PRESIDENTIAL ADDRESSES TO THE BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

METROPOLITAN COUNTIES BRANCH.

OUR NUMBERS AND OUR WORK AT THE CLOSE OF THE CENTURY.

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GENTLEMEN,—My first duty on assuming this responsible position is to thank you, as I do most heartily, for the high honour you confer upon me by placing me here. In return I shall do my best to serve you, and I trust our Branch may during the coming year be usefully employed and exhibit signs of healthy growth.....

The subject to which I desire to direct your attention during the short time at our disposal is that of our numbers and our work at the close of the century. This is one of the few occasions when such a theme is allowable, and it must for all of us possess considerable interest. By our work we live, and the amount falling to each of us to perform depends largely on the number of those amongst whom that work as a whole is divided. In dealing with each branch of the subject I have treated it by comparing the present with the past. With these preliminaries I pass to

OUR NUMBERS.

The medical practitioners in England and Wales in the census of 1861 were returned as 14,415 "physicians and surgeons," in that of 1871 as 14,684, and in that of 1881 as 15,116 "physicians, surgeons, and general practitioners," being an increase of 701 only in twenty years, whilst the population of the country grew by nearly 6,000,000. In 1861 the average number of persons to each medical practitioner was 1,392; in 1881 that average had risen to 1,718—that is, to 326 more persons for each practitioner than there had been twenty years before. Indeed, Dr. William Farr, whose statistical acumen was rarely at fault, was of opinion as late as 1876 that "there was imminent danger that medical attendance might become quite inaccessible to vast numbers of people."

A great change, however was at hand. In the succeeding decade ending in 1891 the profession in England and Wales was increased, by the addition of nearly 4,000 members, to 19,037, reducing the average number of persons for each practitioner from 1,718 to 1,523. And during the past nine years 4,000 practitioners have also been added to our ranks, making their present total 23,023. The average number of persons to each practitioner has consequently sunk again to 1,393, which is almost the identical proportion that existed in 1861, but with a very different amount of work for the present practitioners to do, as we shall presently see.

THE RECENT GROWTH OF THE PROFESSION.

The average "growth" of practitioners, after allowing for the "nutrition" of our ranks and their normal increase required by the addition to the population, has during the last nineteen years been 228 per annum, so that to every 8,500 inhabitants of England and Wales there are to-day 6 medical practitioners where in 1881 only 5 would have been found. This "growth" of the profession was especially vigorous from 1883 to 1898.

We will now inquire whether the growth has been uniform throughout the country. A valuable but little known report of the General Medical Council, published in 1888, and containing a census of the registered medical practitioners of England and Wales for the years 1881 and 1886, supplies a trustworthy basis for our inquiries. The report states that in London in 1881 there were 3,837 practitioners. Now, in 1900, we are 6,102. In 1881 there were on an average 1,007 persons to each practitioner; to-day there are 803. If the 1881 standard of 1,007 persons to one practitioner were still the rule, there would be quite 1,200 fewer practitioners in London than there

are at present. In round numbers, each 4,000 of the population has now 5 practitioners instead of the 4 who were its share in 1881.

In the other large towns (27 in number in 1881) there is the same story of growth. In 1881, to each practitioner there was an average of 1,939 persons; now that average is fewer by 272.

In the rest of the country each practitioner in 1881 had an average of 1,996 persons; this year that average has decreased to 1,562.

THE DISTRIBUTION OF PRACTITIONERS IN ENGLAND AND WALES.

The above figures reveal another important fact, namely, that practitioners are distributed in very varying proportions among the population in different parts of the country. Of the large towns Brighton had, in the Eighties, by far the largest proportion of practitioners to population; in 1881 the average number of persons to one practitioner was 741; the average has since then steadily decreased, until to-day the apportionment there is barely 615. London comes next, and is not very far behind Brighton, there being in the metropolis barely 800 persons to each practitioner. Next come Plymouth with 1,130, and Bristol with 1,230. In the next rank are Manchester, Liverpool, and Birmingham, with averages not unlike the general average of this year for the whole country, namely, 1,393. Lastly, the fewest proportion of practitioners (so that each has an average of over 2,000 persons) is found in Huddersfield, Norwich, Hull, and Bolton. In some large towns there is double the number of practitioners found in other towns equally populous.

