REMARKS

ON

REST AND EXERCISE IN THE OPEN-AIR
TREATMENT OF PHTHISIS.By ARTHUR RANSOME, M.D., F.R.S.,
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It is now well recognised as an axiom in both medicine and surgery that an injured organ must have as much rest as is consistent with the healthy subsequent performance of its functions.

In his now classical work on *Rest and Pain*, Mr. John Hilton takes as his text the importance of "rest—physiological as well as mechanical" in the treatment of injuries, and points out some of the methods by which it may be secured in both surgical and medical injuries. In all tuberculous diseases of the joints it is well known that the first condition of recovery is rest; and, as I have shown by observations upon the movements of the chest walls in phthisis, Nature herself points out the need for rest of the injured lung, and measures its degree by imposing upon the intercostal muscles a more or less complete cessation from action.¹ It is, indeed, probable that in the variations of the chest movements we have both a measure of the constitutional vigour of a patient and of the comparative safety with which exertion of the chest muscles may be permitted in voluntary acts.

Mr. Hilton points out the strict analogy existing between disease of the joints and certain affections of the chest. In the former class of complaints, an early sign of mischief is pain in the nerve and rigidity of the muscles, or some other effort made to secure immobility of the part; an effort often directly proportional to the gravity of the disorder. There is in fact a special arrangement of the nerves supplying joints and muscles in order to impose rest upon the injured part.

But Mr. Hilton is able to show that the same law of anatomical distribution holds good with regard to the pleura. He says (p. 256), "The same intercostal nerves which supply the intercostal muscles moving the ribs supply also the serous membrane lining the thoracic parietes, and the skin over those different but physiologically associated structures, in order to produce harmonious and concerted action during the varied states of respiration. Here, then, we have the pleura representing the synovial membrane; the intercostal muscles representing the muscular apparatus connected with and moving a joint, and the cutaneous branches of the nerves spread over the intercostal muscles, assimilated in their arrangement to the cutaneous branches which supply the skin over the insertions of the muscles moving the joint."

He adds that, in pleurisy, the "spasmodic contraction of the intercostal muscles, induced by the inflammatory condition of the pleura, is precisely analogous to what we see in joint disease."

These observations give great significance to the diminution of movement of the ribs over the site of active tuberculous disease of the lungs, and they point to the necessity of securing, as much as possible, rest to the injured organ.

The importance of rest to the injured organ in the treatment of phthisis has not been lost sight of by practical physicians; but, for the most part, the subject has been spoken of in a somewhat perfunctory fashion by most of the authors of textbooks.

More than thirty years ago, however, Dr. Horace Dobell pointed out the importance of rest in pulmonary consumption, and devised various means (amongst them the "lung splint") for keeping the injured parts at rest. At the same time he cautions the profession that such means, if not used with the greatest circumspection, may easily do more harm than good.

In his work *On the True First Stage of Consumption* (pp. 70, 71), he says: "It is a law of animal nature to save a tender part, and I see in the attempt at lessened respiration in early phthisis an example of the operation of this law."

Some of the other reasons which he gives are at least debatable, but the practical application of his principles was excellent, and his concluding remarks (*loc. cit.*, p. 46) should be noted by every practitioner: "How scrupulously new tasks should be set; how carefully watched their effects, lest even now they cannot be continued in safety. On the first sign of their being badly borne, they should be moderated or promptly stopped."

It is in the various sanatoria for the "open-air" treatment of phthisis that this subject has received the closest attention, but apparently there is still a great diversity of opinion on the question, and there is a tendency at some of these places to apply a hard-and-fast rule to all the patients. At some sanatoria the rule of reclining for the greater part of their time is enforced upon all patients with few exceptions. The method is called the *Liegekur*, and the galleries, or kiosks, are filled for many hours with patients reclining in their *chaises longues*.

