should undertake, but in others, the work was thrust upon us with an almost intolerable impertinence.

Be that as it may, the work I now propose to take in hand is to show how a Civil State Medical Service may be organized, and the various functions at present carried out by independent bodies of officers may be brought under one effective control. I maintain it can be no advantage to a department like the Local Government Board to retain control over the medical officers of health, for the community only demands that the work shall be properly done; nor can it be any advantage to the Board of Education to have the medical officers of schools directly under its control, provided the inspection be duly carried out; nor indeed, can it be to the advantage of economy to have the medical work of the State carried out by so many independent boards and so many officers having no connecting link between them. These medical officers are, as I have said, trained medical men; they, one and all, work for the State and are paid by the State. Yet they are in their work independent of one another, and under different authorities which are probably as independent of one another as bodies can possibly be.

The Department of Public Health is perhaps the best organized, and it possesses a large staff of highly trained men with a medical education, though many are necessarily not acquainted, except in a general way, with the practice of their profession. And were I to take any one department as a basis to build up the whole it would be this one; but as my knowledge is necessarily incomplete, and as I am dealing with the matter from the point of view of general policy, it will not be of any advantage to enter upon such details here. The first necessity, so it seems to me, is the realization that it must be to the advantage of the State to have its various, and now independent, medical services united together into one complete whole that possesses the capability of expansion as occasion arises, and that can effectively control the entire field, now in part overlooked by the Local Government Board, by the Home Office, by the Board of Trade, or by the Board of Education.

A board for the regulation and control of the civil medical services would form the fountain head. This board should rank just like, say, the Local Government Board, having the same status, similar powers, with regard to the spending of money allotted to it by Parliament; a civil head, responsible to Parliament; and a professional head with a supporting committee of officials selected from each grade of the service, and perhaps from each one of several large divisions of the whole country. A board thus constituted could undertake the organization of all the work of the State, and, I venture to think, subsequently control it not only to the satisfaction of the country but also with strict regard to economy.

The civil head would be able to represent matters in Parliament, and could at any rate point out the folly of passing measures which throw duties upon medical men that run counter to their professional honour, as was done of late in the case of the Notification of Births Act; for what medical man, I should like to know, is ever going to send word to public authorities that Miss — has this day given birth to a fine boy! Again, such a board could soon organize its sections: (1) Relief of the destitute poor; (2) control of the public health, vaccination, inspection of school children, inspection of conditions of work in factories and mines, inspection of midwives, etc. Each branch could be regulated, and the board could have a grip of the whole of the work done throughout the country; and men of medical education would be judges as to whether the work done was satisfactory or not, for the simple reason that they possess the knowledge for the exercise of such judgement. The country need not be afraid that by giving such power to a board consisting mainly of medical men it would be creating a group of partisans for the rest of the medical profession, for I venture to think and to assert that there is no body of men that hold a higher ideal of what men owe to themselves, to their neighbours, and to the State

than a body consisting of members of the medical profession.

Such in brief is the outline of the reorganization that I would ask you to consider. It is, I think, nothing more than what the country needs, and anything less would, in my opinion, be no gain to the State.

Before I conclude it would be pleasing to me personally to add that, should such a scheme as sketched above come into the range of practical politics, a still wider outlook should not be lost sight of. It is this: The Board of Agriculture is burdened with questions appertaining to veterinary science, just as the Local Government Board is with sanitary science; also with the new science of mycology and all the diseases plants are subject to. Doctors, veterinarians, and mycologists deal with matters akin to one another, and it only wants a big, open mind to see that all three should by co operation be made into one whole.

THE NATIONALIZATION OF MEDICAL SERVICE.

By BENJAMIN MOORE, M.A., D.Sc., M.R.C.S.,
L.R.C.P.,

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THE ever-increasing amount of service rendered to the State and to our great municipalities by medical men for direct payment opens up a most important question with many vexed issues, both for these public servants belonging to our profession, and for those others who are left in general medical practice paid for privately by the individual.

Increased work ought to mean increased total payment, and should be for the good of the profession as a whole, besides giving greater opportunity for public service, yet many medical men object bitterly to this increasing amount of State work not paid for directly by the recipient.

Many men in private practice cannot see where things are drifting to under present and foreshadowed legislation. They fear pecuniary loss and financial disaster, and hence maintain a stubborn resistance. Others, holding at present more or less well-paid public health or Poor Law appointments, fear displacement or reduction in any rearrangement.

Others, again, foresee in school clinics and improved Poor Law hospitals an unwarrantable extension of the undoubted hospital abuse inseparable from our present inadequate and wrongly administered system of voluntary hospitals, so illegitimately robbing men of their well-established rights.

