

Blessed with consciences and stomachs that will do anything—at least to the satisfaction of their owners. The naval captain who exclaimed, “Not eat that! I’ll make my stomach submit to anything,” formed the type of a larger class than was or is to be found simply on quarter-decks and at mess-tables. Such men are everywhere—with whitebait at Blackwall, turtle at the Clarendon, and salmon and lobster sauce at a charity dinner. From the tropics to the poles, many men will eat and drink until they almost forget their humanity. Sir RANALD MARTIN tells us that an old staff officer in Fort William used to say that he had known more duels, court-martial, and dismissals to result from the “tiffin” alone than from any other cause; but that what were the other results in the olden times of the tiffin and dinner together there is no man alive now-a-days to tell.

Medical Annotations.

“Ne quid nimis.”

ANATOMICAL MUSEUMS.

THERE is no abatement of one of the greatest social nuisances in our city. “Anatomical museums” continue to offer to the sensual cravings of the more degraded members of the community genial recreation, and to occasionally attract to their inspection stray passengers through those localities which their presence degrades. While the newspaper press has, at enormous pecuniary sacrifices, refused publicity to the infamous practices of those impostors to whom such museums belong, the executive continue perfectly apathetic on the matter, and permit flagrant outrages of decency to be, under the name of science, daily perpetrated. This apparent indifference we can only attribute to a conviction on the minds of those in authority that the law as it at present stands is inadequate to prevent a continuance of the evil of which we complain. Lord Campbell’s Act gives power to prevent the exposure of indecent prints, and might, perhaps, be carried further, so as to include in its provisions exhibitions of a nature allied to those now extending their evil influence throughout our metropolis. There is, however, one difficulty present to the minds of those who advocate hostile proceedings against the proprietors of such collections. It is this: effigies or models somewhat similar are used for the purposes of ordinary medical and surgical instruction in the recognised schools for professional education. From such a fact it is argued that their collection for the assumed purposes of public instruction ought not to be regarded as illegal. Considerations of this nature resolve themselves into questions of public expediency. There are many acts which in themselves are not illegal, but which become so from the injury and inconvenience they are calculated to produce. In all organized society private rights must ever be considered as subservient to the public weal. Are the advantages derivable from such exhibitions any argument for their continuance? Are they, or are they not, productive of evil? To the first of these inquiries we reply, that the public museums of the country—those within our colleges and hospitals—are always available for the instruction of anyone really desirous to pursue anatomical studies through the assistance of models and preparations; while the museums open free in our public thoroughfares present no opportunities for study, neither are they intended to be used for such a purpose. They simply parade indecent effigies which minister to a prurient curiosity, but which for any purposes of science are altogether useless. Their display serves, however, to attract the idle and profligate, amongst which a genial auditory is certain to be found for the lecture of a vagabond quack, who generally contrives to find

