

the proverbial pound or guinea." The Council, being intimately acquainted with the conditions of medical practice throughout Ireland, is enabled to assure you that this statement is absolutely inaccurate. A very few Poor-law Medical Officers who enjoy lucrative private practice expect to receive, in exceptional cases, the guinea fee at each visit or each second visit; but it is not from these that any protest against the existing Medical Relief system proceeds, for they are quite willing to attend, without fee, all who declare themselves unable to pay, and who may, by any stretch of imagination, be supposed to be so. Other practitioners expect to receive the fee of £1, and are willing to visit several times for that fee. Another and still greater number of practitioners are willing to attend patients for fees as small, in many instances, as those accepted by general practitioners in England, and it is a gross injustice that they should be deprived of such fees by the indiscriminate issue of medical relief tickets to persons admittedly capable of paying such fees. But, in fact, the Poor-law medical officers of Ireland have never protested against having to attend patients gratuitously who are unable to pay even a small fee; they do solemnly protest against the existence of a system which enables persons, who are frequently in a much better financial position than the medical officer himself, to obtain the medical relief which was provided for the sick poor, thus taxing the medical officer and the ratepayer for the cost of the medical attendance and medical and surgical appliances which such patients are well able to pay for. It is scarcely necessary to point out that some body must provide with an income the medical practitioner who attends the community. In England the community pays its doctors directly, because all who are competent to pay do so; in Ireland the ratepayer has to pay the greater part of the cost of maintaining the local practitioner, because those who would pay if resident in England are permitted to take advantage of the medical relief system, which was, and ought to be, provided for the benefit only of the sick and destitute poor.

2. You are reported to have argued that Poor-law Medical Officers are not entitled to the privileges of civil servants because they do not devote their whole time to their duties. The Council begs permission to point out that this objection has been disposed of by the Act 32 and 33 Vic., cap. 50 (Aug. 2nd, 1869), which declares that a medical officer may receive a pension "notwithstanding that such medical officer shall not have devoted his entire time to the service of the union"; and also by the English Superannuation Act of 1896, which makes a similar declaration. It is, moreover, scarcely correct to say that Poor-law medical officers are not required to devote their whole time to their duties. As a fact every moment of the life of such officers—day and night—is retained for such duties, and their functions impose a much greater demand upon the officers than in the case of a civil servant who gives a certain number of hours daily to his business and for the rest of the day and night is entirely free of official obligation. We beg, also, respectfully to remind you that the Local Government Board for Ireland has recognised medical officers as civil servants, inasmuch as it has, by its order, applied to them the regulations for pension authorised by Parliament for civil servants only. The Poor-law medical officers of Ireland are quite willing to submit themselves to all the limitations imposed upon civil servants, but they respectfully object to be subjected to these limitations, and to be then told that they are not civil servants at all, and are not entitled to any of the privileges of such servants.

As regards the superannuation of Irish Poor-law officers, the Council of the Irish Medical Association, acting in concert with the Council of the Poor-law Officers' Association of Ireland, most respectfully entreats you to put an end to a controversy which has occupied public attention for more than twenty years, by passing as a Government measure a Bill which will provide pensions for Poor-law officers upon the same basis as that of the English Bill. To induce you to do so the Council begs respectfully to submit—

- (a) That the extension of the English Poor-law Superannuation Bill to Ireland was supported by the promoters of that Bill up to the last day of the Parliamentary session, when the exigencies of business necessitated the limitation of the Bill to England.
- (b) That the extension of the same system to Ireland has been approved by seventy-eight boards of guardians out of 103 who have expressed their opinions, and there is reason to believe that many other boards are in favour of the proposal.
- (c) That a large majority of the Poor-law medical officers who gave utterance to their opinion were willing to accept this settlement of the question.
- (d.) That the Irish Poor-Law (non-medical) Officers' Association concurs in desiring the passing of the same bill.
- (e.) That, while the extension of the English system was advocated in Parliament by several Irish members, no serious opposition was raised by any section of Irish representatives, and the Bill, as proposed to extend to Ireland, passed all its stages, until the third reading, with the tacit consent of all Irish parties.

The Council, therefore, most respectfully urges you to afford for such a measure the opportunity for discussion in next session of Parliament, which it can only obtain through your influence, and towards the passing of such a measure the Council most respectfully offers all assistance within its power.

Signed (for the Irish Medical Association),  
 AUSTIN MELDON, F.R.C.S., President.  
 THOMAS DONNELLY, M.D., M.A., F.R.C.S., Chairman of Council.  
 WILLIAM JOSEPH HEPBURN, M.R.C.P.I., Secretary of Council.  
 J. P. GARLAND, F.R.C.P.I., Secretary of the Association.