At other establishments graduated exercise, as it is called, is in vogue, and it is not always pursued with complete discretion. Amongst private practitioners, also, there are great differences of opinion as to the kinds of exercise which may be enjoined upon phthisical patients, some recommending gradations of walking or hill climbing, others rinking, or tennis, or golf. It may be of service to inquire somewhat closely into the relative methods of these two methods of treatment, and to attempt to discriminate between the classes of patients upon whom they should respectively be enjoined.

A.—THE INFLUENCE OF REST.

1. Gain of weight. The first and, in many respects, the most hopeful result of repose is increase in the body-weight. When the appetite is good, and the digestive apparatus is in fairly efficient order, and food of the right kinds is taken, there is almost certain to be some addition to the textures of the body, and especially to its fatty matter, if prolonged rest in the recumbent posture is taken immediately after meals. When the body is partially horizontal the blood flows more easily from the extremities towards the heart; there are fewer demands upon this fluid from other organs, especially from the muscles; and thus the enormous quantities of fluid demanded for the digestive juices are more easily spared. It is probable that absorption and assimilation are also carried on more rapidly during repose. In any case, it is certain that in most cases in which the *Liegekur* is combined with the *Luftkur*, there is a distinct gain in the body weight. This circumstance is of no small importance, as it conduces to the ultimate cure of the patients; encouraging them at a time when they need all the good spirits they can get. It is also not without reason that such patients look upon the increase of weight as a good sign. As Dr. Weir Mitchell remarks: "Almost any grave change for the worse in health is at once betrayed in most people by loss of fat." And again: "The loss of fat, especially its rapid or steady loss, nearly always goes along with conditions which impoverish the blood; and, on the other hand, the gain in weight up to a certain point seems to go hand in hand with a rise in all other essentials of health, and notably with an improvement in the colour and amount of the red corpuscles."

2. This leads us naturally to the second benefit conferred upon the body by repose, namely, the better quality of the blood and its more ready oxygenation. Most practising physicians have had cases of anæmia or chlorosis which would not improve, in spite of any amount of Bland's pills, until they were sent to bed for several weeks; and then they have rapidly regained their strength and their colour. It has been shown, first, I believe, by Moleschott, and afterwards by Pettenkofer and Voit, that the absorption of oxygen into the body mostly takes place during repose; and, though there is no leucocytosis in phthisis, there is usually a great deficiency of hæmoglobin. One of the results of the rest combined with the fresh-air cure is a speedy improvement in the complexion of our patients.

3. The continuous warmth of the body during exposure to the open air is better kept up in the recumbent posture than in any other. Cold is felt much more acutely sitting than lying down; the feet and the knees cool much more rapidly in the former posture. It is certain that the circulation of the

blood in the lower extremities is better carried on when the blood comes in a straight line directly from the heart to the toes, when it has not to overcome the resistance offered by the two right angles formed by the hip and knee-joints in the sitting posture; moreover, the sitting position makes it difficult properly to wrap up the lower limbs. It is of great importance in the treatment of phthisis that the extremities should be thus constantly kept warm.

4. The most important result of the lying posture, however, is the entire repose given to the bony levers overlying the injured part. In the tranquillity of repose there is scarcely any motion of the ribs. It is only in the effort of forced breathing and in the almost spasmodic actions of coughing that the ribs take part in the movements of respiration, and it is highly important that these movements should be kept as small as possible. There must be no disturbance of the underlying inflamed tissues, and no dragging upon any adhesions which may have formed between the two layers of the pleura. It behoves us, therefore, to choose the position of the body that will most completely spare the patient these efforts. The recumbent posture in all acute or non-quiet cases is, accordingly, the best.

5. Closely allied to the last-mentioned result of the recumbent posture is its influence upon the state of fever, and generally upon all the other symptoms of the acute stages of the disease. It is a matter of common prudence to abstain from all exertion whilst the body is in a state of fever; but very few consumptives are willing, at any rate at first, to give in to this wholesome doctrine.