amongst those present some one depraved and foolish enough to become a victim. On no pretext of scientific usefulness can any argument be urged for their maintenance. We have already advocated the propriety of all such exhibitions of a *quasi* scientific character being under control, and being declared illegal unless certified to be adequate to and expedient for the purposes for which they are professedly designed. In Dublin it was attempted to open such “an institution” as that now to be witnessed in the Strand. The police magistrates took the affair in hand, and saved the citizens from such a moral contamination. In London no one cares to stir in the matter. Quackery and rascality may together flourish with indecency and profligacy as their chief support, creating the meat they feed on; and do so with impunity. And yet there are many societies for the prevention of vice, and many persons who would freely spend their money to effect the closure of these centres of depravity. We unhesitatingly affirm, that for the purposes of public instruction such exhibitions are completely worthless. Are they productive of mischief? To this inquiry there can only be given an affirmative reply. The experience of the medical profession renders its members painfully familiar with many of the frailties and vices of mankind. Physical disease is the penalty of moral delinquency. These exhibitions, designed to attract the profligate, also mislead them into the belief that “the lecturer” is other than an ignorant charlatan to whose treatment they may with safety submit. It not unfrequently happens that the ignorance of the pretender is not discovered until disease has made such ravages on the constitution as to arouse the sufferer to the necessity of seeking for other advice, and too sadly discloses to him the imposition of which he has been the victim. It is not worth while to pursue the inquiry as to how many are annually ruined in health and drained in pocket by such pretenders. The revelations on the Henery prosecution are still fresh in the public mind. That prosecution has proved a blessing to many. It is impossible to estimate too highly the beneficial results which have followed on the course since adopted by the press. The occupation of the quack, if not gone, is now so divested of its golden advantages that it has ceased to be the profitable following it was. In consequence ill-temper prevails. The most recent illustration has taken place at “Dr.” Hamilton’s Museum, Oxford-street. This person’s attendant, James Dowling, carried his enthusiasm to excess in assaulting a gentleman who had been invited to the lecture, delivered every quarter of an hour, in that school of learning. The case was heard at the Marlborough-street Police-office. The complainant stated “that, when passing the museum, he was invited by a touter to hear a lecture gratis. He went in, and found that the lecture was devoted to abuse of the medical profession. He was about to leave the place; but before doing so he happened to look at one of the models. The defendant came up to him and said: ‘You were asked in to hear a lecture, and not to look at the models;’ and then told him (the complainant) to leave the place. The defendant then advanced towards him, seized him roughly, and tore his coat.” Mr. Lewis, who appeared for the complainant, described the invitation as only a sham, “the fact being that, in an adjoining room, there was a model of the Florentine Venus—a nude figure, which persons were required to pay sixpence to inspect.” Mr. Tyrwhitt, the presiding magistrate, fined the defendant twenty shillings and costs for the assault.

All such cases ought to be recorded as showing the true nature of these pest-holes. It seems to us that the police authorities are strangely remiss in their duties in not exercising a closer espionage on such places. The unhappy creature of shame and sorrow is liable to arrest; houses of rendezvous are closely watched. But in the case of anatomical museums, let the indecency be sufficiently proclaimed as to defy and openly outrage public feeling, and the effrontery of the proceeding will be accepted at once as its protection.

Surely the public mind is not so degenerate as to remain satisfied with a passive condition of the law in reference to this particular department of the "social evil."

THE CLASSIFICATION OF EPIDEMIC DISEASES.

THE Council of the Epidemiological Society, in consequence of certain questions submitted to it by Dr. Farr, has endeavoured, by means of a circular, to elicit from all those who have given special attention to nosology their opinions with regard to the classification now adopted by the Registrar-General. The inquiry has been particularly directed to determining the propriety of retaining a special class which shall include the great group of epidemic, endemic, and contagious maladies—the so-called Zymotic class.

The replies which the Council has received are almost unanimous in their condemnation of the Registrar-General's classification. The class of zymotic diseases, as now constituted, includes within it such a heterogeneous assemblage, that the term, Dr. Balfour thinks, fails to convey any definite information. "For instance," he says, "if it were stated that there was a great prevalence of zymotic disease in any place or barrack, it might mean itch, ague, ophthalmia, yellow fever, rheumatism, sore-throat, scurvy, whooping-cough, small-pox, gonorrhœa, worms, boils, or intemperance." A class which includes so much, obviously runs great danger of denoting nothing.

It is evidently desirable, too, that a classification should not express any doctrines in etiology or pathology which are theoretical, or at least not universally acknowledged; else it must tend to hinder future progress and to perpetuate present error. "The classification of the Registrar-General offends against this principle," says Dr. Morehead. "In my judgment, the errors and assumptions in etiology and pathology are very numerous. Take, for example, diarrhœa and dysentery. It may be very true that some diarrhœas and dysenteries may be excited by miasmata; but my experience in India justifies me in saying that it is a great error to suppose that all diarrhœas and dysenteries are so. The same surely can be said of cynanche and catarrh. If so, can it be a right classification which requires, or may require, a man of science to record what he disbelieves, and what he must feel to be obstructive of further faithful inquiry."

