PUBLIC HEALTH AND PARLIAMENT.*

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THIS subject is one of constant interest to medical men, one which is constantly being discussed, and one in which it is generally agreed in our profession that there is a great scope for development. But despite this fact I have been unable to find any comprehensive account of the work of the medical profession in Parliament, either as it has been done or as it might be done, nor any detailed history of the passage through Parliament of measures bearing on medical questions and of the steps that lead up to their passing. You will perhaps forgive a somewhat disjointed account, certainly a very limited account, of the many sections into which the subject may be divided.

DOCTORS IN PARLIAMENT 1880-1908.

During the last 30 years the representation of the medical profession in Parliament has been as follows:—

Prime Minister.	Date of First Opening of Parliament.	Conservatism.	Liberal Unionists.	Gladstonian Liberals.	Parnellites.	Nationalists.	Independent Labour.
Gladstone...	April, 1880 ...	1	—	2	—	2	—
Gladstone...	February, 1886 ...	—	—	2	1	—	—
Salisbury ...	July, 1886 ...	2	1	4	4	—	—
Gladstone ...	August, 1892 ...	—	—	5	—	6	—
Salisbury ...	June, 1895 ...	1	1	4	—	7	—
Salisbury ...	November, 1900	2	2	3	—	3	—
Campbell-Bannerman	February, 1906 ...	2	1	8	—	2	—
Other candidates at the election of 1906 ...		1	4	5	—	1	1

Those elected to the present Parliament were:—Drs. Rutherford Harris (retired in May, 1906), Sir J. B. Tuke, Sir R. B. Finlay, K.C., Sir W. J. Collins, G. Cooper, Sir B. W. Foster, C. H. Pollard, R. J. Price. R. A. Rainy, Sir G. Scott Robertson, K.C.S.I., V. H. Rutherford, R. Ambrose, and J. Dillon.

Sir R. B. Finlay, K.C., was Attorney-General in the late Government, and the only other of our profession who has held office in recent years is Sir B. W. Foster, who was Secretary to the Local Government Board under Mr. Gladstone and Lord Rosebery, from 1892 to 1895.

But while we are dealing with Parliament we must never forget that there are two Houses

with equal powers, and small as is the representation of our profession in the lower House, it is even smaller in the upper.

Our only representative, although one of world-wide and lasting fame, is Lord Lister, P.C. and of the Order of Merit, a Conservative. Lord Lister, alas, was born 81 years ago, and although it would be impossible to imagine a more distinguished representative of any profession, we cannot help being aware that Lord Lister is unable to engage in public work, and that our profession is practically, therefore, unrepresented in the work of the House of Lords.

The inadequacy of medical representation in the lower House is shown by a glance at the classification of members by their professions. We may take the following groups:—

Medical, 12; teaching, 15; newspaper proprietors, 16; printers and publishers, 13; coal and iron, 19; shipping, 27; navy, 4; army (regulars), 47; authors and journalists, 52; land owners and sons of land owners and peers, 85; barristers and solicitors, 171.

This numerically excessive representation of lawyers may perhaps be justified on the ground that the legal profession are trained to represent all professions and all spheres of life; but to this we would reply in return that they represent everything in legal terminology and in legal form, and that we, as representing the scientific, can lay at least an equal claim to represent all classes of mankind in the country, and that the sooner the country realises the advantage of scientific as opposed to legal terminology, and of scientific as opposed to legal methods of procedure, the sooner they will be able to clear away the mists that obstruct the view of all problems of social and national importance in Parliament.

Finally, in our review of Parliament as it is at the present moment, we must know that whereas the 670 members have to represent the 45 millions population of the United Kingdom, there were as many as 658 members to represent the 15 millions of the United Kingdom—that is, one-third of the present population—after the union with Ireland in 1801; while our Parliament after the union with Scotland in 1707 contained 558 members, and under Queen Elizabeth in 1603, for the few millions in England and Wales there were 462 members. It would seem obvious that the present Parliament, to represent a nation of such comparatively vast size, with all the increase of imperial and national duties thrown

* Presidential Address to the Home Counties Branch of the Society of Medical Officers of Health, October 15th, 1908.

upon it, and with the vast increase of facilities for communication, which throws upon members not only opportunities but most onerous duties, should be extended to something like ten times its present number if it is to cope as well with the work as it did in the time of Queen Elizabeth without requiring members to make a profession of it. Here would be a fine opportunity for the better representation of the medical profession.

