THE PLACE OF MEDICAL SOCIETIES IN THE PROGRESS OF MEDICINE*

BY

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We are gathered here to-day to celebrate the centenary of the Harveian Society of London, and we are honoured by the presence of representatives of the sister society of Edinburgh, founded in 1782, and of that of New York, founded in 1905. The occasion may be not inopportune for considering some features of the life-history of medical societies in Great Britain.

THE THREE HARVEIAN SOCIETIES

Human activity, in so far as it is enduringly fertile, is not the chance product of a few creative minds, but is conditioned by its antecedents and environment, and tends to express the dominant tendencies of the time. Thus the Harveian Society of Edinburgh was born of a demand that found expression in various ways in the last quarter of the eighteenth century for the democratization of medical knowledge. Phoenix-like it arose out of the ashes of an older Aesculapian Society, membership of which had been exclusive and limited to Fellows of the Royal Colleges of Physicians and Surgeons. The Harveian Society opened wide its doors, not only to these Fellows, but also to medical graduates, neighbouring practitioners, and the naval and military medical services as well. The Scottish genius for conviviality seems to have asserted itself in the constitution of this society, as it kept in the forefront of its programme the cherishing of friendliness among members of the profession, and the degrees conferred by it included "Doctor of Mirth and Social Joy" and "Doctor of Merriment." So this society was true to Harvey's injunction as to the importance of cherishing actively the spirit of good-fellowship as an assurance of usefulness and stability.

The Harveian Society of London was launched on its career of enduring prosperity at a time when educational reform was alive and active in every branch of intellectual activity. In London, in little more than a decade, University College, King's College, and the University of London came into being. Medical societies had already spread from their first metropolitan homes in Edinburgh and London to the provinces, and in 1819 a further tendency to decentralization within the growing metropolis had declared itself in the foundation of the Hunterian Society, for the benefit of the medical profession in the East End of London. The purpose of this Harveian Society at its birth was to do the same for the West of London, for it should be remembered that in 1831 the centre of medical activity was not, as now, in Harley Street, but in the district adjacent to the British Museum.

One important function of medical societies has been to provide a medium for the conveyance of fresh knowledge from the centre to the periphery of the profession. Scientific discoveries tend to be minted in minds concentrated at the centre, but it is by the minds of the multitude of practitioners scattered throughout the country that the golden coins gain extensive currency. The flow of fresh knowledge has thus been mainly centrifugal, and very little in the reverse direction, for the country practitioner is more directly concerned with the art of medicine, which is individual and incommunicable, while the science of medicine is catholic and susceptible of

ready transmission. A notable exception, however, to the general rule was Jenner's work on vaccination, a piece of scientific work that was readily practicable only in the milieu of a rural practice; while, later still, from the genius of Manson, Ross, and others, we at home have learned that the highest scientific achievements may be compassed in the outposts of our far-flung Empire. At its foundation this society declared its purpose to be "to promote a free communication and, whenever practicable, a demonstration of facts and inferences relating to all departments of medicine, regarded both as a science and an art." Here, then, was a common meeting ground for the exponents of both the art and the science of medicine, and this throughout its hundred years of existence has been its peculiar cachet.

The Harveian Society of New York was founded in 1905. Its avowed purpose was to convey to the medical profession generally, by means of lectures delivered by experts in different branches of medical science, knowledge gained by experimental investigation in the laboratory. It was felt that such knowledge was liable to be buried in specialized publications that were not readily accessible to the general practitioner. Anyone who is familiar with the annual volumes in which these lectures are published cannot fail to recognize the great measure of success that has attended this high endeavour. This society, then, is the natural corollary of the rapid growth of experimental research that has been an outstanding feature of twentieth-century medicine.

FUNCTIONS OF MEDICAL SOCIETIES

This brief outline of the activities of these three Harveian Societies affords some indication of the various ways in which medical societies have aided in the diffusion of knowledge by the agency of discussions, papers, lectures, exhibition of patients and specimens, demonstrations, and the printing of proceedings, but it does not cover the whole ground, for some societies have enlarged the scope of their transactions so as to include reviews of books and abstracts of articles of scientific value, the usefulness of which to medical men can hardly be overrated, while others have added the manifold amenities of a well-organized library.

