THE PRESENT STATE OF MEDICAL PRACTICE: A SUGGESTED REMEDY FOR EXISTING ABUSES.¹

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Quacks and Quackery.—Public Ignorance and Popular Superstition.—Herbalists.—Prescribing Chemists and Unqualified Assistants.—The “Threepenny Doctor.”—General Practitioners and Consultants.—The Lack of Unity and Fellowship.—The Abuse of Hospitals, Dispensaries, and Clubs.

At the present time the medical profession is confronted with an evil of which the growth during the latter half of this century has been phenomenal. We can no longer treat quackery with contempt, nor should we be doing our duty if we refrained from attempting to stamp out this evil, considering how great is the loss of life and health that is attendant upon the unrestricted liberty accorded to it. The sale of soothing syrups alone is responsible for the deaths of 15,000 children per annum, and the number whose lives and fortunes are ruined by the malpractices of the “nervous debility” quacks must be very large, seeing how numerous they are in all our big centres of industry.

Not only are the rich victimised by these birds of prey, but no one is too poor or too suffering to escape their rapacious maws. For the credit of the medical profession it is well that among the quacks there are but few medical men, and these few are rightly and deservedly despised and known at their true worth. England is the paradise of quacks, and in this partially enlightened 19th century there is an enormous number of so-called educated people who are so simple as to be readily taken in by every loud-voiced and brazen-faced impostor that comes to the front.

This is not to be wondered at, seeing that among all classes there exists the most dense ignorance of the commonest elements of scientific knowledge, and such mediæval ignorance demands some form of superstition. To such people rational medicine presents no charms; to them the body is a dark mystery, and disease some process not of Nature which must be exorcised. The sequence of cause and effect is not well defined in their minds and they demand the miraculous in medical science, which we are not able to offer. Therefore, when the charlatan arrives with his bag of tricks, making extravagant promises and assertions to which no one out of an imbecile ward could be expected to give credence, he finds willing listeners and easy victims.

From this form of quackery the medical profession does not lose to any very great extent, and our hostility to this method of swindling the public does not proceed from any necessity to defend our professional interests.

Herbalists and other unqualified persons do a roaring trade among the lower middle and lower classes. The law or our apathy seems to allow a complete licence to all and everyone to practise medicine and surgery without the necessity for a qualification of fitness. And although unqualified persons cannot call themselves doctors and labour under certain other slight disabilities, no check is placed upon them. The most serious diseases are treated by persons who are even ignorant of the names of the diseases, and the most disastrous results often follow. No punishment falls upon them, and beyond an occasional mild reproof from the coroner no notice is taken of their misdeeds. The poor are not a class to differentiate between the various kinds of doctors, especially as the herbalists now put M.B. after their names.

The law safeguards property far more carefully than the health and lives of the community, and exacts from the man who undertakes to navigate a ship a guarantee that he is competent to do so, and that he will not, through ignorance endanger the property entrusted to him; while it is careless as to the competency of the man who undertakes to pilot a sick man through the shoals and dangers of disease. True, we are so reproductive that a life more or less makes no appreciable difference to the community, while a valuable ship and her cargo are not so easily replaced.

The third class of outside competition we have to deal with is that of the prescribing chemists. Although I am

aware of the harm that they perhaps unwittingly do in blindly prescribing for ailments they do not understand, yet of the three classes of unqualified practice I have a little sympathy for the offenders in the third. The profits of the chemist are so cut by the unfair competition of grocers and stores that to many it is a difficulty to know how to make both ends meet, and the chemists can also retort upon us that in dispensing our medicines we trespass upon their domain. As the interests of both doctor and chemist are after all identical, in time I believe some understanding will be arrived at, and each will agree to keep his own business. In this way we shall be able to meet the public that wants so much and is willing to give so little.

That the man whose business it is to dispense drugs should be therefore considered competent to treat disease is a natural sequence of reasoning in the uneducated mind. Drugs and treatment have been so closely associated, that it requires a certain effort to separate them in thought, and the majority of persons are unequal to this effort. By the employment of unqualified assistants the medical profession has encouraged this belief in the competency of the prescribing chemist, for the employment of an unqualified person must imply either that the doctor employs him to treat his poorer patients, knowing him to be incompetent to treat disease, or that the doctor does not consider that a special training is necessary for the diagnosis and treatment of serious maladies. The public must conclude either that the employer is not acting justly to his poorer patients, or that at any rate for the slighter ailments it does not matter to whom they go for relief as long as some kind of medicine can be obtained. I am sure that the practice of employing unqualified assistants, now, fortunately for the good fame of the profession, rapidly dying out among respectable practitioners, has been responsible for diverting a great deal of practice from us to the chemists. No other profession is so myopic as our own. We seem absolutely blind to our own interests, and the temporary advantage gained to-day prevents us from realising the harm that will ensue at a subsequent period.