MODERN MEDICAL LEGISLATION.

Our second heading this evening will be the subject of medical legislation, past and present, how far this has been good, how far bad; how far it has been due to medical advice within and without the House, how far to the laity, and how far it has been due to either party or to independents.

On this point it may be well to give a history of the Public Health Act of 1875. I would recommend everyone interested in the public aspect of medicine to read, if they have not already done so, the great work entitled "English Sanitary Institutions Reviewed in their Course of Development and in some of their Political and Social Relations," by the late Sir John Simon, K.C.B., the first medical officer of her late Majesty's Privy Council.

Sir John Simon, while engaged in active surgical work as surgeon to St. Thomas's Hospital, took a special interest from the first in the relationship of medical science to the national health. He was appointed Officer of Health for the City of London in 1848, in accordance with the City Sewers Act of that year. He was appointed medical officer to the General Board of Health in 1855. From that he carried his post and papers on to the Privy Council in 1858, and to the Local Government Board in 1871, retiring in 1876. The shaping, therefore, of the 1875 Act, in so far as it was due to medical advice, was due to a large extent to Sir John Simon, but the passing of it, and indeed to a considerable extent the shaping of it, was mainly due to Mr. Edwin Chadwick, who may be considered the pioneer of public health in this and therefore in any country of modern times.

Mr. Chadwick was born in 1800. Educated as a layman for the bar, he became early interested in the condition of the poor; and in so doing he realised the terrible physical conditions of their life. In 1832 Mr. Chadwick was appointed one of the assistant commissioners of inquiry into the working of the poor law and in 1833 was appointed to a royal commission

to examine the treatment of children in factories. In 1834 the report of that royal commission showed the anarchy prevailing in the place of public health law in England. In 1838 and the next following years, the Poor Law Commission, stimulated by Mr. Chadwick, initiated eventful proceedings which led to the public health legislation of 1848. A special Public Health Commission of 14 members was appointed in 1843, and contained only one medical man, but it also contained Mr. Lyon Playfair, afterwards Lord Playfair, and Professor Richard Owen, who was afterwards knighted and died in 1892. Their work was largely founded and stimulated by the three-volume report by Mr. Chadwick in 1842 on the "practice of interments in towns," which dealt not only with this point but also with various other social relations of death.

In 1848 the General Board of Health was founded to last for 10 years, after which it was merged into the Privy Council. The constitution of this Board is interesting. Lord Morpeth, afterwards first Earl of Carlisle, had carried the Public Health Bill of 1848 through the House of Commons. Lord Seymour, afterwards 12th Duke of Somerset, Lord John Manners, and Sir William Molesworth held an ex officio seat as First Commissioner of Works in turn. Lord Ashley, afterwards 7th Earl of Shaftesbury, and Mr. Chadwick made up the first Board, but within two years a medical member was appointed in Dr. Southwood Smith, who had done much of the investigation for the royal commissions which lead to the establishment of the Board.

But it was Mr. Chadwick who laid down that all sort of town refuse is best removed by a scour of water in properly made sewers. It was Mr. Chadwick who laid down the desirability and possibility of supplying even the lowest class of house with pure water from a public source; and several useful provisions were made and several useful Acts of a medical order were passed by the Board. So great, indeed, was Mr. Chadwick's influence in Parliament (although he never had a seat in the House) that the Government were actually defeated in 1854 on the Bill to continue the Board of Health, and the animosity which was raging against the Board and particularly against Mr. Chadwick as its chief working member had that critical opportunity for making itself felt. The opponents of the Board insisted that the Act of 1848, which had become law under the express provision that it should

continue in operation only for five years, should not be renewed except with a radical reconstitution of the central authority, and, in effect, with Mr. Chadwick's removal from office. Lord Palmerston brought forward the Government proposal to renew the Act, subject only to a control to be exercised over the Board by the Home Secretary. The Board, he said, "had had to manage arrangements which conflicted with the fair and legitimate interests of many very intelligent and very active men." They had interfered with the lucrative business of obtaining local acts, with the profits of water companies, actual and projected, and with the previous opinions and employment of local engineers; and "all things considered it was not to be wondered at that great prejudice should be created against them, in many respects without good and proper justification."

