fected during the day, as it might attract attention, it was performed at night or very early in the morning. He might mention that the following cases were notified in Dublin in 1899:

Typhoid fever ...	1,727
Continued fever ...	342
Erysipelas ...	579
Scarlet fever ...	515
Typhus fever ...	39
Puerperal fever ...	7
Croup ...	14
Measles ...	5,554
German measles ...	11
Diphtheria ...	174

The medical men, notably the dispensary physicians, who always notified, were placed at a disadvantage, because many persons knowing that they complied with the law consulted those practitioners who continually broke it.

Housing of the Very Poor.

It was upon the reading of a report of his that the Municipal Council, nearly twenty years ago, adopted and put into force the Artisans' and Labourers' Dwellings Act. Since then he had repeatedly pleaded the cause of the very lowest strata of the population. It was, of course, desirable that the artisan class should have healthful and sufficiently commodious dwellings, but if the municipality did not provide them, building societies and private builders must supply to a great extent the want. In the case of the very poor, who could afford no higher weekly rents than from 1s. to 2s. a week, their dwellings were, with few exceptions, in a deplorable state. Many of their landlords were but little superior in pecuniary resources to their tenants, and were unable to make costly improvements in their wretched tenement houses, of which they were merely leaseholders or yearly tenants. Of the 375 separate dwellings which the Corporation had erected on cleared areas, which had once been insanitary, only 23 were let at 1s. 6d. per week. As the dwellings of the poorest classes were the hotbeds of the seeds of infectious diseases, and as the vitality of their inmates was lowered by the unhealthy conditions of their homes and environments, they could not wonder that the very poor readily succumbed to constitutional diseases, and were peculiarly susceptible to infection. The high death-rate of Dublin was due, not to an undue amount of infectious diseases, but to the great mortality of the poorer classes, more especially of the adults. In 1898 the death-rate amongst the professional and independent classes (population 15,579) was 20 per 1,000 persons living, whilst it was no less than 31.8 amongst the 83,472 "hawkers, porters, labourers, etc." What was urgently required in Dublin was the improvement of the dwellings of the very poor, without increasing, except perhaps to a small extent, the rents which they now pay. No doubt this improvement would involve a considerable expenditure of money—certainly not less than a quarter of a million—but if the money were judiciously expended there would be a fairly good revenue from rents of the houses. The Corporation had provided 375 dwellings, occupied by 1,544 persons; the Urban Council of Rathmines 58 dwellings, inhabited by 277 persons; and the Pembroke Urban Council 115 dwellings, accommodating about 500 persons. The Dublin Artisans' Dwellings Company had provided for nearly 10,000 persons, the City and Suburban Artisans' Dwellings Company had 284 dwellings, and the Industrial Tenements Company 46 dwellings. A large number of dwellings for the working classes would soon be erected by the Corporation on the Bride's Alley area, and by Pembroke Urban Council at Donnybrook and Ringsend. Lord Iveagh was completing the clearance of the unhealthy Bride's Alley area, and upon the cleared site dwellings for working classes would be erected. This noble work would cost at least a quarter of a million. The Company for the Housing of the Very Poor, of which the Right Hon. Joseph Meade was chairman, would soon be in a position to provide forty-eight families with dwellings at rents not exceeding 2s. a week. The families in the Dublin tenement houses and other dwellings regularly inspected by the sanitary officers numbered 32,000, and of these a very large proportion required better lodgings. It was inexpedient to add to the enormous number of insanitary dwellings already closed until provision

was made for the reception of the occupiers of the unhealthy houses that still remained. In concluding this part of his address he pointed to Edinburgh as a pattern for Dublin. The former high death-rate in that city had been brought to a very low one, and this improvement, it was stated, was chiefly due to the fact that £560,000 was expended in improving the dwellings of the working classes.

Tuberculosis.