Nov. 17th, 1896.

**CORNWALL AS A WINTER RESORT.**—The Great Western Railway Company have issued a revised edition of a pamphlet upon "Cornwall as a Winter Resort," in which the claims of West Cornwall, and of Falmouth in particular, as a residence during the winter are contrasted in favourable comparison with the south of France and the Riviera. The equability and mildness of the climate are illustrated by the numbers of exotic and sub-tropical plants which thrive and flower in the open air throughout the winter.

## THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

### ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE annual meeting of the Fellows and Members of the College was held in the Lecture Theatre of the College on Nov. 19th. The chair was taken by Mr. C. N. MACNAMARA, the senior Vice-President, in the absence of the President, Sir William Mac Cormac. Forty-one Fellows, including sixteen members of the Council and sixty-six Members, were present.

The CHAIRMAN placed before the meeting the report of the Council for the year ending July 9th, 1896, and said he felt sure that everyone regretted the absence of Sir William Mac Cormac, and that he hoped that better accounts would soon be received of his condition. He called the attention of the Fellows and Members present to the improvements which had recently been made in the theatre, which, however, was not finished on account of a strike among the workmen. Anyone reading the report would see how much the Council had to concern itself with examinations, and by fixing the curriculum and the examinations it had always had great influence on medical education. In the early part of the second half of this century, in order to obtain the Membership diploma, it was only necessary to pass in anatomy, physiology, and surgery, and the examination, which lasted about an hour and a half, was entirely *viva voce*. The Council found it necessary gradually to extend the scope of the examination, and now no student can obtain the diploma of the College who has not a very good general knowledge of his profession. During the last twelve months upwards of 3000 candidates had presented themselves for examination; of course, in some cases the candidate had come up for examination twice and some were candidates who had failed previously, but the figures quoted showed with what a large number of candidates the Council had to deal. During the past year the Council had eliminated one examination and the curriculum had been modified. The other departments of the College had been well kept up, the library had had nearly 10,000 readers, and the museum and the laboratories had been fully maintained. The finances had been presented in a simplified form, so that anyone could understand them. The present position of the College appeared prosperous, but the falling value of investments rendered the future anxious. The Council would be very glad to receive the opinions of the Fellows and Members, and had acted in pursuance of resolutions carried at these meetings; for instance, on the question of the desirability of the admission of women to the examinations of the College, after the meeting of Fellows and Members had voted against it the Council had decided to do nothing in the matter; and again, when the meeting had resolved that the Members of the College should be represented on the Council it had been decided to take a poll of the Fellows.

Sir ROBERT CRAVEN remarked that he thought it would be well if the report were sent to all the Members as well as the Fellows.

Some other speakers concurred in the suggestion, and the Chairman said that any who wished it could obtain a copy of the report on application, but to send a copy to each of the 10,000 Members would be a matter of great expense.

Mr. JOSEPH SMITH wished to move a vote of thanks to the Earl of Stamford for his exertions in the matter of the Civil Rights Defence Committee, but the CHAIRMAN decided that as no notice had been given of the resolution it was out of order.

Mr. TIMOTHY HOLMES moved:—

"That this meeting trusts that the Council may see fit to contribute a substantial sum from the funds of the College towards the defence of the rights of Mr R. B. Anderson, these being the common rights of the Fellows and Members which the College, under By-law XV., has undertaken to defend."

He requested the Secretary to read By-law XV., which was as follows: "The Council will at all times protect and defend every Fellow and Member of the College who may be disturbed in the exercise and enjoyment of the rights, privileges, exemptions, and immunities acquired by him as a Fellow and Member or Member thereof."

Mr. HOLMES, continuing, said he felt that warm thanks were due to the Council for the way in which they had

carried out the by-law which had just been read by nominating two of their number as members of the Civil Rights Defence Committee. The question which now had to be decided was, How should Mr. Anderson obtain restitution of the rights of which he had been unjustly deprived? Mr. Anderson's case was so well known that it was hardly necessary to go into any details, but he might mention that the judges of Tobago had illegally promoted actions against Mr. Anderson and had ruined his practice. In the Court of Queen's Bench he had brought an action against the judges; the jury had decided that the judges had acted illegally and had awarded £500 damages; but the judge (the late Lord Coleridge) had entered a verdict for the defendants on the ground that a judge could not be liable for anything he did when acting in his judicial capacity. This judgment was upheld in the Court of Appeal. Mr. Anderson now had to go to the House of Lords; the costs would amount to about £1000. As to the facts there could be no doubt; a commission had been sent out to inquire into the matter, and as a consequence the judges had been at once removed and their pensions forfeited. The question now was how to get the money? He thought that they might reasonably ask the Council for funds, as this was a case where the rights of a Fellow of the College had been illegally interfered with.

