secret ointments and medicines, and attract a numerous *clientèle*. Institutes are established, often under cover of a regularly-qualified practitioner, which practise the most shameless quackery. Popular journals swarm with pharmaceutical advertisements for the cure of all diseases and all infirmities. And in face of this abundance of charlatans and quack doctors acting quite openly, the courts take no action, because delation is held to be odious, and because in order to undertake serious prosecutions, the complainants must establish facts and must prove that the unqualified practice is habitual. The remedy urgently needed for this situation—and it is one which has been indicated in all countries—is a Draconian law forbidding every act of medical practice of any kind, even under the guise of friendship or charity. If this cannot be accomplished, it would, in my opinion, be better to leave the practice of medicine unrestricted, protection being given to individuals by the articles of the code relating to civil responsibility. In this way regularly-qualified doctors alone could escape civil responsibility, except in case of gross negligence. It is possible that civil responsibility might kill unqualified practice.

CONTRACT MEDICAL PRACTICE.

The relations between practitioners and mutual benefit societies are generally very tense. The reason is to be found in the false notion which the leading spirits of the mutualist movement have as to the social action of Friendly Societies. The majority of them look upon such societies as an extension of the Bureau de Bienfaisance which in return for a fixed monthly subscription ensures for its members medical attendance, medicines, sick pay, and help in various forms. Few societies have understood the power of the social lever which they handled, and very rare are the benefit associations which have understood the admirable part they might have made their medical officers play by entrusting them with a prophylactic and sanitary, instead of a healing mission. Long years will yet have to pass before Friendly Societies and practitioners can frankly work hand in hand on their true field of action.

At present the societies pay their medical officers in various ways: (1) By fixed salary: (2) by payment per head—the medical officer receives a fixed sum varying from 2 to 6 francs for each individual or family enrolled on the books of the society; (3) by payment for work done. Some societies pay their medical officers at the rate of 50 to 55 centimes for advice given in the consulting room, and at the rate of 1 franc per visit to the patient's house, with a small allowance for distance in addition.

Public charity in Belgium is regulated by the law on Public Assistance, dated November 27th, 1891, of which the first Article is to the following effect: The help of Public Charity is given to indigent persons by the commune within the area of which they may be at the moment when help becomes necessary. The assistance given by public charity includes among other things medical aid and hospital treatment.

The law is clear, but is very badly applied. The communes have to contribute to the cost of the Assistance by making up the deficit of the Bureau de Bienfaisance. In reality the expenses of the Public Assistance rest, to the amount of nine-tenths, on the shoulders of the doctors.

There are communes where leading inhabitants are inscribed on the list of the indigent, and such persons do not blush to claim gratuitous attendance from the practitioners who are miserably paid by the Bureau de Bienfaisance.

There are such differences in the amount of fees of the medical officers of the Bureau de Bienfaisance that every year the reports of the Medical Commissions point out the abuses of which the doctors are victims. It has been proved that in certain communes medical practitioners do not receive more than 10 centimes for visits made to the poor. Things are still worse in certain places where there are no pharmaceutical chemists. The doctor receives an inclusive payment for attendance and medicine. Often in these cases his budget represents a deficit. The large towns and important communes have usually well-organized services of public assistance, but in the country communes political favouritism reigns, when it is not anarchy. Nevertheless Belgium is a country rich enough to take upon itself the responsibility of a soundly-organized charitable service without exploiting the generosity and devotion of its medical practitioners.

PROTECTION OF PROFESSIONAL INTERESTS.

The medical practitioners of Belgium have founded numerous associations and syndicates for the protection of

their professional interests. The Belgian Medical Federation centralizes the work of the scattered syndicates and actively labours at the solution of the problems to which the difficulties of professional life give rise. A pension fund founded thirty-five years ago includes many practitioners who, by paying a subscription of £4 a year, acquire the right to a pension after the age of 64. From this fund, on the death of a member, grants are made to the widow and orphans. The practitioners have also founded a society called "La Médicale," which is an assurance company against accidents. The object of the society, which has a capital of £88,000, is to prove to the financial insurance companies that it is possible to make profits while at the same time adequately remunerating the services of doctors. The future will show whether the doctors are justified in their claims in regard to insurance companies.