Tuberculosis of the lungs was a peculiarly fatal disease in Dublin; about 34 persons per 10,000 perished annually from it. That it was an infectious disease was now generally admitted, but that it should be included amongst those that were notifiable was hardly expedient. Information as to its infective character should be diffused as widely as possible. After the death or removal of a consumptive patient the apartments which he or she had occupied should be disinfected. This purification was performed by the Dublin sanitary authority, but only occasionally, as the deaths from tuberculosis were rarely notified for the purpose of disinfection. He was of opinion that the dairy cows of Dublin were not much affected with tuberculosis—much less than were the cows of the large English towns. This was due to the fact that the latter were kept in the cowhouse until they ceased to give milk, whilst the former were depastured for six or seven months in the year. He trusted that the influential Committees which had been formed in London, Dublin, and other towns, with the object of investigating the causation and prevention of tuberculosis would be able to grapple with this scourge of mankind and lessen its terrible ravages. It would be within the rôle of the municipalities to assist those Committees by carrying into effect their recommendations, if it were in their power to do so.

AN ADDRESS

ON

MEDICAL PRACTICE IN EUROPEAN COUNTRIES.

Delivered before the Yorkshire Branch of the British Medical Association.

By THOMAS KILNER CLARKE, M.A., M.D., F.R.C.S.,
Surgeon to the Huddersfield Infirmary; President of the Branch.

WHEN thinking over the possible subjects for an address, it occurred to me that it might perhaps interest you to hear something of the course of medical study and the position of medical men in other countries of Europe. For many years I have taken my annual holiday abroad, sometimes in France, but usually in the northern countries of Europe, and there I have generally made friends with the local medical man or men, if there have been any, and if there has been a hospital I have endeavoured to see something of its working and its practice. Invariably I have met with the greatest kindness and hospitality, and desire to give me every information. Some of this information I propose to put before you. My choice of this subject was influenced, too, by the fact that though there are openings for English medical men abroad, there is not much information readily obtainable how to make use of these openings.

FRANCE.

As France probably offers the most numerous openings for the English medical man I will take that country first.

The French medical student has five examinations to pass. The first is in physics, chemistry, and zoology. I may mention that this examination must be passed before the student is allowed to join a medical school. He is obliged to spend a year in a school of science studying exclusively the subject of the first examination.

II. (1) Practical dissection or 'dissections, anatomy of histology; (2) physiology.

III. (1) Practical examination in surgery (elementary), external pathology, surgical midwifery; (2) internal and general pathology.

IV. Hygiene, medical jurisprudence, therapeutics, materia medica, pharmacy.

V. (1) External and obstetrical clinics. (2) Internal clinics, examinations in practical pathological anatomy, also a thesis consisting of a printed dissertation on a medical or surgical subject chosen by the candidate, who must also reply to questions put to him on the different parts of medical education. In bacteriology, pathology, and also in medicine and surgery, these examinations are very practical.

There are very few medical schools in France not under State control. The students of those which exist are not numerous, and they must go before the official examiners for their degree.

The degree of M.D. is now the only degree in France, and embraces surgery as well as medicine. The degree of *officier de santé*, under which formerly English medical men used to practise at Cannes, etc., is abolished. Every student must do five years of hospital work. The hospital appointments are those of *externe* and *interne* (corresponding to our dressers and house-surgeons), and *préparateur de clinique*, or ward clerks. Lectures are optional, and there is very little control over the students.

A student's expenses for board and lodging run from 90 to 150 francs per month, that is, roughly speaking, from £4 to £6 per month. Speaking generally, a minimum sum of £400 represents the cost of obtaining the right to practise as an M.D. or surgeon in France. In England, a fair estimate at the present time of the total cost of hospital fees (say at Guy's) for instruction and materials, for textbooks, instruments, and examination fees, might be computed at 50 guineas for each of the five years of the curriculum. The examination fees are a heavy item, and will be more after this year. In addition to these is the expense of living—say £10 a month—so that the total minimum cost of obtaining the M.R.C.S. and L.R.C.P. is something over £850.

The fees of general practitioners are not high. It is usual to be paid for each visit, but it is by no means unusual to contract by the year. For consultation with prescription, the fee ranges from 1 franc to 2 francs, generally 2 francs (1s. 8d.) in the country and from 3 francs to 5 francs (2s. 6d. to 4s.) in the town. As a medical man's name becomes known, he charges 10 francs; consultants charge from 20, 40, or even 60 francs; the average is from 40 to 60 francs. Operation fees vary, and, as in this country, the surgeon cuts his coat according to his cloth, but they are very high—higher than here. In the centre and the south of France the income of a general practitioner in the country is from £200 to £240 a year; in the industrial centres, the north of France, and the suburbs of Paris, perhaps £800; £3,000 is the highest income of any general practitioner in Paris. There are no assistants. Mileage is charged at 1 franc a kilometre. No medical man is allowed to dispense his own medicines, unless he lives at least 4 kilometres from a chemist. The social position is much what it is here, dependent entirely upon the individual.

