ST MUNGO'S COLLEGE, GLASGOW.—The Winter Session will open on Thursday, October 19th.

UNIVERSITY COLLEGE, DUNDEE.—The Winter Session will open on Monday, October 16th.

IRELAND.

UNIVERSITY OF DUBLIN: SCHOOL OF PHYSICS.—The Winter Session will commence on Monday, October 2nd.

ROYAL COLLEGE OF SURGEONS IN IRELAND: SCHOOLS OF SURGERY.—The Winter Session will commence on Monday, October 2nd.

QUEEN'S COLLEGE, BELFAST.—The Winter Session will begin on Tuesday, October 17th.

QUEEN'S COLLEGE, CORK.—The Winter Session will begin on Tuesday, October 17th.

THE CONDITION OF THE MEDICAL PROFESSION IN NORWAY.*

By Dr. E. DUE.

[In the composition of this article the author has had the assistance of Dr. R. Hansson, General Secretary of the Norwegian Medical Association.]

In order to obtain a licence to practise in Norway it is necessary to have passed the medical examinations at the University of Christiania and to produce certificates from the chief physicians of the State Hospital, where the clinical instruction is given, of having satisfactorily worked at its different services, namely, one semester at each of the two medical services, one each at the two surgical services at the lying-in hospital and children's hospital, half a semester in the service for skin diseases, and another half at the service of ear and throat diseases. A certificate is also required from the Professor of Pathological Anatomy of having under his supervision performed at least one *post-mortem* examination (with additional demonstration and report). The medical examination, to which only college graduates are admitted, is taken in three sections. In the first the student is tested in botany, zoology, chemistry (oral and experimental), anatomy (oral and manual), medical physics and physiology. In the second he is examined in pharmacology, toxicology, general pathology and pathological anatomy, special medical pathology and therapy, surgical pathology and therapy, dermatology, syphilis, and leprosy, and ophthalmology. An essay on a subject connected with one of these branches is also required. In the third part the student is examined in clinical medicine and surgery, gynaecology, diseases of children, obstetrics, operative surgery and surgical anatomy, hygiene, and forensic medicine. An essay dealing with a question belonging to one of these branches must be presented. The length of the curriculum is commonly seven years—namely, from two and a half to three, from three to three and a half, and from a half to one year for passing the three sections respectively. More than one year is not allowed for the last. In conferring the licence to practise, the Dean of the Medical Faculty, in the presence of its members, receives the oath from those who have passed the examinations that they will do the work of a physician to the best of their ability and in accordance with the law of God and the dictates of their conscience.

A list containing the names of all authorized practitioners and their place of residence is published every year by the director of civil medical affairs, and sent to all superior magistrates and civil medical officers; it is also sent to all the drug stores of the kingdom.

Those who have successfully passed all the medical examinations are officially designated as *candidati medicinae* (Cand. Med.). *Doctores medicinae* (Dr. Med.) are those *candidati medicinae* who have successfully defended an original scientific thesis in a public disputation, and have delivered three discourses on subjects propounded by the Medical Faculty; for the preparation of these discourses only a certain time is allowed. The degree of Doctor can be taken only by those who have passed the medical examination with honours. In 1904 there were 1,210 authorized physicians, and of these 45 were *doctores medicinae*; popularly, however, an authorized physician is called "doctor."

The Government may grant a limited or unlimited licence to practise medicine to persons who have not passed the

medical examination, when they have given satisfactory evidence that they possess the necessary skill. Of later years such licence has been given only to physicians who have passed their examination at a foreign university and afterwards a particularly specified one at Christiania.

RIGHTS AND DUTIES OF PRACTITIONERS.

Apart from the privilege of treating also those diseases which are forbidden quacks (*vide infra*), and prescribing all kinds of medicine from the drug stores, and of exemption from serving on juries or performing kindred judicial functions, a private practitioner has no particular rights as against the public; on the other hand, he has no special obligations. It is his duty under certain circumstances to give immediate notice to the Board of Health of cases of grave contagious diseases which he may meet with; he has also to report each obstetric operation which necessarily involves the death of the fetus, and each induced abortion, accompanied with a brief history of the case.

