Government in particular. Those who were present at our annual meeting in London will recollect the address of Dr. Walshe. The principles which Dr. Rumsey has eloquently advocated to-day were also enforced in that address, which was one singularly felicitous, possessing great power; and well adapted to convince the minds of all those who doubt the principle contended for. Dr. Walshe did good service on that occasion; and I shall not very soon forget his conclusions. We should do well also to remember him who strove hard in the direction in which we are striving now. I allude to the late Mr. Wakley, who, you are aware, was most earnest in his endeavour to establish throughout the country medical coroners. I think that is an important step in the right direction. If we shall succeed in obtaining the services of well-informed and scientific medical men as coroners, we shall have made a great and important step in the right direction towards realising the great principle which Dr. Rumsey has so successfully contended for this day. [*Applause.*]

Dr. STEWART: I think I had better begin by moving a couple of resolutions. [Dr. Stewart then read the two resolutions given at p. 136 of the JOURNAL for August 17th.] I propose to leave part of the work to the Committee of Council, who will co-operate with the National Association for the Promotion of Social Science. I think the suggestion of Mr. Hastings a most important one. United, I think we shall do a very great deal more than we could by our separate efforts, though exerted in the same direction. With regard to local efforts, I think the Branches of this Association have an immense deal in their power. It is just the one Association in the kingdom that seems apparently constituted for the express purpose of attaining this object, on account of the Branches which it has in different localities. They know how to move the springs of the different parts throughout the country, and to get, in many quarters, at gentlemen outside the profession altogether, who may have it in their power to promote this most important object. I think, in various other ways, the Committee of Council and the Secretaries of Branches may be able to promote the objects in view. Thus, by representations to individual members, much may be done; by petitions to Parliament; and, if need be, by deputations to Her Majesty's ministers. The second resolution is for the appointment of a committee. This is a large committee; and, I think, before the Association breaks up, it ought to meet and consider in what way the objects may be best promoted. Afterwards the business must be chiefly carried on by correspondence. During last year, I had much correspondence to conduct; and I am happy to say that I derived the greatest possible encouragement from the ready responses that I met with from different quarters of the country, in answer to inquiries made by me as a private individual who had no right to call on gentlemen, many of whom were burdened

with their own duties, to contribute such information as he was pleased to ask. I had the pleasure of putting the result into a pamphlet for the instruction of the medical profession and those outside it. As Dr. Rumsey has hinted to you, the state of matters is, in most parts of the country, absolutely deplorable—incredible. After eighteen years of legislation in these matters, we are, as regards the greater portion of the country, nearly without any sanitary organisation whatever. I thought it would be very important if we could have this great fact brought out in an official manner by the Government of the country. So we made an application to Mr. Hardy to know if a return would be granted without opposition of the medical officers of health and the inspectors of nuisances throughout the country, with the populations and areas of their districts, salaries that they received, and the duties that were required of them. Mr. Hardy's reply was that this was an impossibility—that the Government could not get such a return; that, in the second place, if it were possible to get it, it would be so inaccurate as to be wholly worthless; that, in the third place, it would be enormously voluminous; and that, in the fourth place, it would be immensely costly. Now, I think this Association, having its adherents scattered through the whole country, may be able to contribute at least a large amount of information on this most important subject, and to tell the Government that it is possible to get trustworthy information. The plan the Government have hitherto adopted is this—to make laws and to throw them out on the country, saying "There they are, obey them or not, as you please; we will not trouble ourselves to inquire whether you do or not." That is precisely what is being done now. They passed the laws, and said it would be a right and proper thing to obey them; but they never inquired for eighteen long years whether they were obeyed or not. In some few instances, you will find information in blue books, of very great interest, with regard to these elementary and important matters. But, if you want to know if the Public Health Act and the Nuisance Removal Act, and others of the kind, are being actually obeyed through the country, you have no means of ascertaining unless by making personal inquiry, as I did, into those matters. Having given you my story, I beg to lay these two resolutions before the Council. I see no objection to the Committee of Council making a grant as liberal as they can, if the treasurer's account of the funds of the Association permit it. [Applause.]

Dr. SIBSON: I second the motion. It appears to me of the greatest importance that the present opportunity should be seized, which has been afforded by the singularly able paper we have heard from Dr. Rumsey, giving us the results of not a day's, or a week's, or a month's work, but almost of a lifetime of labour devoted to this subject. Now, if we look at it, we shall see that it is one which it is quite impossible for this meeting to settle off-hand. The questions are so very large, so numerous, but yet so capable of being resolved by organisation and unity, that, in my opinion, it is only by some such movement as that which has been suggested by Dr. Stewart that the great objects to which Dr. Rumsey has been devoting the leisure part of his professional life can be carried out. If we look at the local districts, let us take the question of officers of health. Supposing one of these gentlemen be appointed who is not the kind of officer proposed by Mr. Rumsey, but is a medical practitioner in the neighbourhood, is it to be expected of him that he will apply the stringent law of the country against his own patients? I only speak of the metropolis. I know a district where the office of officer of health was useless for any good purpose whatever. But, if there were a gentleman of the kind proposed by Mr. Rumsey, who would have the power of inquisition, who could act at once when informed of a nuisance, and who, in a case of death, would have the power of assisting the medical man of the neighbourhood in investigating the facts involved, the result would be very different. Another point referred to was the enormous difficulty every medical man has, even in asking for a *post mortem* examination. But what a different thing it would be if a medical gentleman were appointed to do it—of course, I do not speak of those in wealthy life but in poorer life—and who would come in and say that, if the cause of death were not absolutely shown upon the surface, he would perform that examination; and to whom any other medical man in the country might apply to do that work for him. There are, however, so many questions involved in the matter, and these have been so well put, that I shall not weary the Association by repeating them. But this I may say, that here we have a great national Association, in which the three countries are united for the common object of improving the public health, which is, I should rather say, one of their great objects; another being to place the position of medical men with the public on a right footing. If this great Association throws the remarkable amount of force—mental force—that it wields, into the scale, and brings to bear, as Dr. Stewart has put it, the extraordinary and exclusive possession that it has of information—information and knowledge that its members only can give, upon the