Opposition to the Government proposal was moved by Lord Seymour in a strong and very bitter speech; others followed in the same tone, siding with the offended interests, and the leader of the House, Lord John Russell, closed the debate. In doing so he referred particularly to the personal attacks which had been made on Mr. Chadwick, and here, though he dwelt with earnestness on his sense of Mr. Chadwick's eminent merits and services, he seemed not able to withhold from the House that, in his opinion, Mr. Chadwick had been an injudicious administrator.

"Like many other men, ardent reformers, he very often, in his zeal for amendment as he conceived it, overlooked or disregarded the objection and repugnance with which his views and propositions were received by others. . . .

"With respect to this Health of Towns Act, no doubt in many instances Mr. Chadwick's proposals (like his proposals formerly at the Poor Law Board) had given offence, for obviously many towns would rather be let alone. . . .

"There were likewise many persons who were pecuniarily interested that the plans of the Board should not be adopted, and it was very probable that Mr. Chadwick had not observed towards these classes of people the most conciliatory tone possible."

The Bill proposing to continue the Board was defeated by a majority of 74 to 65, and on the following day the First Commissioner of the Board of Works introduced the Public Health Bill of 1854, giving effect to the views of the majority. But Mr. Chadwick had laid the foundation of sanitary reform. The newly

constituted Board lasted four years, and was coincident with the year of Army Sanitary Reform, resulting from the Crimean experiences and the Crimean Sanitary Commission.

The medical machinery of the Privy Council, which took over the work in 1859, was the gradual working out of Mr. Chadwick's ideas under the expert advice of Sir John Simon.

In 1869 was appointed the memorable Royal Sanitary Commission, which reported in 1871, and on the publication of the report of that Commission it was left to the President of the Poor Law Board, Mr. Göschen, afterwards Viscount Goschen, to move the two Government Bills which expressed his scheme for the formation of the Local Government Board. The scheme was worthy of Mr. Göschen's exceptional powers. The new Board welded together the staff of the Poor Law Board, the staff of the General Register Office, the staff of the Local Government Act Office, and, with limitations, the administrative staff of the Medical Department of the Privy Council Office. As is the rule in British politics and British institutions, the Board was a compromise. It was the result of a struggle between the Poor Law administration, which is essentially a non-medical affair, representing large financial operations, and the public health administration of the Privy Council, which should be essentially a medical affair, and represented the power of only a small purse. It is not to be wondered at that the Poor Law Board gained the mastery, and the Local Government Board in consequence represented the result of this struggle in the comparatively insignificant position assigned to medical experts of the Board. Acts of the Board were to give legislative effect to the recommendations of the Royal Sanitary Commission, and a series of Acts were passed which need not be recapitulated here; but the climax was reached in the passing, by Mr. Sclater-Booth (afterwards Lord Basing), President of the Local Government Board in Mr. Disraeli's ministry, of the consolidating Public Health Act of 1875, which included the results of all recent public health legislation. In the passing of this Act it cannot be said that in the House itself medical men played a prominent part. The work was essentially the work of laymen founded on the expert evidence of Sir John Simon for the Local Government Board, and of a whole host of medical witnesses to the various Royal Commissions that had led to the creation of the Board.

ARE MEDICAL M.P.'S REQUIRED?

This brings us to the question whether, indeed, the needs of government require the direct representation of medical men in the House of Commons at all. It is obvious that the profession has never been represented by those whom it would itself have chosen to represent their views either in or out of Parliament.

Indeed, one may say that the best representative of their views of recent years has probably been the late Lord Playfair, who, although a distinguished chemist, was never a medical man. Why, indeed, is it that lawyers are so largely represented in the House? Is it a question of mere professional ambition? Obviously it cannot only be that, for their very numbers in the House in proportion to the total numbers of their profession must show that they are found peculiarly fitted to represent the interests of the public at large in Parliament. Indeed, the lawyer will say that it is his business to represent all interests of whatever kind in the courts, and I think it is within the experience of most of us within this room—it certainly is within that of most consulting physicians and surgeons and of medical officers of health—that the power of an eminent barrister to master the technicalities of an intricate scientific case are quite marvellous. It is true that the barrister does not usually master them in such a way as to be able to take his part in a scientific discussion on the general problem; but for the practical purposes of his case he will, after a single night's work with a couple of text-books and a consultation with a couple of experts, be able to hold his own as regards that particular case with any evidence, expert or otherwise, in the world. On the other hand, if there are lawyers who will thus master the case on one side, there are also lawyers who will master it with equal ability on the other; and even the judge is often unable to decide between the two, or decides wrong.