The *diffusion* of knowledge has been the primary, but by no means the exclusive, purpose of medical societies, for the methods adopted for the active diffusion of knowledge cannot fail to have some share both in the *acquisition* of existing knowledge and in the *creation* of new knowledge: the larger and more affluent medical societies have indeed lent themselves to the acquisition of knowledge only in a less degree to its diffusion. If the acquisition of knowledge books and periodicals necessarily play an important part, and to this end not a few societies have provided their members with libraries, the most highly systematized of which have already attained a very high degree of utility and excellence.

The creation of new knowledge can in the nature of things form only a very limited part of the activities of a medical society as such. It is true that the intercourse of fertile minds does give birth to new conceptions, and these in turn engender others, and this constitutes a creative act; but the experimenter who would commune with nature must needs enter his chamber and be still, and his chamber is the laboratory, not the meeting house. So, too, fruitful observation postulates the presence of the objects to be observed in a suitable milieu, and in the case of morbid material, living or dead, that milieu is the hospital or its clinical equivalent.

If we trace back the development of medical societies to its source, we find that the earliest were concerned at

* An address to the Harveian Society of London at its Centenary Celebration on June 11th, 1931, at St. Bartholomew's Hospital.

least as much with the acquisition and creation as with the diffusion of medical knowledge: the more restricted function has been gradually evolved. Both Bacon and Harvey have left us a picture of the constitution and scope of the society to which they would have entrusted the future of medical science. Each of these men was a typical product of the spirit of an age that had its roots in the Reformation; each was a champion of the scientific scepticism that, with the emancipation of the human mind from the tyranny of authority and dogma, sought by means of observation and experiment to find a rational basis for the interpretation of physical phenomena.

BACON'S HOUSE OF SALOMON

Bacon believed that science might be immensely advanced if the whole civilized world could be linked up into one scientific federation for the creation and dissemination of knowledge, and his allegorical picture of Salomon's House in the ideal commonwealth of Bensalem represents the organization by which he would make his idea effective. His college was to consist of thirty-six Fellows, half of whom were to be engaged in the acquisition and recording of all existing knowledge of discoveries and inventions from every conceivable source in all parts of the world; the other half, in six groups of three each, was to be engaged in the devising, directing, executing, and recording of new experiments. Such was to be the guiding personnel of his visionary College, of which the equipment was to be on the most lavish scale. If to-day some master mind were to fashion a scheme by which all scientific societies, covering every branch of science, should be amalgamated into one colossal institute, if he were to give each professor a free hand to construct, equip, and staff his department on the most lavish scale the professorial mind could conceive, with the addition of an unlimited secretariat and foreign correspondence, the whole directed by an all-wise and all-embracing research council, we should still have but a pale exemplar of Bacon's House of Salomon.

It might appear that Salomon's House has but a slender claim to figure in the lineage of the medical society of to-day, but such is not the case, for there is indisputable evidence that it had a direct and important influence in promoting the foundation of the Royal Society, and further evidence that the earliest purely medical societies did consciously adopt as their model certain features that had been tried and approved in the constitution and procedure of the Royal Society. Bacon did not even differentiate medical science from the general corpus of natural philosophy; nevertheless he did include it, and made abundant provision for the acquisition and creation of new knowledge, while leaving the discoveries to be their own advertisement. Though Bacon, and not Harvey, is thus the true progenitor of our Royal Society, that great corporation has flourished not in the leading-strings of Bacon, but by the free and independent pursuit of the method and practice of Harvey. That its birth was delayed until Bacon had been dead thirty-six years and Harvey was in his grave, was again an accident of the times, brought about by the disintegrating influence of years of civil commotion.

Other influences than Bacon's large-scale plan contributed to the foundation of the Royal Society. Evelyn was one of its founders, and his letter to Boyle in 1659, indicating his willingness to endow at his own expense a college, the members of which "would resign themselves to live profitably and sweetly together after the manner of the Carthusian Convent in Paris," shows that the example of the monasteries survived their demolition: his college was to do for science what the monasteries had done for religion.