Dr. THOMAS MORTON seconded the resolution, saying that the Council could not expect to find a precedent and need not fear to create one. The case was a most important one to all in general practice, as in Mr. Anderson's case it had been decided in court that when a medical man has once undertaken the care of a case he is under no circumstances at liberty to withdraw from the case. He hoped the Council would accede to the request contained in the resolution, and he was sure they would meet with no opposition in this matter from Fellows and Members.

Mr. RIVINGTON said that he felt called upon to speak as he was one of the representatives of the College on the Civil Rights Defence Committee. He felt much sympathy with Mr. Anderson, and when he consented to become a member of the committee he determined to attend as many of the meetings as he could. He had been present at very many of these meetings, and, moreover, had spoken on many occasions in its favour at meetings held in various parts of London. Of course, as a member of the Council he could express no opinion as to what decision might be arrived at by the Council. He would, however, make two remarks. One was that this was not a case of mere individual hardship or one which could be satisfactorily dealt with by any of the voluntary medical defence associations. It was one which concerned the fundamental rights of all professional men. Section 6 of the Act of 1836 secured the right of practising according to the ethics of the profession to all registered medical men, both in England and the colonies, but the decisions in Mr. Anderson's case negatived this right. The fight could only be won by Mr. Anderson being backed up by public bodies. He considered that £2000 would be required. Mr. Holmes had only mentioned the appeal to the House of Lords; that would take £1000. There was also an appeal pending to the Privy Council to set aside the judgments against Mr. Anderson which had been made in Tobago; this would take another £1000. It was impossible for Mr. Anderson to go back and practice in Tobago, for if he did so he would be made bankrupt and lose an estate he had there. He did not think that Mr. Anderson would win his case unless the Council of the College of Surgeons headed the list with a subscription of, say, £500; then other public bodies would follow the example. As to whether the Council should accede to this request, he would express no opinion.

Mr. HENRY MORRIS admitted that Mr. Anderson's case was one of extreme hardship, but maintained that the question ought to be decided by the legality of the course suggested. The by-law which had been quoted said that the College would defend the rights which were acquired on becoming a Fellow or Member of this College. The rights which Mr. Anderson claimed had been infringed were those which belonged to him as a man and an Englishman. Mr. Anderson claimed that the decisions of the judges in the courts were contrary to law, but they had been upheld in the Court of Appeal, and therefore it could not be said that they were contrary to the law. A Member of the College could not reasonably ask to be assisted in a dispute with parochial authorities, but if the principle were acted on in the one case it should certainly be acted on in the other. He would remind Mr. Holmes that he must often have heard the charge to successful candidates for the Membership that their right

to practice was liable to be controlled by colonial legislation. Personally he felt the deepest sympathy for Mr. Anderson, but they must not let that feeling interfere with the financial prosperity of the College.

Mr. JOSEPH SMITH considered Mr. Morris's speech to be quite beside the question.

Mr. R. B. ANDERSON claimed that by becoming Fellow and Member he had acquired the right to practice throughout the British Empire except in so far as controlled by colonial legislation. He had complied with the laws of Trinidad, which required him to pay 5s. for registration. His right to practise in Tobago had been illegally interfered with, a judgment had been delivered against him in Trinidad, and it could be enforced at once if he returned. He had no doubt the justice of a claim under the by-law to the support of the College, but he did not now come to make a formal application under the by-law. The Civil Rights Defence Committee were fully prepared to uphold all his rights, and he had no doubt of success if he could obtain the funds required.

Surgeon-Major INCE said that such an application for the use of the College funds was most unprecedented. The College had but little funds remaining, and if such a use as that suggested were to be made of them the College would soon be in a state of bankruptcy. An important question was how far Mr. Anderson himself had been in fault in this matter; but even if Mr. Anderson were the most persecuted man in the earth that was no reason for imperilling the finances of the College.