Besides, the truth often comes out only after many years, as the result of expert work. Here, then, is the need for medical men, as such, in Parliament. It is the need not for an expert witness, but for a guide to the House to decide between expert witnesses. However expert the medical Member may be, the House will say that his evidence is only his own personal opinion. But if with the experience that he brings to bear he can show reason for leaning to one expert opinion rather than to another, on the principle of setting a thief to catch a

thief, then he will be filling a position which no layman can fill in Parliament.

The influence, however, of the medical man in Parliament is bound to depend far more upon his personality than upon any amount of professional merit. Our own appointments bring us in touch with our local parliaments—mine, for instance, with the County Council of Hertfordshire; and in the proceedings of those bodies and of their committees one has a reflection of the proceedings of the House of Commons. It makes little difference what degrees the medical man has. He is a doctor and his evidence is *primâ facie* a fact to be disputed or not by other doctors, regardless of their qualifications, and his conclusions to be adopted—well, that is sometimes a question of votes. In the end the electorate must decide.

It was to my mind significant that when I first discussed with the clerk of the county council the conditions of my present post and pointed out my lack of experience and total inability to do justice to a position of such importance, as compared with the many dozen candidates who would reply to an advertisement of the vacancy, his answer was that he knew my meaning only too well; if the council advertised, there would be 100 applications within a week, and many from men with long strings of letters after their names; the choice of the council would fall perhaps on the one with the greatest number of letters and an unpractical and unbusinesslike appointment would probably result. In other words he preferred, and those for whom he acted on the county council preferred, to choose a man by his personality, or, as in my case, by his stake in the county, rather than by his knowledge.

Since then I have had six years' work for this local parliament, and it has become evident that results are achieved by the gradual education of the authority and by often agreeing passively to things of which one may scientifically disapprove, in order to get what one wishes by a side wind. The essential thing is to size up the personality of the councillors according to their relative value; to deal with every one as occasion may serve, but more especially with those of the greatest influence; to work on their minds from their own points of view and not from yours; and to take their petty economies with a good grace. If this is done in the county council it is so in Parliament. Until Sir Wm. Church was elected on the Herts County Council a month

ago there was not a single medical man upon it; but I would far rather that were so than that there had been some inadequate representative, to whom the council would have been compelled to defer rather than to their own medical officer. So is it in Parliament. I do not think that we need very much deplore the absence of medical men in Parliament unless we can get the best, and by the best I mean the shrewdest and those with the greatest proportion of common sense.

OPINION OF THOSE CONCERNED.

But if we can get good men of this calibre to enter Parliament and become living members of the parliamentary profession, and not mere interesting anomalies in their midst for a few years, then it would seem that the influence such men might exercise would be of unique value. The experience of those actively concerned in the medical representation in Parliament may be of value. In 1899 the late Sir Richard Thorne Thorne, then Medical Officer to the Local Government Board, entered sympathetically into my scheme for taking up a parliamentary future as a definite speciality in the profession. He said that whenever any question of public health came before Parliament on which it was desired to have medical opinion, it was necessary for them to ask one of the medical Members of the House to come over to the Board to be definitely instructed into the facts of the case. None of them, as he pointed out, had had any professional experience of public health work; and those who are concerned in the work of preventive medicine know how totally different is the aspect of that to the curative side of the profession.

Sir Richard Thorne Thorne advised me therefore to study public health from every possible point of view; to study it abroad, to study it throughout the empire, to study it in our town and in our country districts, in order to be cognisant of the field of questions likely to come before Parliament and to know where to go for the latest information on the subject. Above all it was necessary to undertake responsible work in the machine of sanitary administration in order to have had direct experience of the difficulties that arise in carrying out measures, however excellent they may appear as they are put in the statute book.