A civil medical officer (*Distriktslæge* or *Stadsfysikus*) has to send an annual report to the Director of Civil Medical Affairs. This report must contain accurate and detailed information as to the sanitary and medical conditions in his district; a statement of the number of cases of epidemic and venereal diseases which have been under treatment; the number of reported tuberculous cases which, owing to secretion, come within the scope of the law on tuberculosis; the mortality statistics; the work of the midwives; vaccination, etc. Private practitioners have only to fill up a scheduled list, and give information about obstetric operations that have been performed, vaccinations and revaccinations; in those towns where in case of death no certificate is required by a doctor, the private practitioner has also to make up a list of those of his patients who have died in rural districts; the sheriff's officer fills up the certificates of death which the practitioner (but only in regard to persons who have been under his professional care) has to sign or correct when sent to him by the Board of Health.

OFFICIAL MEDICAL SERVICES.

At the head of the office of civil medical affairs, which belongs to the Department of Justice, is a director, who is always a medical man. Norway is divided into 158 medical districts, among which 6 of the largest towns themselves form districts. Each district is managed by a civil medical officer, whose business it is to superintend the hygienic conditions, including the inspection of factories and workshops, and the care of the sick; to inspect drug stores, control the work of the midwives, the vaccination service, to furnish medical aid to sick persons, and exercise a surveillance over the tuberculous patients, lepers, and poor lunatics. He is also *ex officio* president of the Board of Health, of which there is one in each community; to this latter position also, however, a private practitioner can be appointed when there is no medical officer resident in the community. In 1904 this was the case in 86 of all the 611 communities of the country.

Subordinated to a *Stadsfysikus* (medical officer of health of the six largest towns) are special physicians who are paid by the community for attending the sick poor; they are furthermore bound to assist their superior officer in dealing with epidemics, and in case of need to take charge of a small hospital, for which he commonly receives additional remuneration. In the capital, moreover, two physicians are officers under the *Stadsfysikus* as health inspectors. The district physicians and *Stadsfysici* are nominated by the Government, the others by the community.

PROFESSIONAL EARNINGS.

The salary of a university professor increases from 4,500 to 6,600 kr.¹; as chief physicians and clinical teachers in the hospitals, nine of them receive an additional salary of 1,200 kr.; some have besides private practice or other secondary source of income. The salary of a civil medical officer (*Distriktslæge*) is paid by the State, and begins with 1,500 kr. (in the three northern counties with 2,000 kr.), increasing after ten years' service by 400 kr. and after fifteen years by 500 kr. more. Travelling expenses in the case of official journeys and visits to the sick poor are paid by the State; in the latter case the cost of maintenance is paid by the community. In journeys undertaken for the purpose of presiding at meetings of the Board of Health and looking after boarded-out children maintenance is also paid by the State. The annual expenses of the State under this head amount to 300,000 kr. The average

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¹ 1 krone (kr.) = about 1s. 1½d.; 9 kroner (crowns) = about 10s.

annual income of a district physician may be estimated at 5,000 kr.

The salary of a *Stadsfysikus* (civil medical officer of health for one of the six largest towns above-named) is from 4,000 to 8,200 kr., one half of which is paid by the State, the other by the community. Subordinate physicians, who are in the service of these city communities, and whose business it is to attend the sick poor, etc., are paid from 1,000 to 2,400 kr. a year; their average annual income may be estimated at 4,500 kr. The salary of community physicians in the smaller towns varies, according to population, from 200 to 1,200 kr. Their total average income per year may be estimated at 4,000 kr.

In rural districts the fixed pay of community physicians varies inversely with the density of the population—200 to 400 kr. and 500 to 1,000 kr. respectively; when attending the sick poor their travelling expenses are refunded by the State, and their maintenance (4 kr. per day) is paid by the community. Their average annual income may be estimated at 3,500 kr., or probably less.

The income of physicians entirely relying on private practice is, of course, mainly dependent on personal or professional qualities. The number of physicians, however, having in late years increased undoubtedly far beyond the actual want, the economic situation of many of them is very precarious.

The ordinary medical fees in smaller towns is: For a consultation at the doctor's office, 2 kr.; on further occasions, 1 kr.; for a first visit, 3 to 4 kr.; further visits, 1.50 to 2 kr.; night visit, 4 kr. In rural districts: For a consultation, 2 kr., respectively 1 kr.; for visits within 5 kilometres (= about $3\frac{1}{2}$ English miles), 5 kr.; within 10 kilometres (= 7 English miles), 8 kr.; for each 5 kilometres in addition, 2 kr.; for travelling expenses extra. Night visits are usually paid from 30 to 50 per cent. in addition to the fees above named. In the capital the ordinary fee for a consultation is from 2 to 5 kr.; for a first visit, 4 to 6 kr.; night visits are charged 50 per cent. additional.