HARVEY'S CONTRIBUTION TO THE DEVELOPMENT OF MEDICAL SOCIETIES

Due recognition has not been accorded to Harvey's place in the life-history of the medical society, though it is plain for all to see in the indenture by which he conveyed to the College of Physicians his patrimonial estate of Burmarsh. Harvey was not the man to weave from his imagination the insubstantial fabric of a dream, as Bacon had done; he sought to build on foundations that lay ready to receive his superstructure in his beloved College of Physicians; in his mind, as in Bacon's, the organization of the medical society had not emerged from the collegiate stage. In this indenture, after providing for an annual feast within the College, he ends with an exhortation "to search and study out the secrets of Nature by way of experiment; and also for the honour of the profession to continue in mutual love and affection among themselves, ever remembering that *Concordiâ res parvae crescunt, discordiâ magnæ dilabuntur*." In these words Harvey lays down the very lines on which medical societies have subsequently developed, their educational purpose being supplemented by a bond of good-fellowship and conviviality. Harvey had only too good reason to appreciate the value of mutual friendliness to the advancement of medical knowledge. The acerbity and antagonism with which many of his professional brethren had greeted his proof of the circulation of the blood had seared the inmost recesses of his soul, and he is recorded as saying that the stoniest soil of all was in the minds of men over 40 years of age. He, too, had reason to stress the importance of the social bond. All his life he had been a solitary worker, tireless, as John Hunter after him, in the practical study of comparative anatomy. Only once do we catch a glimpse of him in active collaboration with a fellow worker, comparing notes of his embryological studies with George Bathurst of Trinity College, Oxford, who kept a sitting hen in his rooms to incubate eggs, which he examined day by day to observe the stages of development of the embryonic chick. That Nathaniel Highmore was also independently at work at the same inquiry in the same College need not lead us to assume that the College eggs were peculiar in suggesting compellingly the study of embryology, but rather, as John Hunter has naively said of the development of birds in eggs, "It would almost appear that this mode of propagation was intended for investigation."

One more feature of many medical societies is forestalled in Harvey's will, devising a sum of money for a librarian and for the upkeep of the library he had already presented to the College, so that medical men might have ready access to the contributions that others had already made to the sum of medical knowledge; and for the diffusion of knowledge, were there not in existence endowed lectures, in which he himself had already achieved immortality by first setting forth in his Lumleian Lectures his proofs of the circulation of the blood? Viewed, then, as a whole there is little in the constitution of the medical societies of to-day on which Harvey has not long since pronounced substantial benediction. Perhaps, therefore, our three societies have done well to adopt his patronymic, for the circulation of medical knowledge is as vital to the higher professional life as is the circulation of the blood to higher animal life.

The contrast of Bacon and Harvey is well expressed in some lines of Browning in "A Grammarian's Funeral":

The low man seeks a little thing to do,
Sees it and does it;
This high man, with a great thing to pursue,
Dies ere he knows it.
That low man goes on adding one to one,
His hundred's soon hit:
This high man aiming at a million
Misses an unit.