When I first took up the idea of training for eventual parliamentary work it was my good fortune to have the personal advice of the late Sir J. Burdon Sanderson, of Professor Arthur Thomson, and of one or two other of my

teachers. Only two or three years before his death Sir J. Burdon Sanderson, when discussing this matter at length, asked, "What is it, then, you wish to do? Do you wish to become an expert? If so, you should go abroad for five years and undertake research work in some particular branch of your subject that may be of permanent value." "Not a bit of it," was the reply of another of my advisers to whom I related this conversation. The expert, as he pointed out, is known as an expert, and his opinion on every matter, except the minute field of his special experience, is considered as of less value than that of the average layman. And rightly so. The research worker in a laboratory is a hermit. His field of experience is very small, and the further he goes into his own subject the less sense has he of its proportion to life as a whole; and if a mere research worker were to enter the House of Commons, however important his work on opsonins and spirochaetes might be, it would be difficult for us in our profession to consider him as useful a representative as a man who had engaged in work in contact with his fellow creatures outside the profession.

Then I may quote the opinion of two of the chief medical representatives in Parliament in recent years.

"In the first place let me say," writes one, "Parliament is no place for doctors at present. There is a strong prejudice against the profession, as they are always suspected of playing for more power, etc. Lord Playfair (although only supposed to be a medical man) complained of the same feeling, as stated in his life by Wemyss Reid. So if you go into Parliament you must be content to be a private member, and do, as opportunity offers, work in connection with public health; but if you strike out into general politics you will be more or less tabooed as 'only a d——d doctor.'

"I think medical problems must more and more attract the attention of Parliament, because there is no step in social legislation in which medical questions do not arise. The Ministers who pilot these measures through Parliament are mostly ignorant of public health, but they are crammed by their official experts, and, as you know, such men are very impatient of criticism. The medical man in Parliament is therefore at a disadvantage, as he is regarded by the politician trying to push his Bill through as an impediment to rapid progress, and as one more or less actuated by a desire to help his cloth. You and I know this is a very wrong

view, but it exists, and damages the usefulness of a doctor in the House."

Another of different political views takes the same line:—

"As a matter of fact doctors are not liked in the house and are sat on. Michael Foster and I tried to get a Medical Committee formed, but it has never done much good. At the general election I was opposed by a layman, who was supported by the *Lancet*, which expressed itself to the effect that it saw no special reason why a doctor should represent — any more than the editor of a paper."

THE PARTY SYSTEM.

A year or two ago, after he had crossed the floor of the House of Commons, and a few months before he was turned out at the general election of 1906, the late Sir Michael Foster kindly asked me to spend a day at his place near Cambridge to talk the whole matter over. One of the first things that he emphasised was the need of a medical member attaching himself definitely from the first to one party. He recognised how much he had lost by his own change of front. He had been urged into the House of Commons by his friends in order that he might express the opinions not only of medicine but of the scientific world, as for so many years Secretary of the Royal Society and Professor at Cambridge, and it was only in small degree that he considered it necessary to form any decided opinion with regard to the great questions that divided the parties of the day. It was the khaki election, and was mainly fought upon the continuance of the South African war, which resulted in an otherwise somewhat unnatural majority for the party then in power. Indeed, to the Unionist party he had special attachments through his intimate friend at Cambridge, the great comparative morphologist, Francis Balfour, brother of the Unionist leader. While readily listened to, however, in the House of Commons on medical subjects, he felt his mind more in sympathy with the growing Liberal feeling that culminated in the surprising change at the last General Election, and he felt it his duty in 1903 to join the other side. In so doing, however, he felt that he had not only incurred an immense amount of personal inconvenience, but that he had lost very largely in power in the House.

This, indeed, seems inevitable from a consideration of party government. You may be right or you may be wrong in deploring the party system, just as you may be right or you may be wrong in pointing out the waste of

energy between stroke and bow side in an eight-oared boat. But as matters stand, and as they are likely to stand for a considerable time to come, parties, and therefore members, stand and fall with their political platforms; the motto of Parliamentary work is "Union is Strength." The party agree to support certain measures in the same way as the soldier agrees to support the general interest of his country in a campaign planned by his commander-in-chief. Just as it would be impossible for a single soldier or a single officer, however highly placed, to take his individual line in the field, or for any oar in the boat to row his own time regardless of stroke, so is it useless for any individual man to think of playing a prominent part in Parliament unless he becomes a loyal adherent of one of the leading parties in the House.

MEDICINE REPRESENTS SCIENCE.