THE PROFESSION AND THE LAW.

Since 1900 there has been a Medical Forensic Commission, whose head quarters are at Christiania; its members are appointed by the Government for a period of ten years. It consists of two branches, the one composed of three experts in pathological anatomy, obstetrics, and surgery, the other of two with special experience and skill in mental diseases; one of the members is appointed President of the Commission. Besides these permanent members, five supplementary members are also appointed by the Government for a period of ten years. If it appears desirable to call in the aid of other specialists, the Department of Justice may, at the instance of the Commission, appoint one or two extraordinary members who are especially conversant with the subject to be dealt with. Among medical forensic experts are directors of insane asylums and other experienced alienists, the professor of forensic medicine, civil medical officers, police and prison medical officers, and other practitioners whom the Department of Justice may appoint. Copies of medical forensic investigations, transacted in criminal cases by the experts, are sent to the Medical Forensic Commission. For a *post-mortem* examination a fee of 20 kr. is paid, and for other examinations and inspections 10 kr. In addition to this, remuneration is paid for travelling and maintenance.

QUACKERY.

The law on quackery provides that in case a person to whom a limited licence to practise medicine has been granted attends sick people to a greater extent than his licence permitted, and thereby inflicts material bodily or mental damage, he is punishable with imprisonment or fine and forfeits his licence. The same penalty may be inflicted on any one who, not possessing a licence to practise, who treats patients suffering from epidemic or infectious diseases, including tuberculosis, or gives himself to be duly qualified or uses medicines which the druggists are forbidden to sell to everybody, or is a tramp, or has served a period of penal servitude, or has not lived three years in Norway. When a quack has done material bodily or mental injury to a servant or other person entitled to free medical aid, the person who has neglected his duty to provide such regular help is fined. The enforcement of this law as to quackery has been very remiss, especially in earlier times, because of the difficulty of procuring evidence sufficient to convict. Recently, however, a change seems to have occurred, especially since the Supreme

Court, in two judgements delivered in 1903, interpreted the law in a stricter sense than had previously been the case. Domestic quackery is to a large extent dying out. With the object of suppressing the traffic in secret remedies, a law was passed last year under the terms of which the Government or the Department of Justice can forbid the sale of particular medicaments the composition of which is kept secret, or the price of which is out of proportion to the specified ingredients. A remedy the sale of which has thus been prohibited must not be advertised in newspapers, magazines, or in any other way.

CONTRACT MEDICAL PRACTICE.

The Poor Law compels the community to supply the sick poor with free medical aid and hospital treatment. In almost all towns and other places, however, where numbers of working men reside, sick benefit societies have been established, by means of which persons of scanty means can obtain medical aid in case of sickness by a relatively trifling weekly or monthly contribution.

The Norwegian Medical Association has fixed minimum rates for its members in their relation to benefit societies, and no members of the Association—of which more than 90 per cent. of the medical men in Norway are now members—is allowed to accept the post of medical officer to such societies at less than the minimum rate.

The minimum subscriptions per annum paid for medical attendance are: For single persons, 4 kr.; for married men with their family (children under the age of 15), 7 kr.; for widows with children under the age of 15, 5 kr. The clubs which also supply their members with drugs free must pay a little higher rate—from $\frac{1}{2}$ kr. to 1 kr. in addition to the minimum subscriptions above named. Moreover, extra allowances are generally made for operative midwifery, major operations, vaccination, and the medical examination of new members. In most cases the members also pay an additional fee for night attendance. Members of clubs must not have a yearly income exceeding 1,200 kr. (£66 10s.), unless they pay an annual additional subscription in proportion to their revenues, as a rule fixed to 1 to $1\frac{1}{2}$ per cent. of incomes exceeding 1,200 kr.

Gratuitous help is furnished in Christiania at the out-patient department of the different services of the hospitals. Moreover, at a clinic for the necessitous, medicines prescribed are furnished gratis by the city. In cases of accidents and emergencies immediate help is provided from a communal dispensary.