matters involved, then the Committee that I heard read out by Dr. Stewart—and a better committee I never heard—will prove not only to the medical profession, but also to the world, that this Association has an immense power of good in its hands, a power of knowledge, and a desire to make that knowledge available to the community. [Applause.] And if, turning our attention to that other Association, founded by the son of our founder, we feel that we can invite its co-operation, we shall be enabled to bring an amount of pressure of an intellectual kind to bear on the Government of the country that will inevitably end in getting things done in the best way. I have said, "invite co-operation." This is a medical question. It is, therefore, for us to invite the Social Science Association to go into it. It is for us to do our duty, and to be reinforced in the ability of doing that duty, by inviting to the task those who have not the medical qualification that we have. I am quite sure that Mr. Hastings will not object to this; and, under the circumstances, it gives me the greatest pleasure to second the motion of Dr. Stewart, it being understood that it can in no way interfere with the immediate objects Dr. Rumsey may have in having read this paper.

Dr. LINGEN (Hereford): It is fortunate for the audience that Dr. Sibson has taken the precedence of me; for he has said everything that I wished to say. I would, however, speak as the representative of those country gentlemen who have less opportunity than the residents of large towns of communicating with each other. This subject came before me unexpectedly. Though I had the pleasure of knowing Dr. Rumsey, I did not know until a short time ago that he was labouring in this direction; and I was not a little delighted by his paper, which I think is one of the most practical that ever I heard. It was very much in accordance in many points with opinions that have forced themselves on me in the course of a prolonged practice. I would speak specially with respect to this officer of health, who should, as Dr. Rumsey recommends, be specially and highly instructed for his office. I feel myself that I should be utterly unfit for the office, unless I had undergone a previous training; and I am sure there are many in this room who would also candidly admit that they are unfit for it. The subjects coming under the notice of such an officer are so very large and so very important that, unless he be a highly trained man, his opinions will not be submitted to. He should be a special man, highly educated, and of good judgment. With respect to the proposition of a medical officer to assist the coroner, I cannot help saying, in spite of what Mr. Hastings has said, that our profession is often greatly at fault in intricate and difficult judicial inquiries. It is no disgrace to them that they are not up to the mark. Subjects such as medical jurisprudence cannot be kept up easily. I feel and know that in medical inquiries a better witness than an accidental one is required for the ends of justice. And, with respect to the cases of our patients in which we might feel and wish that there ought to be an inquiry but yet could not dare to whisper such a thing, it would be a relief if there were an authorised person to perform the duty.

Dr. RUMSEY: I have very few words, indeed, to say by way of reply—if indeed reply were needed—to the observations which it has been so gratifying to me to hear. In all main points, I feel that I have been thoroughly supported; and, if in many respects or particulars I overstated my case, I can only say that I shall be very glad to be corrected. Mr. Martin, an eminent practitioner in Ireland, informs me that the opinions of the medical profession in Ireland were decidedly in favour of the scientific superintendence of registration advocated by the Social Science Association; and that it was the Government, and not the coolness or indifference of the profession, that negated the proposition. One word with respect to juries. It was the only point of difference between myself and Dr. Lankester. I will not go into that point now. Juries are quite capable of defending themselves. All I say is, that, if they must exist, let us have them scientifically advised. That is the sum and substance of my opinion on that point. Mr. Hastings mentioned that assessors are appointed in the Admiralty Court; and I think he will confirm the correctness of the statement I am going to make, that the Court of Chancery has also the power of appointing assessors. Vice-Chancellor Sir Page Wood, in a very interesting discussion on this subject in the Society of Arts about four years ago, referred to the importance of scientific assessors in questions of this kind; and said he saw no reason why such assessors should not be appointed on every circuit in the country. That is, I believe, the substance of what he said; I am not sure of his words. At the end of my paper, I suggest that the Association should take distinct and immediate action in support of Dr. Farr's plan; and, while I heartily approve of Dr. Stewart's resolutions, I think the sanitary part of the question is a matter of detail, and have, therefore, to ask leave to submit a third resolution embodying the particular proposition I bring forward. [Dr. Rumsey read the resolution given at p. 136 of the JOURNAL for August 17th.]