SOCIAL POSITION.

The social position of medical practitioners continues to be surrounded by a certain prestige. The advances of public hygiene and the discoveries of science have made the part which it plays in society more conspicuous, and restored to it its authority, which had been a little impaired.

THE DOCTOR IN POLITICS.

In Belgium the majority of medical practitioners remain outside active politics. Among the members of the Chamber of Representatives there are at the present moment only four medical men. The provincial councils and communal administrations number more doctors among their members. For my own part, I think that medical men are wrong to disdain the great parliamentary stage where their social, philosophic, and scientific ideas would find a large field of action. Unfortunately, the necessities of life keep away the best of them from Parliament, the salary paid to members being only sufficient to supply the needs of a modest existence.

HOLLAND.

By M. W. PYNAPPEL, M.D.,

Chief Inspector of Public Health, Zwolle, Holland.

QUALIFICATION TO PRACTISE.

EVERY medical student in Holland has to present himself for examination in practical medicine, surgery, and midwifery at the end of his studies. This examination, when successfully passed, gives him the right to bear the title of "Arts," and confers on him the legal qualification for general practice. The title of doctor (in one of the three branches of medical science) is a purely scientific one, and has nothing to do with the right to practise. It can only be obtained by writing a scientific thesis, and defending it before the medical faculty of the university, and no one is entitled to attempt it without having shown his knowledge in classical scholarship by passing through the "Gymnasium," or submitting himself to a similar examination. This state of affairs is an object of serious annoyance to a great number of medical men, who assert that knowledge of the classics has nothing to do with a real scientific frame of mind—the only true reason for conferring the right to write a thesis and obtaining the title of doctor.

REGISTRATION: PRIVILEGES.

Before practising, the "Arts" has to send his diploma to the Chief Inspector of Public Health in order to get the *visé* of this official, who has to insert his name in his register. After having shown the signed diploma to the burgomaster of his commune, he is ready to start in the way he likes best—as a general practitioner, or as a specialist if he deems himself fit to practise as such. A special licence or examination for such practice is not required.

The privilege conferred on him by the legal qualification consists in the permission to practise, that no one else has. Only the medical man may announce publicly that he exercises medical practice or bear a title that makes him known to the public as such. To unqualified persons all practice is forbidden, except in some urgent cases of epidemics, by special allowance of the Crown. Practice by foreigners, qualified in neighbouring countries, is allowed on the frontiers. This matter is regulated by contract with Belgium and Germany on the basis of reciprocity. I will show further on that the privilege of exercising practice is merely theoretical, illegal practice flourishing in Holland as strongly as can be.

OBLIGATIONS.

The obligations of the medical practitioner towards the State, municipalities, etc., are numerous and not at all theoretical. He is bound to sign a death certificate of every patient that dies under his care, and to mention thereon as exactly as possible, but with due regard to his oath of secrecy, the cause of death. That oath, pledged at the end of the successfully-passed examination, runs to the effect that he promises to practise to his best knowledge and capacities in accordance with the regulations of the law, and to divulge to no one what in this exercising is as a secret confided to him or has come to his notice, unless his declaration be required in court or his giving of information be asked by law in another way.

He has to notify to the Chief Inspector of Public Health of his district, and to the authority of his commune, without delay, and at the latest within three days, when he has observed a disease menacing public health. He is bound to give within fourteen days a certificate to the party concerned of the result of a vaccination he has performed, or of the fact that he has treated the individual for small-pox. He retains a duplicate, and sends it to the municipal authority within a month after the end of the year. He is obliged to mention on his prescriptions the date of prescribing, the mode of use, and to sign his name or initials. The supply of medicine is forbidden to him, and only allowed to the practitioners established in places where no dispensing chemist lives. When using this privilege he is subject to the supervision of the State authorities. In the case of "secret diseases" only is the supply of medicine by medical men allowed on certain conditions.

All these obligations are imposed by the law of 1865, regulating the exercising of medical practice. Another results from the law of 1872, providing against epidemic diseases. This law obliges a medical man to notify within twenty-four hours to the burgomaster of his commune every case of cholera, small-pox, or plague that comes to his notice. For the fulfilment of all these duties no payment is given.