Dr. Parkes agrees in the generally expressed opinion that under the head of zymotic diseases affections arising from the most different causes are included; and concludes that the mere statement of such a group formed by a general classifying character is of very subordinate importance. "It tells us very little, and that only in very general terms, of the morbid conditions amongst such a community. But if, instead of such a general term, we state the proportion of the individual diseases, what a light is at once thrown on causes, and the requisite mode of prevention."

Dr. Gairdner makes some excellent observations in his letter. He expresses himself entirely in favour of a simple, practical, and intelligible arrangement, in which diseases should take rank as they naturally occur to the minds of practical men, and not according to any preconceived view of the results to be obtained by working out particular hypotheses. "What are epidemic diseases? What endemic? What contagious? Round each of these expressions controversies are circulating, which will probably never come altogether to an end. By fusing the three expressions into the designation of one class you greatly diminish the value of your results, but do not eliminate from them the controversial element." He says that "all attempts to make such classifications the embodiment of a pathological theory, or to encumber them with new and uncouth names, or to force, as it were, the progress of science by crystallizing out innovations not generally accepted in definite nosological forms, have invariably broken down."

The weight of scientific opinion is clearly against the classification at present adopted, although the condemnation of it is not generally expressed so energetically as it has been by Dr. Stark, the superintendent of medical statistics for Scotland. "I, for my part," he says, "will not adopt the present English nosology for Scotland. In some parts it is science run mad. In others it follows no science at all, but puts down as a leading disease that which is only a symptom of another disease. In others it separates diseases strictly analogous. While it violates the only safe rule for statistical nosologies—viz., 'the name of each cause of death must only be once entered upon the table'—by entering all the violent causes of death three several times under three several headings."

We have reason to hope that before long the committee appointed by the Royal College of Physicians to consider the whole question of the nomenclature, definition, and classification of disease, will present their report; and we may fairly expect that the mature and well-considered judgment of the committee will help to settle for some time to come the much-disputed and most difficult question of the classification of disease. Meanwhile the Council of the Epidemiological Society has done good service by eliciting the valuable evidence which they have obtained.

REPRESENTATION OF MEDICINE.

THE candidature of Sir Charles Locock for a seat in Parliament will be welcomed by the profession as a thing in itself desirable, and of excellent example. The interests of the profession and the welfare of the public will be alike advanced by a more adequate representation of Medicine in the House of Commons. The great questions of State Medicine which constantly arise in the Legislature—questions of sanitary regulation; of trade government; of the ordering of mines, manufactures, and drainage; of the occupations of the people; of the limitation of prostitution; of the relations of Government with our profession, of which it now partly undertakes the legislation,—on these and a hundred other matters, not to say on general topics of political and social nature, medical representatives of ordinary ability and discretion would be heard with great attention. Sir Charles Locock has all the personal and mental qualities, and more than an average social estimation, which fit him for the position.

We heartily invoke for him the active and zealous support of the medical practitioners of the Isle of Wight. They alone will be able to give great assistance in the event of a contest, and collaterally they possess large influence, which should be used to the utmost. We could wish to see other medical candidates for parliamentary honours, convinced that in this capacity there are many now who might fitly serve their country and their profession by taking part in the counsels of the State. Sir Charles addresses the electors on political principles professedly Conservative; but he is a liberal in his professional views, and has always acted in defence of the rights of his brethren.

THE UNITED STATES SANITARY COMMISSION.

ONE of the best fruits of that passionate spirit with which the North set itself to bring back the unwilling South has been the work done and the lesson taught by the Sanitary Commission. Profiting by the experience of this country in the Crimean war, and remembering the exceedingly high death-rate in the American armies during the war with Mexico, a volunteer association was formed in the North at the beginning of the late war for the purpose of inquiring into the sanitary condition of the soldier, visiting the hospitals and assisting the medical department, distributing supplies to the sick and needy, and, above all, attending to the wounded who were left on the field of battle. Contributions largely poured in from every quarter to assist in the benevolent work of preventing disease and relieving suffering; and the Commission

found itself enabled to render the greatest assistance to the countless victims of the many bloody battles of that great war.