In the country several communes have made a contract with their medical officers by which, besides a fixed annual salary, a scale of pay has been drawn up for consultations and journeys, etc. As an example, the following scale, from a commune in the northern part of Norway, is given: Fixed salary, 600 kr.; fees in private practice, 2 kr. for the first consultation and 1 kr. for each subsequent one in the same illness. Journeys up to 15 kilometres² are paid for with 6 kr.; when the distance is greater, 2 kr. for each 5 kilometres or part thereof is added. This addition is paid out of the communal funds; in this way the practitioner is paid for his work according to the distance and time spent, while all the inhabitants of the commune (*herred*) pay about the same wherever they live. For night journeys and on Sundays from 2 to 3 kr. in addition is paid. The scale is in force only when immediate payment is made. Surgical and obstetric operations are paid for according to the practitioner's estimate. The additional payment for night and Sunday visits above mentioned is not made for obstetric aid and accidents. In poor practice the same is paid for consultations as in private; when visiting the sick poor in their homes, maintenance is paid even for shorter journeys than 3 kilometres.

Practitioners in the employment of railway companies receive, in addition to free tickets for themselves and their families within their respective districts, a fixed annual salary proportionate to the members of the railroad medical aid association.

Practitioners engaged by a society of which firemen, policemen, and other subordinate functionaries of the Christiania commune are bound to be members, receive an annual salary of 1,600 to 1,800 kr., according to the number of the members.

MEDICAL SOCIETIES.

The Norwegian Medical Association (*Den Norske Lægeforening*), established in 1886, has for its object the promotion

² 15 kilometres = 9.3 English miles.

of the influence of the medical profession in all matters concerning it and general social questions, the safeguarding of their economic and professional interests, and the encouragement of scientific work. The governing body of the Association consists of a president, a vice-president, a secretary-general, an editor of the scientific part of the Journal of the Association, and six representatives of the six provinces (*stift*) into which the kingdom is divided. Besides these, the three largest towns (Christiania, Bergen and Drontheim) also have their representatives in the governing body. In urgent cases the Representative Committee, consisting of the members of the governing body living in Christiania, can take the necessary steps. But the general secretary has in most cases charge of the current affairs in the intervals between the biennial meetings, carries on the correspondence with the subdivisions of the association, etc. The general secretary also manages its bureau, which supplies information about vacant places, provides *locum tenentes* and assistants, etc.

A periodical (*Tidsskrift for den Norske Lægeforening*, Journal of the Norwegian Medical Association) is issued twice a month. It is conducted by the general secretary in regard to all matters relating to medical ethics, economic and professional interests, especially in relation to medical aid associations and communes, social questions, civil medical administration, and the like; the scientific part of the Journal is under the direction of a special editor.

A general meeting of the members is held triennially. In each county *Amt* the members form a subdivision, holding ordinary meetings every year. Every fully qualified Norwegian practitioner may become a member. About 90 per cent. of all medical men are members of the Association. The annual payment is 12 50 kr., including the subscription to the Journal of the Association.

The Association has also drawn a code of rules for practitioners in relation to ordinary benefit clubs, railway benefit clubs, communes, etc., and fixed a minimum tariff of fees as above stated. It is a rule that all members of the Association are in honour bound not to accept any post in communes, benefit clubs, and the like, unless with the consent of the local branch and the general secretary of the Association.

A more detailed view of the programme and the activity of the Association will be found in *Compte Rendu du Premier Congrès International de Médecine Professionnelle et de Déontologie Médicale*. (Paris 1900, page 443 et seq.)

The Norwegian Medical Society in Christiania was established in 1833 and has mainly a scientific aim. A monthly periodical (*Norsk Magazin for Lægevidenskaben*) is issued; it receives a subvention of 2,000 Kr. from the State. The Society administers a legacy, the interest of which is given to practitioners who, by travelling, wish to perfect themselves in the medical sciences.

Of the Relief Association for Norwegian Practitioners and their Widows, established in 1853, every qualified practitioner may become a member. The annual payment is 15 kr. On application grants are made out to practitioners who are or have been members, or to their widows.

At the end of 1904 its funds amounted to a little over 400,000 kr., of which the half consisted of donations; the membership was 381.

The funeral fund of qualified practitioners (*Norske Lægers Begravelseskasse*) is a mutual association, the object of which is to secure to the family an immediate pecuniary help in case of death (1,000 kr.) The membership is at present 234.