This, I think, is especially the case at the present time with the growth of scientific knowledge. Medicine is qualified to represent the whole of science because she works on the borderland between scientific facts and humanity.

She concerns herself with the play of scientific affairs on mankind. She is accustomed to think scientifically but to practise humanely, and therefore is she peculiarly fitted to appreciate scientific progress in every kind and branch of learning, and to interpret and expound it to the layman. Medical men, indeed, should be the prophets of scientific knowledge and method to Parliament and to the whole nation.

It must strike everyone, and especially those members of our profession who are concerned in the wider studies and operations of preventive medicine, that science is playing and in the future is bound to play a gradually increasing part in the work of every profession and every calling in life; and it is for this reason that well-equipped exponents of medical and sanitary science are required in Parliament. For the medical man has this further pull over other exponents of modern science, that he deals with things of vital importance to every individual; interests that appeal to the heart as well as to the mind of every public man.

THE MEDICAL WORK OF PARLIAMENT.

Let us consider, then, for a brief space the points on which a medical man should give evidence and the opportunities he will have for

exerting his influence in the House. Take an ordinary list such as I have here of the public Bills of any one session. I have analysed, roughly speaking, the 289 public Bills introduced into either House of Parliament this session, and of these it would seem that on 141 there is need of definite medical opinion; in other words, that one-half of the public Bills introduced into either House in some degree or other require medical evidence for their solution. In addition to public Bills are 35 Provisional Order Bills, 20 confirmation Bills, and 134 private Bills, a large proportion of the latter dealing with water, sewage and other works of public health. It would seem advisable, therefore, that a medical man shaping his career from the first with a view to the House of Commons should be an expert in public health. Not only does this work cultivate the habit of thinking in masses and dealing with them, but it is with that side of medical work that he will be more particularly confronted and must be competent to deal, as the mere therapist can seldom be. Moreover, through dealing with public health work, the principles of which are generally accepted in all quarters of the House, and the opposition to which is mainly a question of vested interests, soluble only by time and experience, he will have acquired influence in settling matters that deal with the particular questions affecting the medical profession, either individually or as a whole.

On this point a caution is required. If a medical man goes in as a representative of his profession he is looked upon at once as being a trades-unionist, battling for the rights and privileges of his profession; and if he is known in that capacity by the rest of the House his influence will be comparatively small. Although at one time I thought that a man should be supported directly by the British Medical Association, I am now firmly convinced that he should maintain an official independence from that and all other organisations for medical defence; and when questions of medical privilege are raised should work as much as possible behind the scenes beforehand, and in quiet; for by the time a matter has reached the stage of public debate it is probably past mending. I think it may be for lack of this policy of moderation in defending professional rights that certain medical representatives in the House have failed to gain the influence in general medical questions that was expected of them.

THE APPEAL TO MEDICAL MEN.

Lastly, I would urge you, gentlemen—you who are in touch with the local public life of the nation—to encourage young men of the right stamp to prepare themselves to become specialists in parliamentary medicine, and in due time to enter the House. At the public schools and universities there are many men who now are, or at some future stage in their lives may be, possessed of private means which will place them above the necessity of earning their own livelihood. There are many such men who, on completing their educational career, are hard put to it to choose a profession or an occupation in life. After a year or two of idleness they perhaps travel round the world and read for the Bar, and when it comes to taking their part in local government in the neighbourhood of their paternal property, or in public affairs elsewhere, they begin to wish that they had some experience which would raise them above the level of their fellows. It is easy for us to see what an enormous advantage such a man would have, had he been through only the pass schools of medicine, and qualified as a medical man. I think this possibility should be definitely pointed out by all those that have an opportunity of advising fathers as to the future of sons who may eventually be in a position to stand for Parliament. We know further that those whose necessities in life are already provided for will find few discomforts and a very large number of advantages from their hospital career at the stage when a man above all wants to be engaged in definite work, and to be associated with his fellows. The hospital life gives him a source of interest and associations which cannot fail to stimulate his whole life. He not only acquires knowledge, but he learns the responsibility of life and death. He not only learns to face every problem with which he is confronted by accurate diagnosis and a statement of facts, but he learns how to take a life in his hands and deal with it with the best means at his disposal; to recognise its weakness, to make use of its strength; and to look to the after results in life or on the post-mortem table, in order to confirm the correctness of his work and the accuracy of his diagnosis, with the view of doing better next time. It is this orderly habit of thought; unique experience and grave responsibility, shared only, I should say, by a sailor on duty or a soldier on active service, that in the words of one of my most distinguished contemporaries in the Oxford

schools, makes the medical profession the best all-round training for any man of affairs.