It seems to be almost a characteristic of this disorder that the sufferer neglects this symptom, and pursues his ordinary avocations when his evening temperature is often much above 100° F. It would seem that in many cases a restless energy seizes him, and that he resents any interference with his liberty, at any rate when it is not imposed upon him by a systematic course of treatment. All the more is it necessary, therefore, to place rest in the forefront of our disciplinary course. In the words of Dr. Delpit,² "When rest is applied to the treatment of chronic maladies it aids the action of remedies, opposes itself to the power of habit, facilitates the reaction of various organs against the morbid agent, and favours a healthy resolution."

Treatment of chronic maladies by rest has, however, its dangers as well as its advantages. There is probably no remedy in the whole range of medicine which may not do harm if it be pushed to an excessive extent. This is certainly true of the *Liegekur* in phthisis. It is acknowledged that in this disease our aim must be to raise the bodily powers to the highest point we can; but overmuch rest, without special precautions, may greatly endanger these powers.

By the lack of sufficient exercise it is well known that most of the functions may deteriorate; the muscles will waste and pass into a state of fatty degeneration; the nerves will lose their sensitiveness; even the special senses will become blunted and gradually fail in power. It is possible that some of the forces upon which we most rely to strengthen the body may fail us in our need, especially the appetite and the power of digestion.

We are told by the teachers of hygiene that "muscular exercise is necessary for a sufficient elimination of carbon from the body;" that "deficient exercise leads to weakening of the heart's action, and probably to dilatation and fatty degeneration;" that "it lessens both appetite and digestive power." For the attainment of full power of resistance to disease, therefore, a certain minimum of exercise is as necessary as a certain amount of rest.

Dr. Weir Mitchell, in his work *On Fat and Blood*, says (p. 49): "When we put the muscles at absolute rest we create certain difficulties, because the normal acts of repeated movement insure a certain rate of nutrition which brings blood to the active parts, and without which the currents flow more largely around than through the muscles. The lessened blood supply is a result of diminished functional movement, and we need to create a constant demand in the inactive parts. But, besides this, every active muscle is practically a throbbing heart; squeezing its vessels empty while in motion, and relaxing, so as to allow them to fill up anew. Thus, both for itself and in its relations to the rest of the body its activity is functionally of service.

Then, also, the vessels, unaided by changes of posture and by motion, lose tone, and the distant local circuits, for all these reasons, cease to receive their normal supply, so that defects of nutrition occur, and, with these, defects of temperature."

It has been shown by physiologists that five times as much air is respired when walking four miles an hour as compared with that used in the lying posture, and one third more CO₂ is excreted.

The problem that we have to face is, therefore, how to secure the good which repose may be made to insure; in other words, how to keep the injured lung at rest, and yet keep the muscles and other organs in good condition. The problem is not insoluble.

In the case of neurasthenia, we know that Dr. Weir Mitchell solved it by calling to his aid massage and galvanism; and in some exceptional cases of phthisis we also may have occasion to do the same, but it is seldom that we are pushed to this extremity.

In most cases of phthisis we can attain our object (1) by insisting upon a certain amount of rest in the recumbent posture, especially after eating; and (2) by limiting the movements of the body to such degree of exercise as will not quicken the action of the muscles of forced respiration. In the more serious forms of phthisis, in which considerable exacerbations of fever are present or where the breathing powers are greatly impaired, it will undoubtedly be necessary to impose rest in bed, or at least to restrict the patient to his couch, but this rigour will not usually have to be enforced for so long a time as to endanger the efficiency of the muscular system.

When feeding is carefully attended to, supplemented, if necessary, by rectal alimentation, it is seldom that lying in bed, even for a few weeks, leads to loss of strength or loss of flesh. I have several times seen patients, worn to a great degree of emaciation, regain their full strength and go on to complete recovery even when confined to bed.