Now it is of fundamental importance at this juncture that our profession should present as much solidarity as possible in its views, and also that it should convince the thinking public and educated laymen that it intends to do its utmost to further progress and to safeguard as thoroughly as possible both public and individual health.

There can be no possible doubt that in the long run the interests of the public and the interests of the profession are best served by the same common course, if only we can avoid falling out by the way.

We render a great service both to the individual and to the State, which can and ought to be paid for like any other great public or private service. No one questions this, although occasionally dishonest persons or dishonest public boards may attempt to avoid adequate payment. Neither Majority or Minority Report states that the doctor is not to be paid for his work, and it is an open question whether State work on the one hand, or private work on the other, is better paid at the present time.

The all-important question is whether there is to be more or less work to do, and how public servant and private practitioner, or the mixture of both, are to share in it, as to the amount of work allotted to them, and the amount of payment assigned for doing it.

If the work done, whether for State or individual, is paid equally adequately, it surely follows that if the health of every man, woman, and child is completely

attended to in part publicly and in part privately, then there must be more work and more pay for the profession as a whole than there is to-day.

There is not space here to enter upon the grounds of public utility and humanitarianism alike for which it is necessary to reform the Poor Law as a whole and medical service especially in connexion with it, but it may be confidently stated that if the comprehensive scheme of the Minority Report became law, the amount of medical work required—at the commencement, at any rate—would be at least trebled. A rapid decrease, both in public and private work, would follow the establishment of a thoroughly efficient medical service for the poor, on account of the improved public health, and we should all have longer and healthier lives; but a level would never be reached at which fewer doctors were needed than now, under our incongruous, ill-matched systems, often hopelessly opposed to one another, and in which the greater part of the work is left undone or licked over in a way of which any honest craftsman is ashamed.

The various other schemes, such as the Majority Report, all suggest more work than at present, though not so large increases as the Minority Report. Accordingly, whatever change occurs, there is bound to be an increase in the amount of work adequately done, and hence, unless we behave very foolishly, an increased amount of payment to the profession as a whole.

The next and burning question is the distribution of this work and pay, and how the changes are likely to affect present members of the profession. Are they going to be hurt or benefited by this movement? As the dean of a medical school, and in that my special work has brought me in contact for some years with men just graduated and thinking of entering the profession in various capacities, I think I can put forward some facts which may interest the general medical practitioner in this connexion.

In the first place the number of men entering the profession shows no tendency to increase but rather to decrease all over the country. In fact, there has been all the time for the past fifteen years a steady fall in this respect. Accordingly, unless the amount of work is rapidly decreasing, competition between private practitioners cannot be on the increase but rather decreasing, and, other things being equal, the average income ought to be improving. Further, in regard to what specially interests us here—namely, the distribution of work between private practitioner and public servant—if the total number of men entering the profession remains constant, then, whether the income of the private practitioner decreases or increases will ultimately depend upon the relative number of men entering public and private careers as compared with the amount of work taken away from the private practitioner by legislation and placed under public service.

For example, if half the men graduating were accommodated with suitable and permanent berths in the public services, so that only half the number entered upon work as private practitioners, then it is logical and indeed most obvious that half the work could be taken from private practice and put into State practice without affecting the income of the private practitioners in the slightest degree. Further, if the half who entered upon public work undertook chiefly forms of work which had never been done at all before, and so did not take away quite the half of the private work, then there would be more work for each private practitioner to do. Finally, the law of supply and demand would, of course, assert itself, and more men would commence to enter the profession.

It is thus seen that any increased demand for additional work properly paid for by the State will in the transition benefit rather than injure the general practitioner—this, too, excluding any direct sharing in the State work by men already in the profession. If such practitioners are open, as they are, to take a share, the new work becomes more advantageous to them still.

Now, we may ask, How far do these considerations accord with what is actually occurring with regard to

the distribution of men entering the profession? In regard to the medical school with which I happen to be connected the answer is perfectly clear. A very considerably increased number of men are preparing for public health appointments. I happen to hold a Research Chair in the University of Liverpool, and until about two years ago I had an average number of between nine and ten young graduates either working on theses for M.D. degrees or visiting my laboratory in the intervals of leisure of commencing practice; during the last two years this number has been reduced to two, and the men who used formerly to come to me are working for the D.P.H., to qualify for the State and municipal work which they clearly see either coming or actually with them. This does not wholly represent the influx of men preparing for public work; other departments in our university have also sent their contributions to the public health laboratory, and the numbers of men now preparing for the D.P.H. are between three and four times as great as they were five years ago.