If the public see that the doctors make a trade of their profession, and are not in their practice superior to the chemist, they will go to the latter because his charges are lower; and although well-to-do persons seek advice from a chemist, yet his practice lies principally among the lower classes, and it is among this class that doctors have lost the position and influence they formerly held. This is also due to the fact that certain myopic persons have engaged in a suicidal warfare of underselling one another, so that the half-crown fees of a few years back have now sunk to a shilling, and in many places to sixpence. Even the sixpenny man is being cut out in some poor neighbourhoods by the threepenny doctor. Men who work for these fees cannot pretend to practice their profession, nor can they spend the time that is necessary for diagnosis. Such persons, whose sole treatment consists in giving the patient medicine out of the nearest bottle on the shelf, simply make a farce of practice, and seeing that the lives of sick persons are at stake too often, it is to be feared the farce becomes a tragedy.

The underselling which is now becoming so prevalent in the profession is causing grievous harm, and it is a two-edged weapon apt to recoil upon the head of the user, a fact he very frequently forgets. Not only among the humble ranks of the general practitioners, but even among the lofty circles of the “consultants,” is this fierce struggle for existence going on. In consequence of low fees the “consultant” is in competition with the general practitioner, and the latter complains that the “consultant” sees his patients without communicating with him.

There is unfortunately a growing distrust of the consultant in the profession, and a reluctance among general practitioners to send up cases to London, for this they do, knowing often that they shall see the faces of their patients no more. Surely this is an unfortunate state of things, and some understanding might be arrived at between the two branches of the profession, such as exists between barristers and solicitors. It is the unfortunate lack of unity and fellowship which weakens the medical profession. Of all professions we can least afford to be divided. No other profession is expected to do so much for so little, and because we are not

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united we can make no stand against the exactions and impositions which are practised upon us on every side.

Hospital reform is urgently needed. The present system of hospital relief degrades and pauperises the public, and entails a loss of thousands a year to the medical profession; but because the members of the staffs of the various hospitals do not lose so much as the general practitioners do, they do not insist upon the gross abuse of hospital relief which is now going on being prevented, as it could easily be by proper management. Not only our hospitals, but also our clubs and dispensaries are largely taken advantage of by the fairly well-to-do, and the club doctor is powerless in the matter, for were he to object or threaten to resign his position, there are many others ready and willing to take his place. That it is possible to find a self-respecting qualified man willing to act as medical officer to a medical aid association shows to how low a depth the profession is descending. The General Medical Council refused, however, to take any action, even after this gross system of covering and sweating was explained to them. The apathy of the Council is responsible for the continuance of many of the evils which afflict our profession, and seeing that the Council are not representative of the general body of the profession, no hope can be entertained that salvation will come through them.

I have said enough to show that the question of reform is pressing, but nothing can be done until we are united. Combination must precede effective action. This union we all desire can be found in an association of medical men, numerous enough to influence the whole profession, which should be able to pass laws regulating medical practice, and in other ways to adjudicate upon the grievances which affect medical men. Such a medical parliament would be able effectively to put a stop to many regrettable practices which are harmful to the profession, and its decisions should be enforced by a social ostracism of the offenders. The council of this association should consist of representatives elected by the members, and thus every member would have his proper share in the making of these laws by which he would be bound. Who can doubt that were there such an association in existence the vexed questions of hospital reform, underselling, and the regulation of the relation of consultant to general practitioner would be speedily settled to the great advantage of all concerned? Such a body, representative of the whole profession, and strengthened by the moral and financial support of its members, would be in a position speedily to suppress irregular and fraudulent practice, and would be able to defend the profession from the evils which now press so hardly upon it. It is only through a powerful organisation of medical men in an association of this kind—call it a trades union, if you will—which shall be to medical men what the Incorporated Law Society is to the legal profession, that we shall be saved from the evils which oppress us.