Most of our phthisical patients also are not in these extremities, and when the open-air system is boldly pursued the fever usually soon subsides, and the sufferers regain the power of gentle exercise. Then come into play our resources in the way of graduated exertion, but we have to take heed to the two conditions which I have ventured to lay down.

When the fever has gone down to a great extent, and when the body temperature does not often exceed 99°, but the patient is still somewhat feeble, it is best to persevere, for a time at least, with the lying-down treatment. "Another class of patients who are best kept at rest are the decidedly dyspeptic and those who are rapidly losing weight."³ In some even of these cases the circulation and the tone of the muscular system may be kept up by permitting gentle walking exercise, say for ten minutes every two hours; or we may trust to the mere transit from the open-air shelter to the dining-room to keep up the muscular power and to prevent stiffening of the limbs. Under this treatment the patient will usually put on flesh, and will gain sufficient energy to extend his exercise by degrees, and if there is still no real fever he may gradually attain first to half a mile walk twice a day, then to a mile, and so on.

Other exercises than that of walking will now also be admissible—short rides on a bicycle or on a gently pacing hack, moderate games at croquet or "putting" on a green. In some cases, where there seems to be little danger of hæmorrhage, even a short game at bowls may be allowed, but in all cases the original restrictions must be observed. There must be no loss of breath and no overfatigue, and they must recline for at least an hour after the chief meals. Sledging and carriage exercise generally, including the Bath chair, may usually now be indulged in.

All exercises in which there is a possibility of these restrictions being over-passed must be strictly forbidden, and hence lawn tennis, golf, cricket, football, skating, tobogganing, and other violent games must be avoided until the patient is completely restored to health and is quite out of our hands. Even after apparent complete recovery it is doubtful whether any form of exercise, such as dancing or any other amusement in crowded rooms, should ever be indulged in, as this involves inhaling impure and dusty air, and thus lays the susceptible and injured lung open to reinfection by the

bacillus of tubercle. There are, however, plenty of other amusements usually carried on indoors which can very well be managed *en plein air*, such as concerts and variety entertainments, and photography—outside the dark room—is an admirable resource.

In many Alpine health resorts hill-climbing is a favourite mode of carrying out graduated exercise, but it is one that needs extreme caution. I have several times known hæmoptysis to result from a prescribed ascending walk. In one instance a patient was ordered to mount a hill 1,000 feet high, within three-quarters of an hour; he attempted it, and succeeded in accomplishing it in an hour and a quarter, but the result was a severe attack of hæmoptysis. Similar remarks apply to such forms of sport as rowing, fishing, shooting, and hunting.

It might be possible to restrict a patient to the milder modes of carrying on these occupations—fishing and shooting from a boat, or following the hounds at a respectful distance, and jogging along country lanes on a quiet cob; but there is always danger that the excitement of the chase will carry our charges beyond the bounds of prudence, and hence they are better prohibited entirely. These remarks point to the first objection to abuse of or indulgence in excessive exercise—namely, that it may lead to dangerous movements of the damaged lung or to overstrain of partially healed tissue. The conditions already insisted upon as to rest after meals, avoidance of fatigue, and loss of breath, will, however, usually be quite sufficient to curtail the patient's liberty with regard to allowable exercises. Even in regard to these we must recur to our first-mentioned principle—that Nature herself shows the way.

No active exercise which calls into action the muscles of forced respiration can be permitted so long as the rib movements over the parts affected are much restrained. It is not difficult for the skilled physician to form a judgment on this point. The eye and the trained hand will often be sufficient for our purpose; but, if more exactitude is required, and if it is required to have a record that can be compared from time to time, the 2-plane stethometer may be used with advantage. I should like again to lay stress upon the peculiarities in the movements of the bones situated over or in the neighbourhood of the diseased portions of the lungs. In practice we often need some indication of the extent to which the disease taxes the vital resources, and, if possible, some measure of its gravity as estimated by the system itself.