In the counties, too, a great disproportion between the different divisions existed in 1886, and has not since then apparently abated. The South-Eastern and South-Western Divisions of England have the largest proportion of practitioners, and, generally, southern towns and districts and health resorts have the largest proportion of medical men; but the rule has several exceptions. Even in different parts of London the proportion varies considerably. Thus, in the district best known to myself, South Paddington, there are 130 practitioners, nearly all in general practice. (This point is of consequence. As patients usually reside within easy distance of the "family doctor," it is important for general practitioners not to be too closely congregated together. But with "consultants," whose patients come from all parts, crowding—as in the districts around Grosvenor and Cavendish Squares—is a matter of little moment.) Now, South Paddington was already entirely built over in 1861, when its population numbered 36,769. At a local census in 1896, the last taken, it contained 3,000 fewer people; but, notwithstanding that decrease, the number of medical practitioners has increased by 20 since 1861, and the average of persons for each practitioner can be very few more than 300. Several adjoining parishes—Marylebone and South Kensington, for example—are probably no less plenteously furnished with practitioners. But, if this be so, there must be parts of London where the proportion of persons to each medical man must be three or even four times the number found in these well-to-do West End parishes.

MEDICAL WOMEN: THEIR NUMBERS AND DISTRIBUTION.

It might be expected that the recent growth of the profession would be partly traceable to the admission of women to its ranks, but their numbers are not at present very formidable. In the census of 1871 all the practitioners were classed as males. In 1881 there were 25 females, in 1891 the number was 101; and in 1899 the medical women on the *Register* were 336. I learn that 30 should probably be added for the present year. There are now 92 practising in London, 90 in the rest of England and Wales (chiefly in towns or institutions), and about 97 in India.

CAUSES OF THE RECENT GROWTH OF THE PROFESSION.

It is not possible to fathom the manifold factors which have led to this recent growth of practitioners, but many may be indicated. First, the great agricultural depression due to a variety of complicated causes, and beginning in the Seventies, was probably the determining agent that flooded the professions in general with neophytes between the census re-

turns of 1871 and 1891. But neither the Church nor the Law attracted so many entrants as did Medicine. Possibly the opinion of Dr. Farr (which I just now quoted) as to the dearth of medical practitioners in 1876, was acted upon, wherever known, by parents and guardians of slender means having well-educated boys eager and ambitious to succeed in life's race. Wealthy parents do not usually send their sons into our profession. They have opportunities of fitting them for commerce, with its many short runs to fortune, and with occupation that allows far more relaxation than does the medical life. But for those who have not a superabundance of ready money at command, our profession offers the temptation that the cost of education is spread over several years and does not require the expenditure of a large sum early in its course.

Lastly, the triumphs of anæsthetics and antiseptics during the quarter of the century now ending have directed so prominent a share of public attention to our work, that large numbers have doubtless been thereby induced to join our ranks. But such speculations regarding the past probably possess little more than academic interest; I, therefore, leave them and pass to the second branch of the subject, namely:

OUR WORK.

This is, at any rate, a topic of vital importance to all of us. Let us consider it by contrasting our present work with the work of the profession in the past: first, in its entirety; secondly, in its primary divisions—medical, surgical, and special. Judged under these conditions, it is manifest to anyone whose recollection extends back some thirty years, that the work of the present general practitioner is much less in the aggregate than that which came to his predecessor at the beginning of that period. Nor are the causes of this diminution difficult to trace. An efficient State control of infection has been organised, and immense advances have in those years been made in every branch of applied medicine and surgery. In our own country notification and isolation have gone far towards stamping out some of the worst infectious maladies; the horrors of tuberculosis are yearly lessening; and various diseases formerly requiring weeks of attention are now altogether prevented, or are, by treatment probably then unknown, greatly shortened in their duration. Surgery is revolutionised. The healing of wounds, even of those inflicted by the surgeon, rarely occurred in the past without some septic process, which to-day is hardly ever seen; so that the wound in the course of a few days, possibly even at the first dressing, is quite healed.