GROWTH OF THE ROYAL SOCIETY

Time does not permit me to retell the familiar story of the growth of the Royal Society out of the union of those two groups of gifted amateurs known as the Invisible College of Boyle and the Philosophical Society of Oxford, or to insist on their indebtedness to the pioneer effort of Sir Thomas Gresham in the foundation of his College in 1575. The transition from a group to a society is something more than the passage from a coterie without a name to a coterie with a name: it is the first step towards the transference of an exclusive possession of the few to the participation of the many. The history of British Medicine is punctuated with informal groupings of fellow workers, such as those of William Gilbert, Glisson, and Erasmus Darwin, for the tendency to cohere is an instinct of the human herd. Such groupings become a society in name when they adopt a formal constitution, but they do not become a society in spirit until the evangelist spirit animates and inspires them to propagate knowledge beyond the narrow confines of their own community or to enlarge the confines by an extension of membership. This evangelist spirit was dominant in the early years of the Royal Society, side by side with its primary purpose of stimulating the creation of new discoveries. At first the work of the meetings consisted mainly in the exhibition of experiments by members and the reproduction of experiments already made by other scientific workers, together with the reading of papers. Besides discussion of experiments shown, a feature was the devising of fresh experiments to be carried out elsewhere. Great pains were bestowed on keeping in touch with work in other countries by an organized system of correspondence with foreign scientific workers, whose letters were duly communicated to the society. Abstracts of important articles in foreign journals were made and read, so that the purview of the society was international. Further, the society took care, by the publication of transactions, to communicate its own work to other countries, as the French *Journal des Scavans* had begun to do for Colbert's scientific coterie three months previously; and in taking upon itself the publication of treatises the society was willing to assume the paternity of Newton's *Principia*. Medicine, or rather the embryo sciences out of which medical science was to arise, received generous treatment at the hands of the society, for two of its eight constituent committees, the anatomical and the chemical, were entirely in the hands of physicians, who enjoyed there facilities not to be found in the College of Physicians.

So the Royal Society led the way in Great Britain in promoting the exchange of views among its members by means of discussion and in the publication of transactions which, both in what they received and in what they gave, looked beyond the narrow confines of their own country, and both these features have figured in many of their descendant medical societies.

THE FIRST MEDICAL SOCIETIES IN EDINBURGH AND LONDON

So far as corporate action for the progress of medicine went, the Royal Society and the Royal College of Physicians held the field until 1731. In that year there came into existence in Edinburgh the first exclusively medical society in the modern sense. The preface to the first volume of its *Transactions* leaves no doubt as to the reasons for its foundation, for these are explicitly stated to have been that the constitution of the Royal Society did not allow it to insert in its *Transactions* several things that a plan calculated for the improvement of physic would easily admit, and, further, the belief is expressed that a collection of observations wholly relative to medicine would be the most effectual way of improving physic.

It was not that medicine had been found to be a bad stable companion, but only that she could go better in single harness. The change was momentous, for it involved not only the segregation of medicine from the general body of science, but the handing over of its future to those who were not primarily concerned with scientific research; and the consequence of this was inevitable, that the diffusion of knowledge, and not its creation, became the prime purpose of medical societies. That Scotland should have led the way in the development of the modern medical society is due to the fact that it was the first—inspired by the example of the Dutch—to organize, in 1725, a medical school of practical clinical teaching, and the founders of this society were those teachers of the school who desired that their voices should be heard beyond the four walls of the Edinburgh School of Medicine. The sole purpose of this society was the publication of medical papers, and there was no provision for reading or discussing them before the society.

In 1752 London followed suit in constituting its first medical society, and here again we must admit direct Scottish influence, for Fothergill, its founder, though a Yorkshireman, had received his academic training in medicine in Edinburgh, and had been a member of its second medical society. The London society limited itself to the publication of papers, and like its Scottish prototype rested on a narrow basis of membership of a few hospital physicians and surgeons. Each society was short-lived in its original form, for the Scottish society, by reversing the process of evolution, became first the Philosophical Society of Edinburgh by the inclusion of philosophy and literature, and later, in 1783, the Royal Society of Edinburgh. In this very same year the English society died a natural death, that not even the quickening influence of an annual banquet could stave off, for it had not been granted the faculty of making the dry bones of medicine live, without the vivifying guidance of Fothergill and William Hunter, who had been its mainstays. Maybe, too, its proclaimed purpose of excluding "whatever has rather a tendency to display the parts and erudition of the writer than to advance medical knowledge," led to a dearth of papers. This society, by its example, stimulated a group of Fellows of the College of Physicians in 1767, under the leadership of Heberden, to meet and read papers, which they issued in the form of *Medical Transactions*; but this effort to project the College along the lines laid down for it by Harvey flickered out with the publication of the last volume in 1820. One admirable suggestion in the preface to the first volume may still be practised with advantage: "It is to be wished," says the author, "that writers would not confine themselves to relate only their successful practice. A physician of great experience might write a very useful paper, if he would have the courage to give an account of such methods of cure only as he had found to be ineffectual or hurtful." This hushing up of mistakes and failures unhappily extends beyond writers, and is an almost universal feature of hospital teaching, to the very great impediment of the growth of clinical knowledge.