A brief history of the work performed has now been published; and though it reveals the story of much painful suffering, still it affords an illustration of the progress which humane principles are making, notwithstanding that war does not cease upon the earth. Such beneficent labour is a practical expression of the sacredness of human life, even when human life is being most largely sacrificed; it is a real utterance of human sympathies, even when passion has arrayed one nation in deadly strife against another. The narrative of what has been effected by the Sanitary Commission is the record of a great work nobly done; and it did not stand in need of the stilted and sensational writing with which some of the reports quoted in it are infected, in order to produce on the minds of men an impression corresponding to the reality.

THE PUBLIC SERVICES AND THE ROYAL COLLEGE OF PHYSICIANS.

A MEETING of the Fellows of the College will be held on Tuesday, June 6th, for the purpose of reconsidering the question of the grievances of the Army and Navy Medical Officers. We have felt assured, and have done the Fellows of the College the justice to maintain on their behalf, that they have a profound sympathy with all that affects the welfare of their brethren in the army and the navy, and we do not doubt that evidence will be given at this meeting of their earnestness in that behalf. We suggested at once that the objection felt to the adoption of the somewhat unofficially-worded and very long report of the Committee ought not to prevail to the general detriment of the question at issue. Founded on that report, which might either be received, and not printed for circulation (or referred to a committee for remodelling), may well proceed a petition on behalf of the Services. The case of the Army Medical Officers is in that report encumbered with historical details, and injured by individual references and special interpretations as to motive, which would undoubtedly be repudiated as offensive to the authorities under whose cognizance they must come, and from whom future boons must in great measure proceed. The case of the Naval Medical Officers is, on the other hand, fairly stated, or rather alluded to than explained. In whatever way this second meeting of the Fellows may deal with the matter, the fact of its being held—and that on the requisition of twenty-one Fellows—will prove the active goodwill which the College has to the Naval and Military Medical Officers.

LEGISLATION ON PHARMACY.

THE Select Committee on the Chemists and Druggists Bills have arrived at the following resolutions, which are, in many respects, we venture to affirm, mistaken and unsatisfactory:—

1. That no compulsory examination or registration under the Bills referred to the Committee should be required of persons now carrying on the trade of chemists and druggists.
2. That the Bills do provide that no other person shall, after a day to be fixed by the Bill, sell certain drugs to be scheduled in the Bill unless he be examined and registered.
3. That the Committee do proceed in this week (1st June) with Chemists and Druggists No. 2 Bill.

Thus at present the organization of the existing traders, as under the Apothecaries Act, is abandoned. The second principle, oddly enough, admits the danger of allowing unexamined and unregistered persons to sell simple poisons, but omits to provide for that arising from such persons selling them in compound and complex forms. It registers druggists, and leaves existing dispensing chemists unregistered. The Committee has arrived at singular and unsatisfactory conclusions. It is greatly to be regretted that they are technically so

ill-informed on the subject on which they are proposing legislation. One or two medical members of such a committee could have prevented the passing of a resolution so one-sided and imperfect as is the second just quoted. We have no great hope now of any really useful measure being passed this year.

A WRONG REQUIRING A REMEDY.

LAWYERS are in the habit of boasting that there is "no wrong without a remedy." There may be a good deal of truth in this axiom; but it must be admitted that there are many and grievous social wrongs to which no kind of remedy has been applied. The following report of some proceedings which took place in the Bail Court between Mr. Justice Mellor and a common jury, on Tuesday last, illustrates a "wrong" which demands a "remedy":—

"On the Judge taking his seat this morning the jury who were locked up yesterday in the case of *Isaacs v. The Thames Steamtug and Lighterage Company*, and who were discharged without giving a verdict, made a complaint of the inconvenient room in which they were locked up: it was only ten feet square, with a very small window. They trusted that for the sake of humanity his Lordship would interpose so as to prevent any other jury being locked up in so disagreeable and unwholesome a place.

"Mr. Justice Mellor said he would name it to the Chief Justice, and they would see if something could not be done.

"The jury then stated that they could not obtain even a draught of water to drink.