Obstetric work, except in the largest towns, is mostly done by *sages femmes*, that is, midwives, and even in the largest towns the midwife attends some of the best people. The midwife's fees vary from 2 francs to 100 francs in the country, and from 100 to 1,000 francs in the towns. The midwife is recognised by the State.

Unqualified practitioners are forbidden by law, but it is not worth while putting the law in motion, for if convicted, only a small fine is imposed. The Syndicate of Masseurs and Magnetisers of France are petitioning that a law should be passed giving them a legal right to practise their art, as they modestly put it, on the sick; and certain Socialist deputies are demanding that all quacks should be registered as medical practitioners. Medical aid societies do not exist in France.

The proportion of doctors to population for the whole of France is 3.48 per 10,000, or say 1 to 2,800. The proportion in England is 1 to 1,400 so that medical men are just twice as numerous in England.

Pursuant to decrees passed on July 25th, 1893, medical men who possess a foreign degree of Doctor of Medicine, and who wish to obtain the French diploma of M.D., may obtain a partial or total exemption from the quarterly registrations ("inscriptions"), and a partial exemption from the examinations required for this diploma. The exemption can only apply, however, to three out of the five examinations required.

BELGIUM.

Belgium is of some interest to us because of the facilities afforded to foreigners in the attainment of the degree of M.D. Brussels. The Examining Board of Brussels is most obliging; no foreign language is required, as the examiners will examine the candidate in English if he so wishes it, and the candidate may take anatomy and physiology at one time,

materia medica and therapeutics at another, and pathology at a third, or be examined in the whole range of medical study at one examination.

The examinations are practical. The candidate must dissect and operate before the examiner, and state his diagnosis and treatment at the bedside. The examination is rather stiff in pathology, materia medica, and therapeutics, but there is no microscope work and no museum specimens. Most of the candidates go to Brussels for a month or two before the examination and coach.

Lodging and board (the best) costs some £2 a week; coaching from £5 to £10 the month, and the fee for the combined examination is 22 guineas. The native student must pass at least six years in medical and allied studies before he can take his degree, and two of these years must be spent in hospital work. He has seven examinations to pass, of which two are in natural sciences. He is examined in logic, moral philosophy, elementary zoology and elementary botany, experimental physics, general chemistry, elementary mineralogy, geology, and physical geography; the other five examinations relate directly to medical and surgical subjects, including, amongst many others, embryology, pharmacodynamics, mental diseases, and ophthalmology. The hospital appointments are two—*aide de clinique* and *chef de clinique*—but they are not compulsory. The lectures and examination fees, which include admission to hospital attendance, amount to 1,500 francs (£60). In addition to this the student pays for courses of practical instruction fees varying from 15 francs to 30 francs, and amounting altogether to 200 francs. A student's expenses outside board and lodging, which amounts to £1 a week or less, and textbooks, are thus some £68, not a large sum compared with our corresponding fees in England, which, as I have mentioned, amount to something over 200 guineas. He is not obliged to remain at one school or one university; only the examination is central. When qualified he commences practice on his own account. The medical assistant is unknown in Belgium; few medical men could afford one, for medical fees and income are very low. Socially he ranks with the other professions.

The fee for a visit ranges from 1s. 3d. in the country to 2s. 6d. and 4s. 2d. in the town, and consultations from 10 francs (8s. 4d.) in the country to 20 francs or even 50 francs in town. The fees for operations vary, of course, from £20 to £40, or even £80 or more. Mileage is reckoned in Luxembourg, where the distances traversed are great. The average incomes of a country medical man run from £160 to £240 a year and in the towns from £240 to £400. Doctors do not as a rule dispense their own medicines. Permission to practise can only be obtained by foreign practitioners from a Central Board appointed for the purpose. The duty of this Board is not only to inquire into the facts of the case with a view to ascertain that applicants hold proper diplomas, but it has also to test their knowledge. It is necessary further that the Board should be convinced that such applicants possess an exceptional degree of knowledge, and that there are grounds justifying the Government in giving them special permission for the good of the country.