THE ROYAL MEDICAL SOCIETY OF EDINBURGH

In tracing the expansion of the functions of medical societies, we must again look north to Edinburgh, where in 1734 a few students had banded themselves together for mutual assistance in their studies; Fothergill joined them in 1735. By 1737 they had formally organized themselves into a society, which, growing from strength to strength, built itself a hall, and in 1778 became the Royal Medical Society of Edinburgh. This society marked a definite advance on its predecessor, for it had formal meetings, at which papers were read and discussed, but it

maintained at first the tradition of exclusive membership. Being at the outset a students' medical society, it gives Scotland the claim to have anticipated by many years the formation of the first students' society in London, the Physical Society of Guy's; that was not born till 1771.

THE MEDICAL SOCIETY OF LONDON

For the first far-reaching democratization of medical societies we must look to the foundation of the Medical Society of London by Lettsom in 1773. To Lettsom is due the credit of giving actuality to an idea, but beyond all question the society was the natural product of the professional circumstances of the time. Both Fothergill and Lettsom were licentiates of the Royal College of Physicians, and each had winced under the stigma of exclusion from the Fellowship, which was the virtual monopoly of Oxford and Cambridge graduates who were members of the Church of England. Fothergill had taken an active part in the struggle that was fought out between the College and its licentiates, not only in the law courts, but with a show of violence on the floor of the College itself. Now Lettsom sought to sap the very foundations of the citadel of exclusiveness by setting up beside it a rival institution, as similar as he could make it in constitution, and as dissimilar in its professional spirit. One cannot fail to see, in its president, treasurer, registrar, librarian, council, library, and museum; in the language and ceremonial mode of admission of Fellows; in the annual oration, and much else, where Lettsom looked for his model. From the beginning this society possessed a meeting house furnished with a library, which Lettsom enriched greatly at his death. But there the resemblance ended, for Lettsom saw to it from the first that his society was broad-based on the enfranchisement of general practitioners on the same footing as physicians and surgeons. Lettsom's foundation seems to have served his purpose, for in 1782 a scheme was mooted for the foundation of a rival College of Physicians, to which the Royal College responded two years later by relaxing so far as to admit two rebel licentiates to its Fellowship.

THE MEDICAL AND CHIRURGICAL SOCIETY

With this democratic society in the field, it may be a matter of surprise that the Medical and Chirurgical Society should have come into existence in 1805. It is commonly alleged that this society was founded owing to dissatisfaction with the protracted presidency of James Sims over the Medical Society. I find it hard to believe that our robust ancestors of one hundred and thirty years ago were unequal to the task of unseating a senile president, and I find a far more convincing explanation in the professional circumstances of the time. The fact was that a young cuckoo had been hatched and had already become too large for the parent nest—namely, modern scientific surgery, brought to birth by John Hunter. The very change of name from "Medical" to "Medical and Chirurgical" tells its own tale, and the chief figure of the surgery of the day, Sir Astley Cooper, figures prominently among the seceders. A ripple had already appeared on the surface of the water in 1783, when John Hunter had established "A Society for the Improvement of Medical and Chirurgical Knowledge," the membership of which never exceeded twelve. Such an exclusive body was bound to go under in competition with its new democratic rival, and it died of inanition in 1818. Moreover, we must not forget that the Royal College of Surgeons had come into being five years previously, in 1800.

So if the birth of the first medical society in 1731 marks the severance of medicine from natural philosophy,

and the birth of the Medical Society in 1773 marks the full democratization of medical societies, we may recognize in the birth of the Medical and Chirurgical Society in 1805 the emancipation of surgery from the mortmain of medicine.