"The Judge explained to the jury that that was not the fault of the usher who had them in charge, as the oath administered to him was to keep the jury 'without meat, drink, or fire.' He thought it was very barbarous that a jury should be so kept, but the officer was not to blame: he could not do otherwise than follow the terms of his oath.

"Several jurors were fined 40s. each for non-attendance."

It is admitted by some of the highest authorities that the old system of starving jurymen is not warranted by any good that may arise from the proceeding. It has become the practice of late, with some of the judges, to dismiss a jury if they cannot in reasonable time come to a verdict. But cases still occur in which the old and absurd system is fully carried out, not always with safety to the health of the poor jurors. Prolonged abstinence in an impure atmosphere cannot be borne by everyone with impunity, and many instances have occurred in which severe illness has arisen from this cause. The case recorded is suggestive in more points than one. The authorities can fine jurymen for non-attendance: when they do attend the least that should be done is to lodge them in wholesome and well-ventilated rooms.

THE AMENDMENT OF THE MEDICAL ACT.

THE following official correspondence between the Home Secretary and the Executive Committee of the Medical Council will be read with interest. The answer of the President, is, we think, a very important, able, and conclusive document. It places in a clear light the grounds on which rests the necessity for supervising the diplomas held by foreign and colonial practitioners who would claim to practise here. It is well known that a great many of the so-called colleges in America and on the continent are mere establishments for the sale of parchment titles, granted practically in return for so many dollars or louis d'ors, and having more or less colourable pretences of examination according to the fancy of the founders. It is as easy to found a self-styled medical college as to open a drug store; and the diplomas of the one are often worth not much more than those of the other.

Whitehall, May 4th, 1865.

Sir,—I am directed by the Secretary Sir George Grey to transmit to you the enclosed copy of a letter from Dr. Robert Hunter, suggesting certain amendments in the Medical Act of 1858; and I am to request that you will lay the same before

the General Council of Medical Education and Registration, and favour Sir George Grey with observations thereon.

I am, Sir, your obedient servant,

H. WADDINGTON.

The President of the General Council of Medical Education and Registration.

14, Upper Seymour-street, Portman-square,
May 2nd, 1865.

Sir,—As the Medical Council of Education and Registration have prepared certain amendments to the Medical Act of 21 & 22 Vict., I beg respectfully to submit to your Excellency some points wherein that Act seems to me to require amendment other than those suggested by the Medical Council:—

1st. The Act of 21 & 22 Vict. provides for the registration of medical practitioners educated in Great Britain and Ireland, but makes no first provision for those whose education may have been completed in the colonies or foreign countries.

2nd. It secures to physicians educated in England the right to practise in all the colonies of the realm, while it keeps Great Britain and Ireland as a close preserve against colonial physicians of equal education and rank in the colonies.

3rd. Not only does it exclude from registration all colonial and foreign physicians who may have taken up their residence in England subsequent to 1858, but exposes them to the danger of vexatious and injurious prosecutions, and to a heavy fine should they attempt to exercise their profession, thereby practically excluding them from all professional employment, and in many instances depriving them of all means of livelihood.

4th. Although securing to physicians educated in England the right of registration, notwithstanding any particular theory of medicine and surgery they may adopt, it leaves colonial physicians to the mercy of the Council to be admitted or refused, no matter how ample their attainments, as prejudice or interest may dictate.

5th. The registrar of medical qualifications, acting under direction of the Medical Council, has refused to register degrees conferred by American and colonial colleges, and the Medical Council, sheltered by the Act 21 & 22 Vict., has justified this decision.

6th. Finding it impossible to procure convictions under the 40th section of the Act 21 & 22 Vict., against physicians who have fairly and honestly acquired the title of Doctor of Medicine at foreign or colonial universities, because it contained the words "*wilfully*" and "*falsely*," the Medical Council now propose to amend that section by leaving out those words, thereby making it an offence punishable with fine for any foreign or colonial physician to take or make use, in Great Britain or Ireland, of any of the medical titles or distinctions he may have legitimately earned by study and examination abroad.