ITALY.

In Italy authorisation may be granted by one of the Royal Universities to foreigners, who, however, can practise without this when called in from abroad to attend special cases, or if they confine their practice to foreigners.

SPAIN.

The Spanish student of medicine seems to have rather a harassing time. The medical course consists of twenty-two series of lectures in medicine proper and four series of preparatory lectures on natural history, natural science, and chemistry. These lectures are divided into seven terms of eight months each, beginning with anatomy and ending with hospital work and clinical lectures. University students during their two final courses are bound to attend for two hours each day at the hospitals. House-surgeons are appointed after competitive examination, and have, in addition to the ordinary work, to compile data for statistics and look after the instruments.

The student's fees amount to 30 guineas. Except in the large towns it is usual for the family attendant to have a yearly contract—sometimes he is paid in money, more often

at harvest time in corn, etc. Fees vary (with the size of the town and the status of the medical man) from 10d. to 8s. 4d. a visit. The consultant's fee varies from 7s. 6d. to 37s. 6d. There is no mileage tariff, but a minimum fee for an out-of-town visit from Cadiz within a radius of 25 kilometres (14 miles) is £3 15s., provided the medical man is able to return to Cadiz the same day; the maximum fee is £7 10s. From 3,000 to 4,000 pesetas, that is, £120 to £180, is the usual general practitioner's income in towns; in the country districts the man who makes £100 a year is well off.

SWEDEN.

I do not think any of you would choose Sweden as a place for medical study for the reason that the curriculum extends over eight years, but as a playground Sweden has no equal. If you are fond of fishing and shooting, or boating in the midst of beautiful scenery and amongst some of the most hospitable people in the world, go to Sweden. You will get it all there; you will also find scrupulous cleanliness and generally good cooking, and all at about one-third of the cost for which you would get the same in the British Isles. The language is not difficult; anyone could very quickly learn enough to travel out of the beaten tracks. In the beaten tracks nearly every well-dressed man you meet speaks English. The Swedes say they can learn our language in four weeks, and from my own personal experience I can believe them. Anyone who speaks Swedish can travel with comfort in the neighbouring countries of Denmark and Norway, the three languages are so much alike. He may travel also on the coast line of Finland, where most of the people use Swedish as their native tongue.

I have visited the Swedish hospitals a good deal, and have seen as good surgery there as I have seen anywhere—aseptic and antiseptic surgery is carried out with great detail and care, for time there seems to be no object. There is no word in the language corresponding to our "immediately"; "*strax*," which is the nearest equivalent, means anything from ten to thirty minutes.

The students' course is a severe one; the duration of the course of study is over eight years. From one to one and a half years are given to natural science, another three and a half to four years are spent over anatomy, physiology, histology, general pathology, and history of medicine. After passing in these he must spend another four years in the higher branches of his profession, including ophthalmology, syphilology, psychology, and forensic and State medicine, and these examinations are both practical and theoretical.

There are three examinations. After passing the second, which is called "the Medical Candidate Examination," he begins hospital attendance, which is compulsory. I need not, I think, go into details, but it would be impossible for a medical student in Sweden to present himself for his final examination without a very practical experience of the different branches of his profession.

Medical education is very cheap. There are no fees for lectures or hospital attendance, but for each of the three examinations the student pays an entrance fee of 20 kroner, amounting to 22s. He also has to pay from 12 to 25 kroner a year as entrance fee, and subscription to the "Students' Association." Board and lodging are also extremely cheap. As soon as the student is qualified he goes into private practice. Assistantships are unknown. Midwifery is mostly done by women who are qualified and recognised by the State. The fee of the private midwives ranges from 3 to 5 guineas. The village midwife has a salary paid by the State, and she is obliged to make an annual report of her work to the State. Any cases of puerperal fever are looked into, and if she should have had, I think, three cases in the year, her certificate is withdrawn (for a time).

The medical men never dispense their own prescriptions. As regards fees, I think I may say that the custom of contracting by the year is very general; in cases where there is no contract the usual fee for a visit in the towns is 5 kroner, and for a consultation 10 kroner; in the country the fee is 5 kroner within a 3-mile radius, over that radius mileage is always paid at the rate of 6d. a mile. The average income of a general practitioner in the country is from 6,000 to 8,000 crowns, that is, roughly £300 to £400; in the town from £500 to £650.