EFFECTS OF RECENT ADVANCES IN MEDICINE AND SURGERY UPON THE PUBLIC AND THE PROFESSION.

And not upon our race only, but upon all civilised peoples has the boon implied by these advances been conferred. But the practitioner reaps no corresponding advantage; rather, his work is thereby curtailed. Now, please do not let me be for one moment misunderstood. The practitioner's rôle and his greatest joy are to alleviate suffering, cut short disease, and lengthen life; and unless he acts in this spirit towards all those of every station who entrust themselves to his guidance, he is utterly unworthy of the great trust which he holds. Also, "though it be to his own hurt," he must under all circumstances do the best possible for his patient; just as a soldier, knowing that an enterprise on which he is engaged is attended with the greatest danger to himself, nevertheless does his duty, disregarding the risk to his own limb or life which it involves. Similarly, we endeavour to perform our duty, and glory in the thought that our profession has wrought this great benefit to mankind in general. At the same time, however, the prevention and improved treatment of disease have undoubtedly diminished very greatly the amount of work within the province of medical practitioners. And, however altruistic they may be, they cannot quite forget that the very perfection of their art has palpably decreased the sphere of their daily toil.

EFFECT OF HOSPITALS AND CHEAP DISPENSARIES ON PRACTITIONERS' WORK.

Another element of diminished work, less pleasant to contemplate than the foregoing, arises from the keen competition to which practitioners are subjected, especially in the less

wealthy districts of London and most other cities, from hospitals and dispensaries; also from medical aid societies and other agencies which parade their cheapening of professional attendance. This competition grows yearly. The large general hospitals of London, to which schools are attached, remain as they were forty years ago; not one has been added in the interval; and as far as their in-patient departments are concerned, they do magnificent work, and for the most part admit to their wards only cases which cannot be adequately treated at home. But of the out-patient departments one cannot be quite so assured. So long as the double function of tending the sick or maimed and teaching students is fairly performed, no exception can reasonably be taken to their out-patient work; but the enormous number of out-patients treated at some of them (at one hospital 178,000, and at another 160,000 in one year) causes the doubt to arise whether it is possible for the medical and surgical officers to give to the problems which each case presents sufficient time for both the teaching and the treatment. Hospitals for special diseases or for diseases and injuries of definite organs or regions of the body have lately multiplied greatly in London, and it is authoritatively stated that the out-patients' visits in these institutions last year numbered 1,335,000. Does not this huge total suggest a considerable transference of work which not long since would have been in the hands of general practitioners? I believe that teaching, at any rate, in these special out-patient rooms plays with few exceptions quite a subordinate part. One class of institutions, conducted on fair economic principles, and affording moderate recompense to practitioners for services rendered, is that of the provident dispensaries; but at present they do not seem to flourish abundantly. Medical aid societies, worked by outsiders, and cheap dispensaries run by enterprising practitioners at rates that can only produce slender remuneration, attract work that must be done hastily to make it "pay" at all, and which would formerly have gone to practitioners able to bestow upon it a reasonable amount of time and thought.

SPECIALISTS, CONSULTANTS, AND GENERAL PRACTITIONERS.

A notable feature of the last thirty or forty years in medicine and surgery, as in almost every other department of human work, has been the increase of specialists, for whom, so far as our profession is concerned, London with its aggregation of wealthy inhabitants is a veritable paradise.