Judicial and military authorities have the right to require the aid of every medical man for forensic purposes and the examination of recruits. There are no forensic doctors, legally appointed as such, but commonly each court of justice secures the regular aid of the same men, in order to have experienced helpers. So do the military authorities, in requiring the aid of civil practitioners for the assistance of the army doctors. These services are all paid according to a fixed tariff.

Likewise municipal authorities cannot make use of their power to order the expropriation of contaminated effects, without medical declaration that such is necessary. For some other measures also they are bound to ask medical advice.

LUNACY.

Medical intervention is necessary for the admission of patients to a lunatic asylum. This is granted by the order of a justice, who is bound to assure himself of the urgency of the case by a formal declaration of a medical man, stating that the patient suffers from mental alienation.

PUBLIC HEALTH SERVICE.

Apart from these obligations, the same for all medical practitioners, other obligations exist in some other branches of the public service. In order that this may be understood it is desirable to say a few words about a service that is not a medical service, strictly speaking, but that stands at the top of all. I mean the State supervision of public health, instituted by the Public Health Act of 1902.

It consists of the Central Board of Health, with seven members, sitting in Utrecht. Four of them bear the title of chief inspector of public health and reside in other towns of the country. These officials have the supervision over the whole kingdom and each of them has four inspectors for the special branches of the service in his district, two for the housing of the people, one for the pharmaceutical affairs and the control of human food, and one, a medical man, for the control of epidemic diseases and all other affairs concerning public health. The last named and the chief inspector have the administration of the laws affecting the practitioners, with one exception only, that the pharmaceutical inspector controls their apothecary shops, if they possess such.

The local survey is entrusted to Municipal Boards of Health, under the supervision of the chief inspector, one in each town of 18,000 inhabitants and upwards, and in each group of smaller communes of 40,000 inhabitants together.

PUBLIC MEDICAL SERVICES.

A law instituting a public medical service is the Quarantine Law of 1877. A practitioner is appointed in every seaport to control the state of health on board ships arriving from abroad, under the supervision of the medical inspector. Another is the law concerning the burial of the dead (1869). It provides that no permission for burial shall be granted without the certificate of death, mentioned before, and that, failing this, the patient having died without medical assistance, inspection of the dead body must be made, and a certificate given by a medical man appointed annually to this office and sworn by the municipal authority. By this regulation security is given that no one shall be buried without a medical man having certified his death. Such an official for *post-mortem* examinations exists in every commune, and in most cases the office is combined with that of the parish doctor appointed for the medical assistance of the poor, whose function is also to perform the task of public vaccinator. There is no compulsory vaccination in Holland, at least, not directly. The compulsion is given indirectly by the prohibition to teachers and pupils to enter schools without a certificate of vaccination. In each commune, every three months opportunity must be given for vaccination and revaccination without payment. When small-pox is declared epidemic in the commune, which has to be done by the medical inspector when he judges it necessary, this opportunity must be given every week, and every month when the Minister has made publicly known that the disease has epidemically spread in a part of the kingdom. In larger communes there are several such officials, and Amsterdam has a regular medical service with a director, and a large staff of doctors, chemists, midwives, and nurses. Some of the doctors—one being a lady—have the special function of giving certificates as to the good health of every official entering the municipal service.¹

A medical service is also created by the "Accident Law" of 1901. There is a medical adviser to the Central Council, and nine controlling doctors all over the kingdom.

REMUNERATION.

The average earnings of medical men are very difficult to state. I guess that a yearly income of £250 to £350 is a fair estimate for the general practitioner; some in large towns or wealthy surroundings gain far more, up to £1,000 or £1,500 perhaps. The average earnings of consulting physicians (professors), surgeons, and specialists mount higher generally, but do not reach the amounts gained in other countries. I think a sum of, say, £2,000 will be surpassed in few cases only.

The State officials have a fixed income of £250 to £420, and are not allowed to practise. Officials of the municipalities are paid according to the extent of their work, and few only are nominated with a rather high salary, with a restricted permission for other practice. A very large increase in the number of general practitioners has taken place in recent years, and, without equalling the conditions of the medical proletariat in some other countries, the yearly numbers of medical students are great enough to say that fears for such a proletariat in future are not wholly unfounded.