SOCIAL POSITION.

The social position of the medical practitioner is not so good as it used to be, notwithstanding the increase in professional skill. The overcrowding of the profession in recent years has made the struggle for life very hard for many.

In politics physicians, with a few exceptions, have never played any prominent part.

STATISTICS.

The number of qualified practitioners was in 1860, 334; in 1880, 565; and in 1900, 1,121; the population in those years was respectively about 1,600,000, 1,910,000, and 2,234,000. Thus, while the population during the last twenty years has increased only by 17 per cent., the number of doctors has advanced by 98 per cent. After deducting 72 practitioners who lived in foreign countries, and 95 who had not settled definitely, in 1904 623 were living in towns and 420 in the country. The proportion of practitioners to population was for the former 1 to 1,080 and for the latter 1 to 3,860; 383 held appointments for the most part either in the service of the State or of a community; 31 were women.

MORTALITY AMONG JEWS.

In discussions on the rate of mortality from some special group of diseases, the statement is often met with that Jews suffer more or less than the general population from the disorders in question. Such assertions are for the most part based on very insufficient evidence, and indeed it is rarely that anything like proof is offered.

It would not, however, appear improbable that greater susceptibility to some morbid influence and an increased resistance to others should be shown by Jews, seeing that these differ from their neighbours not alone in race, but also in habits of life, and especially in diet.

The bulk of the Hebrew population of London is resident in the East End and engaged for the most part in sedentary occupations; they abstain, as is well known, from certain forms of food, are large consumers of fish, and indulge but little in alcoholic beverages. It is undoubtedly to be expected *a priori* that the people in question should show a distinction in their diseases corresponding to the difference of race and habits.

Serious difficulties confront us, however, when the attempt is made to estimate the comparative mortality among Jews from any given malady. From the point of view of vital statistics, it is much to be regretted that no religious census is taken in this country, the Jewish population of London being variously calculated from 100,000 to 150,000, a difference which presents an insuperable obstacle to calculating proportionate mortality with anything approaching to scientific accuracy. Further, it must be borne in mind that the population under consideration differs greatly from that of London in age-distribution: this fact alone accounts for many erroneous conclusions hastily arrived at. How great this difference will be seen from the fact that whereas of the whole number of deaths in London in 1903 the percentage occurring in persons over 45 years of age was 41.6 and over 65 years 20.8, among Jews it was 23.7 and 12.2 respectively.

In a paper recently read before the Statistical Society by Mr. S. Rosenbaum he estimates that in 2,000 of the Jewish population in the borough of Stepney 138 males and 145 females are under 5 years of age, while in 2,000 non-Jews in the same borough there are found at the same age 128 males and 127 females. On the other hand, he reckons that in the same number only 131 males and 132 females over 45 years of age are to be found among Jews, whereas among non-Jews there would be 172 males and 182 females. He estimates the total Jewish population of the borough as 120,000. These figures have been arrived at by an ingenious method of calculation, but even their author would scarcely hold them to be undoubtedly accurate, and, in the opinion of many, the total Jewish population of the borough is exaggerated. Unfortunately, also, it is impossible to make use of the figures arrived at by Mr. Rosenbaum for the purpose of estimating the rates of mortality from different causes, as we have no means of discovering the number of deaths in the borough of Stepney from various diseases which occur among Jews and non-Jews respectively.

Number of Deaths from Certain Diseases in 100 Deaths from All Causes at All Ages.

	All Causes.	Diseases of Nervous System.	Diseases of Heart Vessels.	Diseases of Respiratory System.	Diseases of Digestive System.	Cancer.*	Phthisis.	Other Tuberculous Diseases.
Jewish population of London, 1903-4 ...	100	14.6	7.7	22.3	13.7	2.4	5.9	2.0
Registration, London, 1903 ...	100	5.2	12.4	8.7	5.4	6.7†	9.9	3.9

* Males, 2.0; females, 2.8.

† Males, 5.4; females, 8.0.

The chief material for estimating the mortality among Jews is to be found in the reports of the Burial Society of the United Synagogue. This Society undertakes from 80 to 90 per cent. of the burials, and the cause of death is, in about 4 out of 5 cases, copied from the medical certificate. From the statistics published by this body the above table has been prepared in which the figures are compared with those given by the