7th. A medical gentleman duly registered and fully qualified under the Act, appreciating the injustice of this exclusion and persecution of colonial licentiates in Medicine and Surgery, addressed a letter to the Council during its late sitting, asking it to propose such a modification of the Medical Act as should do justice to colonial physicians, but that body not only failed to propose any such equitable amendment, but also denied him even the courtesy of an acknowledgment.

As I cannot suppose Parliament had any other purpose in passing the Act 21 & 22 Vict., commonly known as "The Medical Act," than the restraint and punishment of ignorant and unskilled pretenders to medical knowledge, I cannot believe that it was ever intended to make it an instrument of oppression and wrong to regularly educated and qualified members of the profession, merely because they did not receive their degrees from one or other of the British Schools whose representatives form the Medical Council.

Your Excellency may not be aware that English physicians are received, in all the colonies and in the United States of America, as brethren, and are eligible to every post of honour and trust, both civil and military, without further proof of qualification than their diplomas. Surely medical courtesy and simple justice require that American and colonial physicians should be treated with equal liberality.

The colleges of the United States are based on the English system. The course of education, the text books, and the language are the same in both countries. For the colonies, many of the medical teachers and examiners hold British degrees, and received their appointments because of their high attainments. It cannot be pretended that the English schools are superior either in character of education required or the abilities of the pupils. Then wherein is the good of the public secured, or the good of the profession attained, by the

vexatious restrictions of which I complain? In my mind both medical courtesy and justice were outraged by their enactment.

I would respectfully submit to your Excellency that Clause 46 of the "Medical Act," 21 and 22 Vict., be wholly expunged as vexatious and unnecessary, and that the words "before the first day of October, 1858," be omitted from the eleventh qualification entitling to registration in Schedule A. This would enable every medical man properly educated, and who duly received his degree as Doctor of Medicine after examination, to register his qualifications, whether those were received in the mother country, in the colonies, or abroad. It would save them from outrage and wrong, while the ignorant and unworthy pretenders would not escape punishment. No law can be framed too severe in its provisions for the suppression of "quacks" and impostors in medicine. All wise and good men will rejoice equally with the members of the Medical Council in the attainment of that end. I cannot, however, refrain from reminding your Excellency, since the Medical Council has forgotten or failed to do so, that in the laudable effort to suppress English quacks, it is not necessary to make war upon colonial and foreign physicians, whose education, position, and professional attainments will on investigation be found quite equal to their brethren of the British colleges.

I have, &c.,

(Signed) ROBERT HUNTER.

The Right Honourable Sir George Grey, Bart., G.C.B.,
Secretary of State Home Department.

General Council of Medical Education and Registration
of the United Kingdom,
32, Soho-square, London, W., May 19th, 1865.

Sir,—I have the honour to acknowledge the receipt of your letter of the 4th inst., enclosing a copy of a letter from Dr. Hunter, on which you ask, by desire of Secretary Sir George Grey, the observations of the General Medical Council.

I have laid that letter before the Executive Committee of the General Medical Council, to which the duty has been delegated by the Council of communicating with the Government respecting the amendment of the Medical Act; and am desired by the Committee respectfully to submit to Sir G. Grey the following observations on the subjects to which Dr. Hunter's letter relates.

The admission of foreign and colonial degrees and diplomas to registration in the United Kingdom, in the manner demanded by Dr. Hunter, would be wholly opposed to the principles of the Medical Act of 1858, which Act, it is to be observed, deprived the holders of such degrees and diplomas of no legal privileges whatsoever; for they possessed none, as medical practitioners, in this country, before the passing of that Act.

Many of them, indeed, were practising here without legal sanction; some of them in direct contravention of the rights, then existing, of the College of Physicians and of the Society of Apothecaries.

It is notorious that, prior to 1858, the number was yearly increasing of persons who came to practise in this country with diplomas obtained from certain universities in Germany, and, more largely still, from societies or colleges, as they were called, in America, such diplomas having been obtained with a facility fatal to their respectability, and hence subversive of the credit of the profession to which the holders of them claimed to belong, as likewise of the safety of the public.

Under such circumstances it was not intended, by the Act of 1858, to legalize foreign and colonial degrees and diplomas any further than was requisite to prevent the Act from having a harsh and retrospective effect on those holders of them who had already succeeded in establishing themselves in practice in this country.