Medical aid associations are beginning to appear. In Sweden the only facility granted to foreigners is that licensed practitioners may possibly be granted by the Chancellor of the University a certain reduction of the time required of native students before they can obtain a licence. The authorities do not, for the moment, see any reason for according further facilities in this respect.

NORWAY.

In Norway all students, whether for law or medicine or any other profession, are required to pass two matriculation examinations, one in arts, the other in philosophy. The student of medicine has three other examinations to pass: the first, after from two years and a half to three years study, is the usual examination in botany, zoology, chemistry, theoretical and practical anatomy, physiology, etc. The second examination, which is passed three years and a-half to four years after the first, is severe. The subjects are pharmacology and toxicology, general pathology and pathological anatomy, special medical pathology and therapy, skin diseases, syphilis and leprosy, and ophthalmology. In addition the candidate has to write an essay discussing some question connected with one or other of these subjects. The third examination is passed half to one year after the second, and embraces practical medicine and surgery, the diseases of women and children, obstetrics, surgical operations (on the cadaver) and surgical anatomy, hygiene, and medical jurisprudence. An essay must also be written on some given text taken from the subjects included in this examination. Hospital attendance, which does not count until after the student has passed his first examination, extends over four or five years. Generally the student spends the whole of his course of study at the University and at the hospital in Christiania, but residence is not compulsory until after he has passed his first examination. Occasionally a student is appointed as assistant to a surgeon or physician at the hospital, but that is not often the case now; it happens now and then that in the time between the second and third examinations a student may act as assistant to a general practitioner, but this is rare.

The only fee the student has to pay is 20 kroner on putting his name down for the first examination. There are no fees for lectures or hospital attendance. Books, entertainments, clothes, etc., cost about £26 a year, and board and lodging another £40—say £70 a year for everything. Medical men take a very high social position in Norway. In the country a fee is generally paid for each visit, but in the towns the custom of yearly contracts is more common, from 50 kroner to 500 kroner, that is, roughly speaking, from £3 to £25 a year being the usual rates. A general practitioner's usual fee for seeing a patient at his own rooms in the towns is from 2s. 2d. to 5s. 6d. (some specialists ask half a guinea), and in the country from 2s. 2d. to 3s. 3d.

Operation fees in towns are from half a guinea to 25 guineas; in the country 5 guineas is the maximum fee. The country practitioners have large districts, and there is a recognised mileage tariff, a visit at a distance of

1 kilometre is charged 4 kroner (4s. 4d.)

5	"	"	5	"
7	"	"	6	"
8.5	"	"	7	"
10	"	"	8	"

beyond 10 kilometres 2 kroner for each 5 kilometres.

The average income of the general practitioner is in town 5,000 kroner—£280 in the country £200 or a trifle more. Only in country districts where there are no chemists do medical men dispense their own prescriptions. Midwifery is very much, I believe almost exclusively, practised by women, qualified and recognised by the State. The fee varies from 5 kroner to 40 kroner in the town; in the country it is seldom more than 5 kroner, but the country midwife is subsidised by the State. She receives from 160 kroner to 240 kroner a year, half paid by the *Amt* (county or district), and half by the *Hoved* (parish).

Quacks are allowed to practise under slight restrictions; they must not call themselves doctors; they must have lived in the country at least three years, and must not have been roaming about, and they must have a clean record as far as the police-court goes. They are not allowed to attend people suffering from any acute infectious disease, nor to use such medicines as can only be prescribed by qualified men;

poisons, I suppose, such as strychnine, etc. In the north of Norway—in the Trondhjem district—there are some bone-setters. Patent medicines can be sold by the chemists, but if containing poison only on the production of a doctor's prescription.

There are 800 medical men in Norway, 650 of whom are members of the Norwegian Medical Association. The Association has many local divisions, and its object is to keep up the standard of the medical profession and secure its interests. There is also—and this is rather sad—a doctors' burial club. The club system is prevalent.

There is no general permission to foreigners to practise in Norway without passing the prescribed examinations, but the Government has the power of giving permission in individual cases to those who produce satisfactory evidence that they possess the requisite knowledge.

FINLAND.