There is no tariff of fees—at least, not an official—only a conventional tariff. The Medical Association in Amsterdam instituted a tariff that runs from 1s. 8d. to 8s. 4d. for the visit of the general practitioner. In the provinces the rate of fees is lower—to 10d. and less.

CONTRACT PRACTICE.

Club practice is paid by subscription—generally 3s. 4d. per adult a year. Some practitioners earn a good deal of money in that way, having thousands of members on their list. The State Insurance Bank, supervising the accident law, has a fixed tariff for medical services paid to the insured.

Every town of any importance, and many villages even, have their clubs for the benefit of workmen. Abuses as to persons well able to pay regularly entering the clubs, and many other abuses exist, especially with regard to the clubs maintained by undertakers without any supervision in large towns. Amelioration may be got by a law now before Parliament, regulating the compulsory insurance of illness, much on the same plan as in Germany. Large factories, railway companies, and such organizations have their own medical service.

ILLEGAL PRACTICE.

I have mentioned already that quackery and illegal practice

¹ Some further particulars concerning this service, of great interest from many points of view, may be seen in an article in the *Lancet*, 1904, vol. i. p. 796.

is against the law, but I stated at the same time that unlawful practice is in no wise interfered with by this prohibition. Many reasons can be brought forward in explanation.

The law states that it understands as exercising practice, which is only allowed to qualified persons, the giving of medical or obstetrical advice or assistance as employment, and it is accepted in court that the employment will be legally established if proof is given of at least two separate acts of practising. Now, the bringing forward of stringent proof is very difficult, and the necessity of providing at least two proofs makes the prosecution of a quack as good as impossible in most cases. Medicine or midwifery is not exercised publicly, and witnesses ready to be taken on oath can only be got by accident or by *agents-provocateurs* going to the quack on purpose, feigning an illness. This last expedient is deemed inappropriate, however, by most public prosecutors as beneath the dignity of law. So the only possibility of gaining a proof is if the patient will bring forward a complaint, or consenting to bring such forward if asked when it has become known that the quack was consulted by him. Such a witness can be found in rare cases only, hardly ever does he do so, because he feels ashamed of his act; in most cases his aid will not be obtained because he holds his quack in high esteem and opposes strongly the idea that he is a malefactor who ought to be punished. This last cause lies at the bottom of the whole lack of success of quack prosecuting in our country. The legal prohibition of his practising is against public opinion, that deems *bond fide* quackery—that is, when the quacks are not manifestly deceivers—a boon instead of an evil. A very famous quack—a farmer—practising all over the country, is living in the district of which I am Chief Inspector of Public Health, quite near my dwelling place, and I have never found an opportunity of opening a law suit against him. The man is held in very high esteem in the highest circles, and considered all round as a benefactor of mankind. In recent years, having had to undergo a prosecution elsewhere, which resulted in his being condemned to pay the maximum fine stated by the law—£25—he secured the assistance of a medical man, and the prosecution has now come to an end altogether. The fine was immediately paid by one of his lady admirers, so that no financial loss need be feared; he, however, wanted rest and security, the chance of his being imprisoned existing had he been found guilty as a recidivist within the period of a year after a first condemnation.

Many wish for the abolition of the prohibition paragraph altogether, deeming that medical practice ought to be free, and some medical men wish for it also, not, of course, because they have a rather low opinion of medical science as the former, but believing very firmly that nothing can be gained from it at the present day. They are of opinion that a well-arranged crusade against the consequences of quackery, cheating of the public, lying advertising, etc., would prove much more useful against the evil, believing that the followers of practising laymen, thinking these things an evil too, will never oppose them on this ground.

DEFENCE OF PROFESSIONAL INTERESTS.