But no such diplomas were to be registered which should be obtained subsequently to the passing of the Act in 1858.

The main objects of the Medical Act were, first, the formation of a Register to enable the public to ascertain who are qualified to practise Medicine or Surgery; and, secondly, the establishment of a Council of Medical Education for the purpose, among others, of preventing thenceforth the intrusion on the Register of incompetent, or, at least, uneducated persons.

The latter object was to be obtained by empowering the Council to supervise the education of medical students, and the examinations instituted by the bodies authorised to grant medical and surgical qualifications; and, if necessary, to enforce, with the aid of the Privy Council, the amendment of defects in education or examination.

It is evident that, as regards foreign, and even colonial qualifications, the same powers could not be granted to the Medical Council, nor could they be exercised by the Council with the same facility.

It remains that, in order to carry into effect the purposes of the Medical Act, the holder of a foreign or colonial qualification, must, if he desires to be registered in the United Kingdom, obtain a British qualification also; which, if he be a competent person, he may readily do, from one or other of the nineteen bodies enumerated in Schedule A to the Medical Act. For these bodies have, with the encouragement of the Medical Council, made liberal arrangements for the reception of foreign and colonial licentiates and graduates, whose competence to practise has been or can be sufficiently ascertained.

It is, on the one hand, the interest of these bodies to receive and license such persons; whilst, on the other hand, it is the duty of the Council, in the interest of the public, to guard against their reception with too great facility.

The Medical Council has accepted the regulations of the licensing bodies to this effect, and has on no occasion objected to them. The Royal College of Surgeons of England has, indeed, in its list of recognised institutions, the following foreign and colonial institutions:—

Foreign.—Paris, Montpellier, Strasburg, Berlin, Vienna, Heidelberg, Bonn, Göttingen, Würzburg, Leyden, Liège, Pisa, Pavia, Royal Caroline Institute, Stockholm; Copenhagen, New York, Philadelphia, Harvard University, Boston.

Colonial.—The Medical College of Bengal; the Medical College of Madras; the Grant Medical College at Bombay; Canada—the University of Toronto; the University of McGill College, Montreal; the University of Queen's College, Kingston; Australia—Melbourne Hospital.

The regulations of the College of Physicians of London afford at least equal facility in this respect with those of the College of Surgeons of England.

The Medical Act would fail in its purpose if it did not require that possessors of foreign and colonial diplomas, who desire to be placed on the British Register, should furnish some guarantee of fitness to practise equal to that required from students in British schools.

With respect to the letter said to have been addressed by a registered practitioner to the General Medical Council, during its late sitting, and never to have been acknowledged, if such an omission occurred it could only have been accidental, and must be a subject of regret to the Council. But, though it is impossible to affirm that no such letter may have been addressed to an individual member of the Council, it has been ascertained by strict inquiry that no letter, sent regularly for submission to the Council, and duly delivered, has been suffered to remain without acknowledgment.

I have the honour to be, Sir,

Your obedient servant,

GEORGE BURROWS, M.D., President.

H. Waddington, Esq., Under Secretary of State
for the Home Department.

MEDICAL INSPECTION OF WORKHOUSE HOSPITALS.

A DEPUTATION from the Workhouse Visiting Society, introduced by the Earl of Devon, had on Tuesday an interview with the Right Hon. C. P. Villiers, M.P., President of the Poor-law Board, to represent the importance of persistent inspection of workhouse hospitals by competent medical men. The deputation consisted of Mr. C. Buxton, M.P., Mr. E. Warner, M.P., Mr. A. Smith, M.P., Sir J. K. Shuttleworth, Bart., Dr. Watson, Dr. Burrows, Dr. Sieveking, Dr. Markham, Dr. Goodfellow, Dr. Stallard, G. Lyall, Esq., M.P.

The Earl of Devon, while not committing himself to the particular recommendation of the deputation, said he thought that the question ought to be ventilated, and he believed the Poor-law Board were anxious to assist in any improvement which might be really necessary.