In the past it was customary for patients to consult the same general practitioner in all ailments, and upon his advice to call in an appropriate consultant for any serious departure from health or for the settlement of any grave question connected with treatment. But now many wealthy people try to dispense with the services of the general practitioner completely and have recourse at first hand to consultants or specialists for even trivial ailments. And this system of procedure seems to be growing as the wealthy classes increase; though report has it that the blunders committed by the patients who diagnose their own ailment and then choose "the best man in town" for it are sometimes ludicrous. The system which thus deprives general practitioners of highly remunerative work is perhaps most prevalent in the West End of London.

Visits to consultants are less easy for patients living out of town; they therefore usually seek first the help of the local practitioner, and are thereby, in the majority of cases, saved all necessity for further treatment.

The truth is that the grades in our profession seem never to have been so rigidly observed as the corresponding grades of barrister and attorney in the law; and wealth and fashion have now almost completely broken down any such distinction as formerly existed. In the *Medical Directory* of 1845, 1846, and 1847 the status of each practitioner was placed after his named, such as physician, surgeon, obstetric and general physician, ophthalmic surgeon, general practitioner, etc. But there is nothing of the kind in recent directories.

One great distinction at present between law and medicine is that the consultant in the former profession—the barrister—deals with the client through the solicitor only; but the physician, surgeon, or specialist, though the bulk of his practice may be consultative in the best sense of the term, almost invariably also attends patients without the intervention of a general practitioner. Thus, between consultants

and specialists on one side and cheap hospitals and dispensaries on the other, general medical practice in the present day suffers from attrition both above and below, whilst its substance is honeycombed in various directions, as I have already indicated.

RECENT ADVANCES IN SURGERY.

Another transference of practice, yearly growing more pronounced, is that of cases once invariably considered the physician's appanage to the domain of surgery—for example, cases of abdominal or pelvic disease, and thoracic, cerebral, and spinal diseases, both acute and chronic. Moreover, certain operations now frequently performed—such as the removal of adenoids—were formerly unknown. Altogether, it must be acknowledged that surgery has greatly extended its field of work, and that the young surgeon of to-day has employment which never came to his seniors until far advanced in their careers. He is the modern Fortunatus of the profession; each advance seems only to render his skill more and more necessary to suffering humanity and his success assured. With the surgeon also the anaesthetist of to-day finds greatly increased employment; and anaesthetists have become far more numerous of late years. Operating surgeons and anaesthetists form, however, a small part of the profession, while the increased area of their work has correspondingly lessened that of their professional *confrères*.

PRESCRIBING AND MODERN METHODS OF DISPENSING DRUGS.

But certain other causes of diminished work have yet to be mentioned. In the country medical men must dispense their own drugs, as there is rarely a chemist at hand to undertake the work. But in London and other cities practitioners have gradually ceased to "dispense," giving, instead, prescriptions to their patients. This practice enables the patient to continue the remedy for any length of time without again seeing the practitioner; also, the greater benefit derived from the prescription the greater is the chance that it will be used by the friends of the first patient for ailments judged by them to be similar to that for which it was originally given. Lastly, the convenient modern method of administering medicines in tabloid form has "caught on" with the public; and drugs of all kinds are swallowed by huge numbers of people, who diagnose their own ailments without reference to any medical man.

NEW PATHS OF PRACTICE.

Now let us consider the other side of the question. Whilst the work of the profession—especially that of the general practitioner—has in several ways lessened, there are a few directions in which it has increased. The 12 large fever hospitals of London, all opened since 1868, with their 6,500 beds, employ about 48 medical officers; the 28 Poor-law parochial infirmaries are worked by a staff of over 70 practitioners, and have nearly all been established within the last thirty years. These hospitals, however, it must be remembered, admit cases that in former years were nearly all treated by the general practitioner. The teaching staffs of the medical schools have received a great accession of teachers during the same period, especially amongst their junior members, who give instruction in bacteriology, Roentgen-ray work, and other subjects unheard of some few years ago. But the three or four hundred practitioners finding employment in these newly-created posts account for only a small proportion of the 1,200 practitioners who since 1881 have swelled our ranks beyond the standard then obtaining in London of one practitioner to each 1,000 persons. Nor does the increase in the ranks of the physicians, surgeons, and specialists account for more than a small proportion of the 1,200 thus added.