The student of medicine in Finland has a prolonged course of study; two years (if the student is diligent, as my informant remarks) are usually spent in preparing for the first examination, called the Medico-Philosophy Examination; during this time he does some months' practical work in the chemical, physiological, zoological, and botanical laboratories. He then passes on to prepare for his second examination, the examination for the Bachelorship of Medicine; he attends a course of dissection and physiology, and a three months' course at the Physiological Chemical Laboratory. Two years are generally thus occupied; and then comes the final stage, that of preparation for what is called the Licentiate Examination. During this stage the student (who has already the title of M.B.) attends the usual hospital practice and various clinics—three months at the venereal clinic, three months at a lunacy hospital for the mental diseases clinics, and so on—in all thirty-seven months in eight different hospitals.

It usually takes the M.B. four years to pass the Licentiate Examination, which is very practical. He is now allowed to practise, and is eligible for any town or State appointment. To obtain the title of Doctor of Medicine and Surgery he need only write some scientific essay, and be examined on it; altogether the student has to pass some eight years as in Sweden before he is allowed to practise in Finland.

Attendance at a foreign university or school of medicine is accepted, but foreign degrees do not exempt from any part of the examination. There are no hospital fees, and no examination or lecture fees after passing the M.B., and living costs from £2 to £5 a month in the university town.

Once he has taken his degree he holds a very respected social position. Assistants are unknown. The fees in the town are not bad. Visits are charged from 2s. 6d. to 12s. 6d., and operations from 12s. 6d. to £31 5s. or more. In the country when journeys are very long (the nearest doctor to the place where I have been fishing the last three years lives some fifty miles away), 10 marks (8s. 4d.) for 10 kilometres is the usual tariff. It is only in the very largest towns that the general practitioner pure and simple exists; over the rest of the country every doctor has some appointment, either State, town or country, or in connection with some large manufactory, and gets a yearly salary of from £80 to £400; £1,200 a year marks the maximum income of any general practitioner; a very few specialists reach £2,000.

Medical men never dispense their own prescriptions. Midwifery is done by women, though in intricate cases the physician may be called in. Midwives are recognised, and have to pass a State examination; they are allowed to use instruments. Midwifery fees range from 1s. 8d. to £4.

Unqualified practice is illegal, but of course in the sparsely populated country districts there are many quacks, and against them the law is not put in force except for malpractice. No patent medicine can be sold except such as have been analysed and passed by the State. Medical aid associations are unknown, and for the most part there is a high standard of medical etiquette.

RUSSIA.

Of the medical profession in Russia I have been able to obtain very little information. Students are obliged to remain at the university and hospital during the whole of their student career, and, if they have the means, usually

take some post-graduate course, either at home or abroad before practising. It is much the custom in Russia for the family doctor, who is usually the confidential friend of the family, to contract by the year for his services; there is no fixed tariff of fees. Only in widely-scattered districts where there are no chemists do doctors dispense their own prescriptions. Midwives are State examined, and are compelled by law to call in a medical man if the confinement is requiring instrumental help. Quacks are strictly repressed; on the other hand, medical aid associations have recently become very numerous.

SERVIA.

The Servian who desires to practise medicine goes to some neighbouring country—Russia, Germany, Austria, or even France and Switzerland—to take his degree there. Those who have only obtained the degree of M.D. without having acquired at the same time the right to practise in the country where they have obtained their M.D., are obliged to undergo an examination before a Medical Board at Belgrade, only after they have passed this second examination are they allowed to practise medicine in Servia. Socially they take a high position. The usual custom is to be paid by the visit, but occasionally an annual payment is agreed upon. In the towns the usual fees are, for general practice, 2 to 5 dinars (a dinar is 93d., practically a franc); consulting fees 10 to 12 dinars; in the country 1 to 2 dinars, and 8 to 10 dinars for consultations; operation fees from £1 to £12, with mileage fees of about 1 dinar a mile. The average income of the general practitioner in the country varies from £240 to £400, and is a trifle higher in the town, but very rarely indeed over £400. Doctors only dispense their medicines in the very rare places, where there is no chemist available. Nearly all midwifery is done by medical men; 20 to 80 dinars is the usual fee. Unqualified practitioners are very severely dealt with, and medical aid associations are unknown. In the whole of Servia there are but 184 medical men, and of these 122 are paid by the State, having some official position either in the army hospitals or prison staff or on the railways; 32 are *medici de communauté*, that is, Poor-law doctors, and only 30 rely exclusively on private practice. There is one doctor to every 12,567 inhabitants.