Mr. Rudyard Kipling a fortnight ago, in a unique address for the opening of the session at a medical school, showed a true appreciation of the actual position held by medical men in the public eye. "They had been exposed," he said, "and always would be exposed, to the contempt of the gifted amateur—the gentleman who knew by intuition everything which it had taken them years to learn. They always would be exposed to the attacks of persons who considered their own undisciplined emotions more important than the world's most bitter agonies: people who would hamper and cripple research because they feared that research might be accompanied by a little pain and suffering.

"But their work went on, and would go on. They remained now perhaps the only class which dared to tell the world facts—that if fathers had eaten forbidden fruit the children's teeth were liable to be affected, and facts of that nature. Their training shewed them daily and directly that things were what they were and their consequences what they would be, and that people deceived nobody but themselves when they pretended otherwise. Better still, they could prove what they had learned."

The Regius Professor of Medicine at Cambridge, Sir Thomas Clifford Allbutt, speaking to the Manchester School the other day on "Medicine and the State," concluded with the following typically English outburst of pessimism:—"Unrepresented by its own minister in Parliament, by alien ministers it was alternately used and betrayed; and in silence must submit to hear its motives misinterpreted, its methods mishandled, and its unrequited labours imposed upon."

THE APPEAL TO THE SOCIETY.

Gentlemen, it is the privilege of the Fellows of our Society to serve the public communities of the nation in a capacity of exceptional and growing importance to its most vital interests, yielding to others the greater share in public recognition and reward, but yielding to none in the loyalty and patriotism of our service, in the thoroughness of our work, in the courage of our advice. But we fail in our duty to the nation if we do not endeavour, and succeed in the endeavour, to make our voice heard in the counsels of the nation. It is not enough to advise our local authorities how to act; nor even by lectures and addresses and writings to play a part in the education of the public. We must play a direct part in the election of suit-

able representatives to the Imperial Legislature and a direct part in the course of that Parliamentary procedure, which stimulates or narcotises the work of all Government offices and all public authorities throughout the United Kingdom; which exerts a strong influence on the whole British Empire, and is a power for good or evil in the progress of every nation in the world. Every medical man, every medical officer of health, is a man whose opinion would be gladly listened to by the Member of Parliament and by rival candidates in the constituency in which he lives and works. Let us, then, the guardians of the public health, make for ourselves opportunities, and use them well, both independently and by concerted action, wisely, quickly, firmly, to make our views known, our experience used, and our influence felt by the Parliament of the British Empire, the mother of the Parliaments of the world.

BORIC ACID IN SAUSAGES.—On June 11th Mr. Robert Wallace, Chairman of the Middlesex Sessions, delivered judgment in the appeal of George William Hayward, of Market Street, Shepherds' Market, Mayfair, against a conviction by Mr. Mead, sitting at the Marlborough Street Police Court on December 11th, 1908, and a fine of £5 5s. and £2 costs for having unlawfully sold to Alexander McNair sanitary inspector to the City of Westminster, a pork sausage which was not of the nature, substance and quality of food demanded by the purchaser. It was stated that the sausages contained 22·4 grains of boric acid to the pound. The appellant contended that the practice was common in the trade and essential to preserve the sausages. Mr. Wallace found that the sausages were sold to the prejudice of the purchaser; that they contained something that rendered them not of the nature, substance and quality demanded by the purchaser. With regard to the proviso in Section 6 of the Sale of Food and Drugs Act, 1875 (under which the proceedings were taken), the boric acid contained in the sausages was not an ingredient required for the production or preparation of the food as an article of commerce. The quantity, however, in the purchase by the witness was not, he found, injurious to health, but the purchaser would be prejudiced, in that he would not, Mr. Wallace thought, buy the sausages if he knew of the presence of boric acid, in view of the evidence called before him that there was at least a possible danger from such purchase. The appeal was dismissed with costs. Mr. Wallace said that he was willing to state a case for the High Court if it was required.