The influence of disease upon the system may often be made less obvious, owing to the natural vivacity and hopefulness of the patient, and very frequently those whose frames most resent the injury, and in whom it makes the most rapid progress, are the very persons to make light of the ailment, and to show a cheerful countenance during its attacks. It is no small gain to us, therefore, to be able to resort to the evidence of an instrument, independent of the emotions and the will, which shows in figures the estimate taken by the nervous and muscular systems of the patient of the degree to which he may be permitted to exercise the respiratory apparatus without danger.

The fact, which I often observed, that the movement records are not directly connected with the extent of the disease, may permit us to hope that they really tell us something respecting the constitutional vigour of the patient, and of the comparative safety with which the chest movements may be carried on, and thus may serve as a guide to us in our directions respecting the degree to which exercise may be sanctioned. On all these accounts, therefore, I venture to recommend the frequent use of the stethometer.⁴

Another source of danger from over-exertion in phthisis arises from the increase of the blood pressure by which it is generally accompanied. It has long been known that severe exertion may, even in healthy persons, cause rupture of blood vessels. In 1868, by means of sphygmographic tracings taken during rowing, Dr. Fraser was able to demonstrate the degree of increase in the blood pressure, and since then other observers have continued the work.

In an interesting paper by Drs. Edgecombe and Bain on the Effect of Baths, Massage, and Exercise on Blood Pressure,⁵ they quote experiments by Lauder Brunton and Tunnicliffe, by G. Oliver, Marey, and Oertel, and all these

observers found the blood pressure raised during severe exercise and lowered afterwards. Leonard Hill found that even moderate exertion, such as rising from the sitting posture and walking a few steps, raised the blood pressure, while hard exercise caused a considerable rise. In this he was confirmed by G. Oliver. The authors corroborate in the main these conclusions, but declare that the effects depend upon the nature and severity of the work performed.

It can readily be understood how important must be any rise of the blood pressure in a consumptive patient. Whilst softening of the infiltrated lung is going on, and when the vessels are left with imperfect support, and when they are liable to be stretched by adherent parts, there must be increased danger of effusion of blood whenever there is any rise in the blood pressure. Hence the need for extreme care in the prescription of exercise, and for constant watchfulness, lest the powers of the patient should be overtaxed.

Lastly, we must take account of the danger of nervous exhaustion and of any influences which may lower the vital powers. It is well known that over-fatigue or depression of spirits, or weakening of the bodily power from a sudden chill will render the system more open to microbic infection of any kind, whether from the bacillus of tubercle itself, or from other pathogenic organisms. Hence the necessity of avoiding all causes which may weaken the patient's power of resistance. Any excess of exercise may not only produce a dangerous condition of prostration, but it may cause sweating and subsequent chilling of the body, such as may lay it open to microbic attack.

In the open-air treatment there is, perhaps, less likelihood of the presence of micro-organisms, such as the diplococcus pneumoniae or streptococci and staphylococci, and it is remarkable how free the inmates of such sanatoria are from all kinds of catarrhal affections, but the lungs of the more advanced consumptives are generally full of germs of various kinds, ready to spring upon the weakened frames at the first suitable opportunity. Hence the constant care of the medical officers of such establishments and of their attendants to prevent the occurrence of what is called "a chill."

Here, then, we again have a cogent reason for extreme caution in the prescription of exercise. I conclude, therefore, that both exercise and rest are needful in the open-air treatment of phthisis; but we may parody the words of Lord Bacon when, speaking of diet, he says: "both fasting and full feeding are necessary, but rather full feeding," so, in the treatment of phthisis, exercise and rest are desirable, but rather rest.

In the large proportion of our cases it will be found that most of their time will have to be spent in the semi-recumbent posture, and that only a very limited amount of exercise can be allowed.