GREECE.

The Grecian student of medicine is, I believe, almost if not quite the only medical student in Europe who is not required to pass a preliminary examination in arts and classics. Perhaps as a consequence of this, the standard of professional etiquette is not high, and advertising in the daily papers prevails to a deplorable extent.

The duration of medical studies is four years and nine months. At the end of his second year the candidate is examined in chemistry, physics, zoology, and botany; at the end of the fourth year there are two examinations for the diploma of M.D., the first written, the second *vivâ voce*, and these examinations extend over the whole range of medicine, surgery, and midwifery. These examinations are not practical, that is, there is no clinical or laboratory work, no operations on the dead body. In his third year of study the student is obliged to follow the hospital work as a simple spectator; in his fourth year the professors of clinical medicine and surgery give him patients to examine and treat under their directions. Hospital appointments for students are very few; each surgeon has his *interne* (resident house-surgeon), whose emolument is from £4 to £6, or less, and seven *externes* (dressers) who receive no pay. After the student has got his diploma, he is obliged before he can practise to spend nine months in practical work in the out-patient department under a special professor and four assistant physicians. There are no hospital or lecture fees. The student pays the Government study tax (*διδασκικὸν τέλη*) £40. The examination fees are £4, and for the diploma £4 is paid. The only other expenses in addition to those of board and lodging are expenses for medical books, etc. In Athens the average expenses of a student are from £6 to £10 a month. The student is obliged to spend the whole of his four years and nine months' study at the University and in hospital work.

There are no assistants to medical men as in England. Generally medical men are considered as belonging to the best class of society. Sometimes they make yearly contracts, but they are usually paid for each visit; from 3s. to 6s. is the

usual fee in general practice, but there are some who are satisfied with a couple of drachmas, that is, 1s. 3d. for each visit.

The consultant's fee for a consultation at his own house is 10 drachmas—that is, about 6s. Private operations are well paid, but they are few; patients prefer the hospitals because they can go there gratis, or pay very little. In the large towns—for example, Piræus (60,000 inhabitants)—£250 to £300 is as much as any general practitioner can make. In the country medical men make much less, but, as my informant says, “they belong to the country and do not depend solely on medicine for a living.” The law forbids the general practitioner to dispense his own medicines except where there is no pharmacy. Midwifery is mostly practised by ignorant midwives; some of them are qualified, by a six months' course of instruction, and recognised by the State; but their knowledge and practical ability are very poor, and puerperal disease is of very common occurrence. In difficult labours the obstetrician is called in and gets a fee of from £3 to £9, according to the social standing of the patient. There are some laws and restrictions against unqualified practice, but they are never enforced by the State. Foreigners holding a diploma other than Greek are allowed to practise after passing a practical examination at the hospital, and those who speak French or German are allowed to be examined in these languages; the fee is 100 drachmas, but no foreigner could possibly practise in Greece without a knowledge of the Greek language.

There is one characteristic common to the medical men of all countries I have visited, and that is their good fellowship—always ready to do anything for one's comfort, to show one anything they have to show, and give one any help or information in their power. I owe them my thanks for numberless acts of kindness, and am glad to make this acknowledgement before a body of their English *confères*.

AN ADDRESS

ON

RECENT LEGISLATION IN RELATION TO THE MEDICAL PROFESSION.

Delivered before the Thames Valley Branch of the British Medical Association.

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Lunacy Acts Amendment Bill.

THE great majority of the clauses affect those who have the management and treatment of patients in asylums, but there are two clauses with which it is well that general practitioners should be acquainted. The first is Clause 1, which deals with “urgency orders.” You are of course aware that any patient who is not a pauper may be placed under control by means of an urgency order; it is a temporary method to obtain the control of the patient while the usual order is being obtained. Circumstances may arise, such as suicidal and homicidal tendencies, which render it expedient that the patient should be put under control at once, while the order by petition is being procured. Under the Act under which we now work, the urgency order remains in force for seven days, but in the new Bill, unless the clause is amended, the urgency order is to remain in force for only four days. This reduction in time no doubt will cause difficulties in obtaining the order. In Paragraph 2 of Clause 1 it is stated

that every urgency order shall be accompanied by a statement, to be made and signed by the person who signs the urgency order and by the medical practitioner who signs the medical certificate on which the urgency order is founded, that it is necessary for the safety and proper treatment of the alleged lunatic, or for the safety of others, that he should be forthwith placed under care and treatment, and showing fully and specifically the reasons why an urgency order is required.