Mr. C. Buxton, M.P., said there could be no doubt whatever that some improvement in workhouse hospitals was urgently required. The deputation believed that the appointment of medical inspectors would secure for the sick poor proper attention, advice, medicines, and other comforts. The many evils of the present system would be removed by degrees; the nursing would be improved; and all might be done at a moderate expense.

The President of the Poor-law Board inquired as to the particular defects which, in the opinion of the Society, rendered it desirable that medical commissioners should be appointed.

Dr. Stallard said the following had been drawn up for the purpose:—

- "1. That, compared with other hospitals, the medical staff is insufficient and underpaid.
- "2. That the united service of advice and medicines is not calculated to obtain the best of either.
- "3. That the medical officers are subject to no sufficient medical inspection or control, so that the public have no guarantee that the duties are properly performed.
- "4. That the construction of workhouse hospitals is generally defective; the wards being small, overcrowded, ill-ventilated, and unprovided with the furniture and comforts supplied at other hospitals.
- "5. That the nursing is most inefficient, the paupers being morally and physically unfit for the duties too often imposed upon them.
- "The Society therefore urge the appointment of two physicians and one surgeon, as additional commissioners to organize and inspect the administration of workhouse hospitals, and assist by advice the Poor-law Board on all sanitary and medical questions."

Mr. G. Lyall, M.P., stated that a new infirmary had been built for the Reigate Union some years ago, that the plans had been approved of by the Poor-law Board, but that they had not been inspected by any medical authority, and had since been found to be inefficient in many respects. He therefore thought that medical inspectors should be employed to supervise the construction of the workhouse hospitals and the details of their management.

Dr. Goodfellow said that no one could be satisfied with workhouse hospitals as now administered. He regretted that there was so great a difference in the treatment of lunatics and criminals, who were far better attended than the poor. The qualification for the office of union surgeon was lower than that of the asylum or the gaol, and the salaries were in many cases such as to prevent respectable surgeons from holding the appointment. If the election could not be taken out of the hands of the guardians, he would recommend payment *pro rata*, according to a scale to be fixed upon by the Poor-law Board.

Mr. Warner, M.P., stated that it was clear there were many subjects upon which a medical inspector could alone decide, as, for instance, the dietary of the sick, incurable, and infirm, which ought to be fixed, and, to an extent, regulated by medical authority. So also medical inspectors could alone be judges as to the adequacy of the accommodation, the character of the nursing, the quality of the drugs supplied, and many other matters equally important. He believed the inspection must be persistent, and at short intervals.

Dr. Sieveking stated that at least in one particular the Poor-law Board had signally failed. It was in the matter of nursing. Boards of guardians had not regarded a circular of the Board issued some years ago. He believed that the Board would be greatly strengthened by the appointment of medical men of eminence who would act as *amici curiæ*, and assist in carrying out all the improvements required. The persons so appointed must not be expected to work in an occasional or desultory way, but must give their whole energies to their duties; a mere knowledge of medicine or surgery will not suffice without special acquaintance with the workhouse hospitals.

Mr. Villiers observed that the Poor-law Board had undoubtedly effected great improvements in workhouse hospitals. He agreed as to the propriety of at least occasional inspection by physicians of eminence. The main difficulty the Board had to contend with was the existence of local Acts, which enabled the guardians to resist the authority of the Board. He hoped to bring in a Bill for remedying this defect, and he would give the question of medical inspection his serious attention.

The Earl of Devon having thanked Mr. Villiers for his courtesy and attention, the deputation withdrew.

* * We referred last week to the necessity of a medical inspection of workhouse hospitals, and expressed the reasons by which such an appointment would be justified.

COLLEGE EXAMINATIONS.—It may be interesting to those gentlemen who contemplate commencing the study of the profession to know that the half-yearly preliminary examination in general knowledge will take place at the Royal College of Surgeons on the 20th, 21st, and 22nd instant. There will also be an examination for the Licence in Midwifery on Wednesday, the 7th inst. The next primary examination in Anatomy and Physiology will take place about the middle of July, and the Pass, or Surgical examination, soon after.