The degree of rest that must be imposed will depend (1) upon the presence or absence of fever, and (2) upon the digestive and assimilative powers. The degree of exercise, (1) upon the muscular and bodily vigour of the patient; (2) upon the extent of movement allowed by the disease to the ribs in forced respiration, and especially to the bones over the site of the injured parts of the lungs.

In any case I would repeat what I have said before on this point. The consumptive must attempt no long walks, no great exertion. Not for him are "the wild joys of living, the leaping from rock up to rock, the strong rending of boughs from the fir tree, the cool silver shock of the plunge in a pool's living water, the hunt of the bear." Whatever exercise he does indulge in must be of the gentlest kind, and his amusements must be, for the most part, such as he can carry out while his body is in a state of partial repose—reading, drawing, music, the study of Nature, pleasant society, light manual tasks; these must fill up the bulk of the day, and only games that can be carried out without much exertion should be allowed, with long intervals of rest.

NOTES AND REFERENCES.

¹ Prognosis in Lung Disease. ² *Dict. des Sciences Méd.* 1820. ³ On this point Dr. Walters remarks (*Sanatoria*, p. 38): "If the nutritional income is less than the expenditure, the latter must be as far as possible reduced. The same is true of those who are very anæmic or very feeble. In all other cases exercise is needful, according to an ascending scale. We may begin with passive motion or very gentle massage, followed by resisted movements in the recumbent position. After this, very gentle walking exercise may be tried, at first restricted to a

few yards at a time on level ground. As the invalid gets stronger the length of his walk is gradually increased; he then attempts a gentle up-hill walk, and in time he is able to take long walks up even steep hills with advantage. He is, however, never allowed to walk quickly; about two miles an hour is a very good regulation pace for most. He must never put himself out of breath by his exertions, and should stop directly he begins to feel fatigued. Prolonged fatigue, profuse perspiration from the walk, a decidedly raised pulse-rate or respiratory-rate, show that the exercise has been too much. If patients come in chilled from their walk, brisk friction with a warm towel, or a little digestive warm food, will often set them right. With a few exceptions patients should rest for half an hour or more before every important meal, and for an hour after. The most active exercise is best taken in the morning. (*Loc. cit.*) ⁴ I have gone more thoroughly into this subject in my work on *The Relation of the Chest Movements to Prognosis in Lung Disease*, especially pp. 64 to 68. ⁵ *Lancet*, June 10th, 1899, pp. 1552-56.

PRESIDENTIAL ADDRESSES

TO THE

BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

METROPOLITAN COUNTIES BRANCH.

THE ORGANISATION OF THE PROFESSION.

By THOMAS BRYANT, M.Ch., F.R.C.S.Eng.,

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THE PROFESSION AND THE PUBLIC.

I FEEL now, as I have ever felt, that this great association of medical men is a pregnant fact, and that it ought to be a useful and active factor in moulding public as well as professional opinion into such lines as should be conducive to public and professional interests. For whilst with us professional interests must naturally take the first place in our thoughts, it should never be forgotten that the main purpose of our existence as a profession is for the public advantage, and that from such a point of view all our actions will be estimated by the world at large. Under these circumstances it is important that in all we do, or attempt to do, either as individuals or in combination, we should be studious to avoid, even in appearance, everything which might seem to the non-professional mind to savour of professional rather than of public advantage; and we should never forget that we are professional men and not tradesmen, so that not being wage-earners we may guard ourselves against being misled into following the methods of those who are, and who at times seem to be working for ends which appear selfish and from motives which sometimes seem unworthy.

And yet there are evils in the pursuit of our calling which want a remedy; some are connected with our public relations, others are more associated with our own body; for it is said that things are now done in daily practice which should not be done, since they degrade the men who do them in the eyes of the profession, and at the same time lower the profession in public esteem, and thus harm is brought about in both professional and public interests; for surely the interests of the profession and of the public are identical; when the profession advances in skill, knowledge, and character the public prospers with it, when the profession sleeps or lapses into bad ways the public suffers. The elevating influence of a clever and good doctor in a small town or village is fully and generally recognised, as well as the unhappy influence of what must be described as the professionally indifferent, casual, or trade doctor. It is important, therefore, for the public to be taught to understand that, since it is in its interests medical men should maintain a high tone of professional morality, so it is in the same interests that no scheme or custom which is calculated to lower the position or depreciate the value of the medical profession in the person of any one of its members should be encouraged or receive public support.