Nor is this, in my opinion, a temporary state of affairs. The State department of medical work is certain to increase year after year, and I venture to prophesy that within ten years from now over 80 per cent. of the young men in the country qualifying in medicine will be entering upon public health and hospital work for a great national service.

Is this change to be deplored in the interests either of the State or the medical profession? If we look at the subject even from the practical point of view of money earned by each man, I venture to deny it. The present *average* income of the profession lies well below £200 a year. Now, for whole-time service, we can hardly imagine the State offering less to a young graduate than £200 a year as a commencing salary, rising under ordinary promotion to £600 or £800. As a matter of fact, none of the existing services such as the R.A.M.C. or I.M.S. do offer less than about these figures when allowances are added in. But even suppose when the public service is completely organized we start at £150 a year in the junior posts, it goes without saying that the *average* pay will lie a long way above its present value of less than £200 a year.

The only thing present members of the profession have any cause to fear is the transition, and I have endeavoured above to bring forward evidence that this is adjusting itself, and, in my opinion, even over-compensating itself in a perfectly natural way.

A stage will probably never be reached at which the general practitioner will cease to exist; there will always be a large number of wealthy people, of middle class tradesmen, and of better class artisans who will desire to have private advice from their own doctors and pay for it themselves. These are the people who pay and support the private doctor. Even now the State is chiefly taking away the charity and unpaid work done for undesirables, and the State is going to pay for it, so that medical men will no longer have to work for nothing, or a mere pittance. Is this really the curse that some general practitioners have been taught to think it?

Further, by men being drafted off to do this work more room to live is left for the others. This process happens not only in the case of men about to enter the profession, but with men who have been in general practice. This happened recently, for example, in Birkenhead. A medical practitioner of Birkenhead was appointed as schools medical officer, and gave up practice on accepting it. What has happened to his practice? Are the people who used to consult him no longer ill? Of course they are; and now they go to other practitioners, so that this practice is distributed amongst the other private practitioners of Birkenhead. This is happening all over the country, and must benefit private practitioners. Moreover, a great deal of the work is new work for children who were never taken to doctors, but allowed to run on into chronic ill-health, and become charges on the State, in earlier and later adult life.

The general practitioner who has been reading this may say, perhaps, But in many instances he sells his practice, or another man comes and sets up. The

answer to this is that new men buying practices, or coming in and setting up, exist in a definite amount determined by the number entering the profession from the medical schools each year. Accordingly, if a man throwing up general practice goes in for a municipal or State appointment, he takes one off any glut of new men there may be, and, unless the total number entering the profession increases, every man going into State work must inevitably mean one less in private practice somewhere.

Eventually more men will enter the profession as the average income goes up on account of increased public service requiring more men; but until that happens—and it will not happen at once—men already in the profession are going to have a better time of increased incomes, whether they themselves go into State work or not. In other words, even the transition period is going to be advantageous to the profession as a whole, and not deleterious.

There are other advantages which the proposed reform in Poor Law and public health administration must inevitably bring in its train, and conspicuous amongst these is the complete abolition of hospital abuse with the absorption of the voluntary hospital system, which must inevitably occur as the new hospital or infirmary for the poor is brought up to the present level of a good voluntary or charitable hospital. Charity will take the form, probably, of endowing medical and clinical research, while the State will supply one uniform and adequate system of hospitals, open to people with means fixed at a certain maximum level. The work done for these people will be properly paid for by the State to that portion of the profession occupying public appointments. There will be correspondingly less men in private general practice, practising under certainly better conditions amongst people who are able and willing to pay them.

Under such a system hospital abuse cannot exist; in the first place, there are no subscribers to worry both medical staff and lay committee into bowing to demands or supplications from wrongful participants; in the next place the people below a certain standard of means using the State hospitals cease to be a part of the *clientèle* of the private practitioners, who will be less numerous. Such cases will now belong to the men in the State service, who are paid by the State for attending to them.

The advantages to the community of such an adequate national system—in preventing the very poor from infecting other classes with disease and establishing a better national health and sanitation—are too obvious to require elaboration.

Were such a system in existence, legislation could be pushed forward to enable the profession to deal with disease, and especially infective diseases of a chronic type, in a way hitherto undreamt of, and, by complete and efficient segregation, some diseases which vitiate our community and kill off the best of our children and citizens could be entirely swept away, or reduced to such a state of subjection as are at the present time small-pox, cholera, typhus, and typhoid.