In the British Medical Association we have a parliament ready made, and the development of the Association on the lines I have sketched out would be welcomed by all. Valuable as is the Association to us, it would be still more valuable if it came forward as a judicial and law-making body. Already its roll of membership includes more than half of the English medical profession, and the number of members would be largely increased by such a development, as it would be to the interest of all medical men to become members of a body exclusion from which would entail a certain stigma. If the Council of the British Medical Association possess no powers authorising them to act in such a manner, the constitution of the Association can be altered by the members so as to enable it to develop in the desired directions.

No body could enter on a campaign against quackery so successfully as the British Medical Association, and nothing would be more to the advantage of the profession than that the Council should be authorised by the members to devote some portion of the surplus funds to that object. The Medical Defence Union would be strengthened by co-operation with the Association, and with the united force of the profession supporting them the forces arrayed against them must be speedily driven off the field. We want unification, and until that idea is dominant in the profession we shall remain at the mercy of our enemies. Let us put shoulder to shoulder,

and, instead of fighting the one against the other, let us unite for our mutual welfare in attacking the frauds and impositions practised upon us from all sides; and in fighting our own battle we are fighting for the public also, for, although it is not realised, yet it is none the less true that the public loses by a continuance of the present state of things, inasmuch as the efficiency of the medical profession is most seriously impaired.

I have brought this subject forward to-day for discussion believing it to be an important one. Whether you do or do not agree with me that the time has come when union in the profession is necessary to its welfare, in any case an interchange of views will be of value. If we are ready in the profession for a combined defensive movement our Branch, which is not one of the least in the Association, should be among the foremost in the work of reform.

I have, therefore, to propose the following resolution:

That the Council of the British Medical Association be invited to obtain the views of other Branches and Districts as to the necessity of suppressing fraudulent and irregular practice and of enforcing the law against quackery as it stands; also that if at the annual meeting of the Association a day were set apart for the consideration of the grievances affecting the medical profession much good would result.

Seconded by Dr. T. Whitehead Reid, of Canterbury. Carried unanimously.

NILE RESERVOIRS.

The International Commission and the Sanitary Questions.—The Wady Raiyan Scheme.—The Relative Advantages of the Various Schemes.—The Danger of Infiltration from a Wady Raiyan Reservoir.

THE International Commission on Nile Reservoirs has nearly finished its labours, and it is satisfactory to learn that the sanitary aspect of the question has received full consideration, as might have been expected from the three eminent engineers—Sir Benjamin Baker, Professor Torricelli, and M. Boulé—composing the Commission. The Egyptian Sanitary Department wisely waited for the publication of the official report on the various schemes, before considering them from the sanitary point of view, and the note submitted to the International Commission by Rogers Pasha, the Director-General of the department, was the subject of careful consideration of the Commission, which we learn fully endorsed the conclusions at which he arrived.

The question, after all, is primarily one of irrigation. The sanitary advantages of an inferior irrigation scheme must have been very special to ensure its adoption. Arguments have been used against reservoirs in the bed of the river, and the alternative Wady Raiyan scheme has been recommended on sanitary grounds alone. Horrible and exaggerated pictures have been drawn of a Nubian reservoir, a stagnant pond into which "would be delivered the putrescent drainage of equatorial swamps," and the sanitary difficulties have been represented as "insuperable" by those specially interested in the Wady Raiyan project.¹ We do not, however, remember to have seen anywhere distinctly laid down the special sanitary advantages of a Wady Raiyan reservoir. If the questions were one of a reservoir for the drinking water supply of Egypt, we imagine that proper filtration of Nile water would be preferable to either reservoir. Egyptian statistics are too inaccurate to justify wholesale condemnation of the Nile as a water supply. The water at low Nile, it is true, is relatively impure, but not so impure as to justify the sweeping charge that the entire mortality of the country is due to low Nile. The period of low Nile is also the period of maximum heat, while the sanitary surroundings of this population, excluding water supply and climatic conditions, are in themselves so bad as to account sufficiently for a high death-rate.

We understand the relative advantages of the alternative scheme to be as follows: The Nubian Reservoir would extend for about 115 miles south of the great dam. Owing to the geological features of the country at Assuan and South infiltration below the dam, an important point, would be impossible. The minimum daily discharge below the dam would be 50,000,000 cubic metres, a discharge in excess of the Rhone at Geneva, and the discharge would be by sluices at the base

¹ *Fortnightly Review*, November, 1893.