Under these circumstances no blame can be brought against those who seek for means to either relieve or cure the troubles which affect our body, and I believe it will be our best policy to amend our ways where amendment is called for before we venture to touch public interest, for by so doing we shall place ourselves in a better position to influence the public in

our favour and to induce it to look at professional matters in a more friendly way. For public opinion is beginning to appreciate the value to the community of past professional scientific work in the way of the prevention and cure of disease and of the relief of pain, and under such circumstances it is less likely than it may have been to depreciate the value of our services if we be true to ourselves and to the profession of our adoption.

Some of our professional friends, to carry out these objects, would rely upon the reform of the Medical Acts and of the General Medical Council with the view of protecting duly qualified men from unfair competition from without; whilst others look to the great medical corporations for assistance, and ask them not only to employ to the full the disciplinary powers they possess to cleanse our body from within, but to obtain more powers should their present not prove efficient, and all parties seem to call for organisation, which is not only to be applied to compel the councils of the colleges and corporations to protect the so-called privileges of their own members, but organisation amongst themselves to enable them to apply such remedies to the diseases they recognise as circumstances may require.

The cries for help to the medical corporations and the General Medical Council, with the suggestions to reform the Medical Acts, have to my mind something humorous in their nature—although some improvement in the Medical Acts may reasonably be called for—for they are made without the slightest reference to the objects for which the corporations or General Medical Council were originally created and without taking into account the time which would be expended and the serious difficulties which would be encountered for these bodies to obtain fresh powers, even if they could be induced to apply for them. They forget also the insuperable difficulties which would be raised in Parliament against any laws which might interfere, in a public point of view, with the “liberty of the subject.”

Indeed, these cries remind me of some sayings of Sidney Smith:—“When A. sees B. in grievous distress, his conscience always urges him to treat C. to help him,” and that the strongest test of the power of a charity sermon is made manifest when the sermon has so influenced a hearer as to induce him to put his hand into his neighbour's pocket in order that he himself might subscribe liberally to the cause advocated. In fact, gentlemen, it seems that we are all so prone to make other people do their duty, that we are apt under excitement to forget what we can do ourselves, and to throw upon such bodies as corporations and councils duties which do not rightly appertain to them.

With respect to the General Medical Council, I would ask you to recognise that it is a body which was created in 1858 in the interests of the public to regulate the qualifications of practitioners in medicine and surgery, and to enable the public to distinguish qualified from unqualified men. It has no other name than the General Council of Medical Education and Registration, and no other disciplinary powers than those required for keeping the *Register* pure, for which purpose it was given the power of striking off the *Register* or of suspending the name of any medical practitioner who has been convicted of felony, or been found guilty of what the Council considers “infamous conduct.”

It has nothing whatever to do with regulating professional action or competition, except with reference to registration, and under these circumstances the Council always takes a public rather than a professional view of every case or subject that comes before it for judgment. Acting on this principle the Council, having for years set its face against the employment of unqualified assistants doing the work of qualified men, has finally pronounced in a very definite way against “covering” and the employment of unqualified assistants; this conclusion having been based upon the view that such a practice was primarily injurious to public interests and secondarily to professional. On the same principle the Council protects titles, so that the public should not be misled by any; and with a like object it has lately taken up the question of medical aid associations, and appointed a committee of its body, of which I am one, to report upon the subject, and particularly in its public aspect, and in the work of the Committee it has come out very clearly that there are two distinct classes of medical aid associations—one which is worked