Mr. HOWARD MARSH said he was anxious that the attitude of the Council should not be misunderstood. Mr. Anderson's case had excited the greatest sympathy in the Council, but it was difficult to come to any other conclusion than that it would be illegal for the Council to employ any of the College funds on such an object. It seemed to be thought that the College had many superfluous funds, but that was not the case. The Council considered it wise to attempt to save £2000 a year, but when they had spent what was necessary on the library, museum, and laboratories they found they were unable to save the amount they wished. The Council claimed that the College was a scientific body, and were attempting on that plea to get exemption from corporation duty, amounting to £400 a year; but if they were to subscribe as the resolution requested it would greatly injure their prospect of success in obtaining remission of duty, as it would be said that the College existed for professional and not for scientific purposes. He suggested that a much more satisfactory way would be to make a general appeal to the whole body of the profession.

Dr. WARD COUSINS said that he had acted on the Civil Rights Defence Committee. He would like to accentuate what Mr. Marsh had said. He would suggest that the College should through its representative bring pressure to bear on the General Medical Council, and if this were done by the other bodies having representatives there he thought the matter would be much advanced.

Mr. T. BRYANT asked if it were true that Mr. Anderson might practise freely anywhere else than Tobago?

Mr. ANDERSON said that while the present decisions were in force it could not be claimed that any medical man anywhere could be absolutely certain of being able to practise his profession.

Mr. JOHN TWEEDY asked if Mr. Anderson were to go back now to Tobago could he act as a merchant or did the decision prevent him acting in any capacity?

Mr. ANDERSON said that even if he did not practise as a medical man it would be necessary for him to go through the Bankruptcy Court.

Mr. MORRIS asked if Mr. Anderson would be able to practise at Tobago if he paid twenty shillings in the pound.

Mr. ANDERSON said he could not approve of any such settlement of the matter, for it would amount to a confession that he had wilfully neglected a patient.

The CHAIRMAN earnestly asked the meeting before voting to consider the position of the College. The College had started an action, and any resolution such as that before the meeting would if passed certainly hamper them in their action, for it would be an acknowledgement that the College was not a purely scientific institution.

Mr. W. G. DICKINSON asked if the £300 recorded in the report as having been spent on a conversazione had been devoted to a scientific purpose.

Mr. JOSEPH SMITH said he hoped the meeting would unanimously support the resolution.

When the resolution was put to the meeting 47 voted in favour of it and 2 against.

Mr. JOSEPH SMITH moved :—

“That this meeting, while thanking the Council for taking a poll of the Fellows on the question of the representation of Members, dissents from, and regrets the resolution passed by, the Council on March 12th, 1896.”

He said he regretted that the Council had in the resolution mentioned expressed the opinion that further representation of the Members on the Council was not desirable, for he had thought that the Council had recognised that it was no use fighting the Members. He was sorry to see that a junior member of the Council had stirred up the Fellows in Manchester against the Members.

Dr. ALDERSON seconded the resolution, and pointed out that the members of the Council were utterly ignorant of the wants of the Members. He drew attention to Mr. Hutchinson's letter, in which it was pointed out that if a *de novo* scheme of government were to be devised for such a body as the College, could it be doubted that the Members would be represented as well as the Fellows?

The resolution was carried.

Mr. W. G. DICKINSON moved :—

“That the Council be requested to instruct the representative of the College on the General Medical Council to forward in every way which seems feasible the promotion of the principle: ‘That every representative of a Licensing Body should effectively represent the interests of its Graduates, Fellows, Members, or Licentiates.’”

He remarked that the principle contained in this resolution was not new—in fact, there was good reason to believe that it was as old as the Act of 1858, which stated that the General Medical Council was to consist of “one representative of each of the following bodies,” and it was undoubtedly the intention of the Legislature that there should be genuine representation of the individual practitioners attached to these bodies. As matters stood at present the “representative” represented the Council of the College and not the College. If this College were to make its representative a real representative of all the Fellows and Members of the College the example would be followed by the other medical corporations and there would be no need for “direct representation.” He considered that the College at present had an able representative, but he could not be said to represent the views of general practitioners, or he would never have suggested, as he did in 1894, that the two Royal Colleges should issue diplomas to midwives. He hoped that they would in a few weeks be more directly represented by another member of the Council.

Dr. HERBERT SNOW, in seconding, said that justice was always obtained in the end, however much opposition it might meet with. They were on the eve of a medical election which had excited more interest than any preceding.

Mr. GEORGE BROWN supported the resolution.

Mr. JOSEPH SMITH said that the Members of the General Medical Council did not represent the Members of the Colleges and corporations which elected them. If the elections had been in the hands of the Members of the College the present representative, Mr. Bryant, though a most illustrious surgeon, would never have been appointed.

Mr. T. HOLMES, speaking on the question of the pending action at law by the Council, advised the Council to withdraw the case and to say that the College would do what was best for its Fellows and Members, whether in a scientific or a professional matter. This would be worth much more than £400 a year.