MEDICAL SOCIETIES IN THE PROVINCES

Meantime another notable advance had been taking place in the spread of societies from their metropolitan homes to the provinces. Warrington had a medical society as early as 1770, but no provincial society of that century was so famous as the Gloucestershire Society, founded by Edward Jenner in 1788. The minute books of the Gloucestershire Society, in the handwriting of Jenner, are a treasured possession of the Royal College of Physicians, bequeathed to them by Sir William Osler, than whom no one in the whole history of medical societies did more to cement the social bond, by the charm of his personality, the catholicity of his friendship, and the inspiration of his enthusiasm as a crusader. In these manuscript pages may be found a living picture of a rural medical society of the day, but time forbids me to do more than reveal one gem from this treasure house. Rule XIII reads:

"That as a principal part of the view of the Society is the mutual communication of knowledge, without fear, reserve or any other authority than that of Truth, no new member shall be admitted for these seven years to come whose age exceeds 40 years."

EVOLUTION OF MEDICAL SOCIETIES IN THE NINETEENTH CENTURY

I could have wished for time in which to unravel the tangled skein of fission and fusion by which the Medical and Chirurgical Society has become transformed into the Royal Society of Medicine, for therein lies a typical record of the evolution of medical societies in the nineteenth century; I must restrict myself to a few outstanding features. The first quarter of the century, indeed almost the first half, was a period of static equilibrium, for surgery had now come into its own, and was intent more on its own internal development than on its external relations; the process of decentralization within the metropolis, which gave birth to the Harveian Society, showed, however, that animation was only in suspense. In the second half of the century we find the growth of medicine and surgery asserting itself in an orgy of fission, out of which arose a succession of specialized societies, each engaged in the pursuit of its own limited ideal: the Medico-Psychological Association seems to have struck the first note in England in 1841. But though fission was the dominant note, fusion never passed entirely out of sight. Time and again we find overtures for reunion of the Medical with the Royal Medical and Chirurgical Society, and efforts of young seceders to re-establish relations with the parent body; it remained, however, for the twentieth century to reconcile these antagonistic tendencies by a comprehensive scheme of federation. Of these specialist secessions, two are of particular interest. In 1846 the Pathological Society gave expression by its foundation to the feeling that existing societies paid inadequate attention to pathological subjects. It was indeed the case that until its foundation, in a period when the intensive study of morbid anatomy had become a central feature of medicine, provision for the exhibition of morbid specimens existed only in name; and in 1850, when the Pathological Society was seeking shelter beneath the roof it had recently deserted, the reply of the council of the parent society was that the exhibition of many recent specimens would probably create a nuisance.

So again, in 1867, the Clinical Society came into being as a result of the belief that the parent society cultivated too little the practical aspects of medicine and surgery, but expected its members to extract nutriment from a dry diet of papers. Yet this young society was content for a decade to talk about cases instead of exhibiting them, and it was not till 1879 that it formulated regulations for the exhibition of living cases, and these seem to have borne no fruit until 1882. A lesson might have been learned from the Medical Society, which was showing cases at its meetings as early as 1861.

CONTRIBUTION OF MEDICAL SOCIETIES TO MEDICAL KNOWLEDGE

In the contribution of medical societies to the advancement of medical knowledge we must look for no harvest of great discoveries; their function is rather to afford a meeting place for the mutual exchange of everyday ideas. They do afford the opportunity of advancing or of receiving new ideas, of submitting them to criticism and correction, and of purging thereby the dross from the ore, and in this intercourse of fertile minds new conceptions will certainly be engendered. They do provide facilities for intercommunication to every type of practitioner, and one lesson of Jenner's life seems to be that even in the isolation of a country practice, amid the hourly demands of a toilsome calling, it is possible, with the aid of societies and interchange of ideas with those more fortunately situated, as John Hunter was, to keep the mind alive to every new source of information, and even to carry out original investigations in many branches of medicine, biology, and natural history. The modern development of libraries has brought wide facilities at a trifling cost to every practitioner's door, and, along with the medical journals, has rendered easy communion with the great minds of the present as well as of the past, both in this country and beyond the sea. Societies, too, have been important agents in promoting among medical men that feeling of good-fellowship that is essential for fruitful co-operation; men's minds are massaged by rubbing against each other, and they rub off their angles by mutual attrition. In this, conviviality has played its part, however humiliating it may be to reflect that the tiger in man needs ever to be appeased by the prospect or retrospect of a meal. La Rochefoucauld has said that nothing is so bad as we imagine it to be, and he might well have added "nobody." Few of us but are aware of some personal prejudice, founded on no better grounds than gossip or misunderstanding, melting like snow in the warmth of personal intercourse.