The defence of professional interests is the task of the Dutch Association for the Promotion of Medicine. It has altered its statutes recently in order to be able to keep guard more effectively over these interests than was possible before. At the same time, it is bound to watch that nothing is done which is against medical dignity. A special committee of three members—"Committee for Professional Interests"—is instituted for that purpose. The Association is divided into sections, working throughout the country, each in a definite district, and each has also such a committee. There is nowadays a strong feeling in favour of the protection of mutual interests and the safeguarding of professional dignity. All these committees have no official rights, however; they can try to arrange quarrels, give warning or a verbal rebuke to a member who is in fault, and even propose his expulsion by the Association, assembled in pleno, but have no rights whatever as to his practising—in fact, no one has, not even the law. A practitioner once registered can never be deprived of his right to practise, except in one case only—if he is found guilty of intentionally provoking abortion. An association is to be founded, under the name of "Unitas Medicorum," to watch over the financial interests of the members with regard to the buying of instruments, medicines, etc.

BENEVOLENT AND INSURANCE FUNDS.

A fund for the support of widows and orphans of medical

men is created by the Dutch Association, and is under direction of the Treasurer. Attempts to found an insurance institute for medical men belonging to the Association, with compulsory participation for every member, are being made, but their utility is judged differently, and success is not yet certain. A private company of medical men on a small scale for invalidity assurance has been founded already, and works well.

DENMARK.

By SØREN HANSEN, M.D.,
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MEDICAL GRADUATION.

THE medical graduation examination is the only legal title to practise every branch of the medical profession with the exception only of obstetrics for which a supplementary course at the Royal Lying-in Hospital must be passed. Higher academical degrees or testimonies of advanced education at public hospitals come into consideration by the appointment to an office, but are no indispensable condition for obtaining such. Female physicians are in every regard placed on an equality with the men.

No dispensation from the above rules are granted to foreign physicians.

Anybody wishing to pass the medical graduation examination must be a B.A., and besides having taken the philosophical degree at the University of Copenhagen have gone through the prescribed educational course for medical students, which embraces not only lectures and training in the subjects for examination, but also courses in (1) dissection, (2) physiological chemistry, (3) practical physics, and clinical courses of (4) medicine, (5) surgery, (6) dermatology and venereal diseases, (7) ophthalmology, (8) oto-laryngology, (9) epidemic diseases, (10) psychiatrics, (11) obstetrics and paediatrics, and further courses in (12) bacteriology, (13) topographic anatomy and (14) vaccination.

The medical examination is divided into two parts, which must be absolved within a space of time not exceeding six years.

The first part embraces oral examination in (1) anatomy, (2) physiology, (3) physics, (4) chemistry, and practical trials of (5) dissection and (6) inorganic qualitative analysis. The character for physiology is reckoned double, and for the trials of chemistry and physics is given one common character, thus making the aggregate number of characters for this part of the examination five. The second part embraces written theses in (1) general pathology, (2) surgery, and (3) medicine; practical trial in (4) clinical medicine, (5) clinical surgery, and (6) surgical operation; oral trial in (7) general pathology, (8) pathological anatomy, (9) forensic medicine, (10) surgery, (11) medicine, (12) obstetrics, and (13) pharmacology.

Special characters are given for these thirteen trials, which are added to the characters for the first part of the examination to make one main character.

When the examination has been absolved the candidate has *ipso facto jus practicandi*, but he makes a solemn declaration that he will exercise his profession conscientiously.

MEDICAL PRACTITIONERS AND THE LAW.

The Danish medical man has no general obligation to render anybody his aid on demand, but in cases where peril of life is entailed and where any other person by stipulation of common law is obliged to aid as far as possible; he is, however, bound to attend the poor sick who cannot be referred to the Poor-law medical officer of his jurisdiction. The natural duty of secrecy of every medical man is not imposed on him by law.

All practitioners in Denmark are subordinate to the royal board of health in all matters connected with their official duties and the practice of their profession, and have to be guided in this regard by the injunctions of the Board who are supervising the execution of their duties.

Besides certain prescribed regular weekly or annual reports of the occurrence of infectious or other diseases and other sanitary matters every physician is obliged to notify at once and gratuitously any case of the more serious infectious diseases (such as variola, Asiatic cholera, the plague, dysentery, yellow fever, typhus, puerperal fever, enteric fever, and meningitis cerebro-spinalis), and if desired to give the Board information on subjects relating to other medical matters. It is his duty to follow the advice and directions which the