Can we not, then, seeing that the people's cause is our cause and their service our service, band together to head this movement towards better health and sanitation which social reformers are now leading past us, snatching away the palms which should be ours? Let us be at the head of this movement instead of at the tail of it.

DR. JAMES EDLINGTON MCDUGALL has been placed on the Commission of the Peace for the City of Liverpool.

THE annual conference of the Child Study Society will take place at Tunbridge Wells on Friday and Saturday, June 10th and 11th. On Friday evening the President, Sir James Crichton-Browne, will deliver an address. On Saturday papers will be read as follows: On the hand as the gate of knowledge, by Sir John Cockburn; on the social life of a child at a co-educational school, by Mr. John Russell, Headmaster of King Alfred School, Hampstead; and on the child as citizen, by Mrs. Higgs. Further information can be obtained on application to Miss F. M. Watt, Honorary Local Secretary, 10, Lime Hill Road, Tunbridge Wells.

GASTROSTAXIS.

BY

W. HALE WHITE, M.D., F.R.C.P.,

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DR. CHARLES BOLTON's very interesting article in this JOURNAL for May 21st prompts me to give reasons for the belief that the condition of gastrostaxis, or oozing of blood from the interior of the stomach, exists. He, like many others, myself included, has "not the slightest doubt" that there is a disease, occurring chiefly in women between the ages of 20 and 40, characterized by pain, vomiting, and bleeding from the stomach, but he suggests that it is due to acute ulcers. Last year he supported the oozing view, for he said,¹ "Occasionally in young women . . . gastric haemorrhage is seen without any lesion of the mucous membrane being present to account for it. . . . Such cases have also been called gastrostaxis." If the oozing is fatal, minute erosions must occur, for the blood has broken through the epithelium.

Dr. Bolton mentions three cases in which bleeding was due to an acute ulcer, but one was a man aged 49 and another a woman aged 69, so that two of them hardly come within the limits of the disease in question. In the third an ulcer $\frac{3}{4}$ in. in diameter was found. It clearly could not, after the *post-mortem* examination, be confused with gastrostaxis; in none of these three was there any evidence that the bleeding came from more than a single point. In favour of the belief that oozing or gastrostaxis does exist, I would urge that the blood often in that condition comes from many bleeding points at once. For example, Dr. A. G. Gullan² showed at the Liverpool Medical Institution the stomach and intestines of a girl, aged 19, who had had all the symptoms of gastric ulcer, including haemorrhage. No ulcer could be seen in the stomach, but there were numerous small haemorrhagic erosions scattered over its mucous membrane and that of the duodenum and intestines. Dr. Herringham³ gives a case in which on opening the stomach after death several small areas were seen from which haemorrhage had occurred, but no ulceration. There were also haemorrhagic areas in the intestines.

Turning to cases observed during life, Mr. Eve⁴ speaks of seeing inside the stomach "small red points." Mr. Moynihan⁵ speaks of "bleeding from many tiny points"; "the mucous membrane weeping blood." In the series of cases I originally collected,⁶ in No. 5 blood was seen oozing from three different places. In No. 12 nothing abnormal was seen inside the stomach but a congested patch of mucous membrane. In No. 15 the stomach was deep red all over, with many bleeding points. In No. 16 bleeding points were found. In No. 20, in a small patch the oozing of blood appeared to come from a few minute points. In No. 24 a considerable number of bleeding points were seen. I have notes of a case communicated to me by Dr. A. E. Boycott. The patient, a woman, had two very severe attacks of haematemesis. During the second the stomach was opened and a large area of congested bleeding mucous membrane was seen. No local point of bleeding could be found to tie or excise, I admit that Dr. Bolton says that the finding of multiple bleeding points is no evidence against the acute ulcer view, because acute ulcers are sometimes multiple; but, in the first place, many acute simultaneously active ulcers are very rarely seen at an autopsy, and most of the descriptions which I have quoted, hardly describe active ulcers. An observer probably would not describe acute ulcers as a large area of congested, bleeding mucous membrane. And lastly, the chances that numerous minute acute ulcers would be all quite close to one another and all bleed at the same time must be remote. The opportunities for seeing this oozing from the stomach will become fewer, for surgeons, fortunately, rarely now open the stomach for haematemesis during the attack of bleeding; but I submit that the descriptions I have quoted support the view that oozing occurs.

Evidence from *post-mortem* examinations must be rare, as the condition is seldom fatal; indeed, out of 7,500 *post-mortem* examinations at Guy's I could only find 3 cases that could have been examples of gastrostaxis. Several observers, however, believe that they have seen fatal cases