DANGER OF STAGNATION

Anyone who studies the domestic history of medical societies cannot fail to be struck with one circumstance. Time and again a new need has arisen, but the dead hand of inertia has prevailed, and no step is taken to meet the new need; then fission takes place, and a fresh society emerges—often out of the very vitals of the parent society and to its detriment. Why is it that societies tend to lose responsiveness to their environment? Is it that their official administration has in the past been far too much in the hands of the older members? Were Harvey and Jenner and Osler right in believing that 40 years is apt to be quite as critical an age in the lives of men as it is alleged to be in women's valuation of *their* lives? If so, would it not be well that every society should have a regulation that at least one-half of its governing body should be under 40 years of age? That is a question to which I leave each one to make his own answer.

MEDICAL EXAMINATION OF IMMIGRANTS TO CANADA

We have received from Dr. J. D. Pagé, Chief of the Immigration Medical Service of Canada, advance copies of the following paragraphs, which his Department proposes to include in its *Instructions to Medical Officers*. They are addressed particularly to medical practitioners in the British Isles, who, under a roster scheme, examine prospective Canada-bound emigrants.

INFORMATION FOR ROSTER DOCTORS

With a few exceptions, medical examination of immigrants to Canada prior to embarkation was made compulsory in February, 1928. The term "immigrant" includes all persons who are travelling to Canada to settle there, regardless of the class of travel. Transmigrants, bona fide tourists, visitors for business or pleasure, Canadian residents or citizens by birth or domicile, *do not* require medical examination. This examination is primarily to advise the Department of Immigration as to the physical and mental fitness of the applicant, and, secondarily, to protect the interests of the intending immigrant as well as to protect the travelling public and the new community.

In enlisting the services of the local medical practitioner in the examination of prospective British immigrants to Canada, the Canadian Government feels that the Dominion's interests will be served best when the British examiner best serves the interests of his patient, who in this instance will also be the prospective migrant. Years of experience and observation have convinced medical officers of the Canadian Department of National Health that it is altogether unfair and unkind to precipitate into either the general labour market or the pioneering life of this new country individuals from the comparatively sheltered life in the British Isles who are constitutionally below a high average with regard to either physical or mental reserve power.

Perhaps not greatly in any one instance, but certainly in the sum total, such conditions as indicated below constitute serious difficulties for all newcomers during their first few months in Canada, and in some cases prove to be insurmountable—for example, marked change in climate, including, by comparison, extremes in temperature, excessive amount of sunshine, high altitude, thin, dry atmosphere, all of which are trying on the nervous system. Comparative isolation in outlying districts, change in money standard, food, cooking, and dwellings. Complete change in local interests and details regarding social life and activities. Considerable difference in customs and routine methods of doing work and business generally, all tending to a period of home-sickness of such severity as to be really disabling.

Disappointment may arise, too, from the erroneous idea that less work will produce a better living in the new country, when as a matter of fact Canada offers better returns only in exchange for more, and often harder, work than is available in the Mother Country. Moreover, the release from the restrictions of a crowded community afford an apparent freedom, and the release from the restraining influences of the home environment is often too much for those persons lacking in self-control or moral responsibility.

It is of particular importance, therefore, in examining prospective emigrants to detect not only the obvious physical or mental defective, but also those cases on the borderline between sanity and insanity—individuals who possess defective judgement; instability of the nervous system, or who are emotionally hypersensitive; also those who at some time previous have been insane. As well, too, those who suffer from epilepsy, latent syphilis, chronic or recurrent conditions such as tuberculosis, rheumatism, bronchitis, renal, gastric, or arterial disease, skin diseases producing either disability or loathsome appearance.

Certain of the conditions mentioned may produce very few signs or symptoms, and fail to attract attention while