QUALIFIED ASSISTANTS.

I am, therefore, driven to the conclusion that the recent chief increase of the profession has been in the ranks of general practitioners. Some of these undoubtedly fill places formerly held by unqualified assistants. But, much of the private dispensing of former years having passed to the pharmaceutical chemists, fewer assistants are employed now than formerly. It is true that good assistants, or men qualified to take the part of "*locum tenens*," are just now difficult to find; and that this fact apparently disproves my contention that the profession, in London at any rate, is over-

stocked. But the dearth of assistants seems to me to be capable of another interpretation. Their salaries were formerly kept down by competition with unqualified men; and principals have perhaps not yet quite appreciated the fact that four or five years' training entitles an assistant to a larger salary, which in these days of decreasing work is doubtless sometimes a matter of real consideration to the principal. Nevertheless, assistantships often reveal royal roads to successful practice, and offer means of obtaining insight into the conduct of much professional work that cannot possibly be acquired in the medical schools.

Besides, the war in South Africa, having recently absorbed many of our younger brethren, has temporarily accentuated the dearth of qualified men. But I must cease.

THE CONCLUSION OF THE WHOLE MATTER

is that in recent years practitioners have greatly grown in numbers, whilst general medical work has undergone marked shrinkage in several directions. Nor will that work probably again reach former dimensions, except under very special and temporary circumstances, as in the epidemic of influenza at the beginning of this year. The result is obvious, and "spells" competition, ever growing keener, in which several of the professional troubles of to-day, such as cheap dispensaries and medical aid societies, have their origin. Nor, unfortunately, does the future prospect appear to be more rosy for the general practitioner.

SUGGESTED REMEDIES FOR THE OVERCROWDING OF THE PROFESSION.

It is of no use, however, to draw this pessimistic sketch without also suggesting remedies for the state of things that it discloses.

If our medical work continue to decrease, the only method of keeping it up to a reasonable standard for each practitioner is to reduce the number of practitioners. Apparently this redress is already acting in a moderate degree.

The fifth year, added in 1892 to the student's curriculum, has reduced the entries of students in the United Kingdom by nearly 300 a year since that date, and will doubtless for a time continue to exercise the same deterrent effect.

Young practitioners about to "settle" should remember that in almost all places outside London rivalry is much less keen than in the metropolis, whilst in India and the colonies of Britain's expanding empire there are immense fields open to energy and professional talents. Indeed, South Africa, as I have already hinted, has during the past nine months made so extensive a call upon young practitioners from this country that for a while our numbers here must cease to grow.

With the object of ascertaining the conditions of medical practice in the Colonies, the Council of the British Medical Association recently requested Mr. Chamberlain to obtain information upon the point. This he has most obligingly done; and the replies from every Colony, containing the conditions in question, have been furnished to our Association, and may be inspected at the central office by anyone interested in the subject.

Thus it appears that, although our work in the aggregate is diminishing, our numbers in the near future seem also destined to lessen, and thereby adjust the inequality. The conclusion of my diatribe is consequently somewhat less discouraging than were its opening paragraphs. Its subject, though not exhilarating, nevertheless merits the serious attention of most of us, and particularly of those about to embark in practice. I have, at any rate, endeavoured to state "the plain, unvarnished truth," and to put it before you with fairness and moderation.

THE ROENTGEN SOCIETY OF THE UNITED STATES.—Under this title a Society has recently been organised in the United States. The *American X-Ray Journal*, published at St. Louis, Mo., will be the official organ of the Society. The Society is the only one of its kind in America, and is national in character. The first regular meeting will be held in New York in December, 1900. Many papers have been promised by eminent men, and there will be an exhibition of x-ray and electro-therapeutic apparatus, radiographs, etc., during the meeting. The President of the Society is Dr. Heber Roberts, of St. Louis.