The resolution was carried *nem. con.*

## VITAL STATISTICS.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns 6539 births and 4435 deaths were registered during the week ending Nov. 21st. The annual rate of mortality in these towns, which had increased in the five preceding weeks from 16.3 to 20.8 per 1000, further rose last week to 21.3. The lowest rates in these towns were 13.1 in Leicester, 16.1 in Huddersfield, 16.3 in Croydon, and 17.4 in Derby; the highest rates were 26.3 in Cardiff, 28.6 in Manchester, 29.2 in Liverpool, and 33.4 in Preston. The 4435 deaths included 363 which were referred to the principal zymotic diseases, against 366 and 386 in the two

preceding weeks; of these, 90 resulted from diphtheria, 71 from measles, 56 from “fever” (principally enteric), 56 from whooping-cough, 51 from scarlet fever, 39 from diarrhoea, and not one from small-pox. No death from any of these diseases was recorded last week in Norwich; in the other towns they caused the lowest death rates in Croydon, Brighton, Huddersfield, and Halifax, and the highest rates in Gateshead, Birmingham, Plymouth, Hull, and West Ham. The greatest mortality from measles occurred in Derby, Hull, Gateshead, Bradford, and Plymouth; from scarlet fever in West Ham; and from whooping-cough in Birkenhead and Swansea. The mortality from “fever” showed no marked excess in any of the large towns. The 90 deaths from diphtheria included 59 in London, 8 in Birmingham, 4 in West Ham, and 4 in Cardiff. No fatal case of small-pox was registered during the week under notice either in London or in any other of the thirty-three large towns. There was only 1 case of small-pox under treatment in the Metropolitan Asylum Hospitals on Saturday last, the 21st inst., against 2 at the end of each of the three preceding weeks; no new cases were admitted during the week. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital at the end of the week was 4092, against numbers declining from 4164 to 4134 on the four preceding Saturdays; 398 new cases were admitted during the week, against 367, 384, and 382 in the three preceding weeks. The deaths referred to diseases of the respiratory organs in London, which had steadily increased from 118 to 492 in the ten preceding weeks, declined again to 472 last week, but were 42 above the corrected average. The causes of 72, or 1.6 per cent., of the deaths in the thirty-three towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Bristol, Nottingham, Bradford, Newcastle-upon-Tyne, and in thirteen other smaller towns; the largest proportions of uncertified deaths were registered in Birmingham, Birkenhead, Liverpool, and Sheffield.

### HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had increased in the three preceding weeks from 18.6 to 23.5 per 1000, declined again to 21.1 during the week ending Nov. 21st, and was slightly below the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns ranged from 15.4 in Leith and 16.8 in Greenock to 23.5 in Glasgow and 29.1 in Perth. The 615 deaths in these towns included 37 which were referred to measles, 17 to diarrhoea, 7 to scarlet fever, 7 to whooping-cough, 4 to diphtheria, and 4 to “fever.” In all, 76 deaths resulted from these principal zymotic diseases, against 59 and 75 in the two preceding weeks. These 76 deaths were equal to an annual rate of 2.6 per 1000, which was 0.9 above the mean rate last week from the same diseases in the thirty-three large English towns. The fatal cases of measles, which had been 23 and 17 in the two preceding weeks, rose again to 37 last week, of which 33 occurred in Glasgow and 2 in Paisley. The 7 deaths referred to whooping-cough showed a decline of 5 from the number in the preceding week, and included 4 in Edinburgh and 2 in Glasgow. The fatal cases of scarlet fever, which had increased from 3 to 11 in the three preceding weeks, declined again to 7 last week, of which 3 occurred in Edinburgh and 2 in Glasgow. The 4 deaths referred to different forms of “fever” (principally enteric) showed a decline of 6 from the number in the preceding week, and included 3 in Glasgow. The fatal cases of diphtheria, which had been 3 and 8 in the two preceding weeks, declined to 4 last week. The deaths from diseases of the respiratory organs in these towns, which had been 168 and 179 in the two preceding weeks, declined to 172 last week, but were 49 above the number in the corresponding period of last year. The causes of 29, or nearly 5 per cent., of the deaths in these eight towns last week were not certified.

### HEALTH OF DUBLIN.

The death-rate in Dublin, which had increased from 23.7 to 28.3 per 1000 in the three preceding weeks, further rose to 29.5 during the week ending Nov. 21st. During the past eight weeks of the current quarter the death-rate in the city has averaged 25.2 per 1000, the rate during