The urgency order has only to be accompanied by one medical certificate, instead of the two which have to be presented with the usual order. A statement accompanies the urgency order now in force in which the practitioner has to certify “that it is expedient for the welfare of the said A. B. (or for the public safety, as the case may be) that the said A. B. should be forthwith placed under care and treatment,” and he has to give his reasons for this conclusion. There is a slight difference in the wording of the statement accompany-

ing the two urgency orders. In the one at present in force the medical man has to notify that it is expedient for the welfare of the patient or for the public safety, as the case may be, that the patient should at once be detained; while in the new Bill the statement has to be made and signed by the person who signs the urgency order, as well as by the medical man who signs the certificate, that it is necessary for the safety and proper treatment of the alleged lunatic or for the safety of others that he should be forthwith placed under care and treatment. He has, of course, to give his reasons why an urgency order is required. This new urgency order will only remain in force for four days, at the end of which time the patient must be liberated, unless steps have been taken during this interval to obtain an order on petition. It is not necessary to have the order made during the interval if the petition has been presented to the judicial authority. There is, I know, an objection on the part of many practitioners to sign certificates, for fear of an action being subsequently brought against them by the patient. The Act protects the signer of the certificate if he “has acted in good faith and with reasonable care;” but, as this was not considered sufficient protection, a subsection was added, providing that if any proceedings are taken against a person for signing a certificate,

such proceedings may, upon summary application to the High Court or a judge thereof, be stayed upon such terms as to costs and otherwise as the court or judge may think fit, if the court or judge is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care.

The action must be commenced within twelve months next after the release of the party bringing the action, and shall be laid or brought in the county or borough in which the cause of action arose and not elsewhere.

These sections of the Act protect the medical men who sign the certificates in good faith and with reasonable care. If the medical practitioner is not satisfied with these provisions for his protection, his best method will be to require a guarantee of indemnity from the friends of the patient, for which purpose a form is recommended by the Medical Defence Union.

The other clause (XXIII) is concerned with the temporary care of incipient lunatics. This clause has been introduced as the result of frequent conferences between the Parliamentary Committee of the Medico-Psychological Association of Great Britain and Ireland, of which I have the honour to be Honorary Secretary, and the Parliamentary Bills Committee of the British Medical Association. After the clause was drawn up a deputation to the Lord Chancellor was arranged, and he, with slight alterations, accepted the sections of the clause as they stood. The chief reasons, among others, why we wished this clause to be introduced were that supervision should be exercised over those persons who receive incipient mental cases, and that the friends of patients should be induced to put the patients under proper care. At present, persons without any knowledge of asylum treatment open homes for the care and treatment of these cases, with the result that they are not treated properly, and in some cases suicide follows. Again, owing to the fact that the petition, particulars of the case, and the medical certificates have to come before a magistrate before the patient can be received, it has been found by experience that friends will do everything in their power to escape this magisterial order, going so far as to take the patients into remote districts under the care of nurses, with the result that the patient does not have the medical treatment which is so requisite in the early stages of insanity when the disease is most curable. This clause does away with the magisterial order, and it is hoped that friends of patients will avail themselves of it. Clause XXIII commences thus:

1. If a medical practitioner certifies that a person is suffering from mental disease, but that the disease is not confirmed, and that it is expedient, with a view to his recovery, that he be placed under the care of a person whose name and address are stated in the certificate for a period therein stated, not exceeding six months, then during that period the provisions of Section CCCV of the principal Act shall not apply.

No magisterial order is required. The Section CCCV of the principal Act, that is, the Act of 1890, says that every person who, except under the provisions of that Act, receives or detains a lunatic in an institution for lunatics, or for payment takes charge of a lunatic in an unlicensed house, shall be guilty of a misdemeanour, and shall be liable to a penalty not exceeding £50. By this clause a patient can be taken