

# THE LANCET.

LONDON: SATURDAY, DECEMBER 3, 1870.

It is very lamentable that only a dozen years after the passing of a great Act which really did much good, the very foundations of our present system of medical examination should be discredited. But such is the case. Both in the Medical Council and in Parliament it has been proved that our present tests do not prevent men entering the profession who in point of either general or professional education are not fitted to discharge medical duties or to adorn the profession of medicine. Such a discovery cannot surprise anyone who is familiar with the existing system, which has two or three principal faults. First, the very number of licensing bodies is admitted on all hands to be an evil. The diploma of the least careful and the least scrupulous of these examining bodies is of equal legal value with the degree of the most careful examining body. It is as good to compel payment for medical services in a court of law. It naturally follows that cheapness and looseness of examination, as a rule, go together. Such a combination of qualities in an examining board constitutes an irresistible recommendation to the least competent candidates. Then, in too many schools, and especially universities, it is so arranged that the examiners of students are their teachers. It is not in human nature for a teacher to make a good examiner of his own pupil. If his pupil comes before him he is bound to be lenient—to be to his faults a little blind, and to his virtues very kind. Not only so; the student in such a case, in view of an examination, has regard to his teacher's views and crotchets, and, instead of studying medicine and the fundamental sciences in a scientific spirit, inevitably, and perhaps unconsciously, looks at the whole subject through the coloured medium of his master's teaching. He feels bound to consider, not the state of science, but the state of his examiner's views of science. The whole effect of such a system is narrowing and injurious. Where an examiner examines his own pupil in his own school, the chances of a proper examination are reduced to a minimum. Between the natural leniency of a teacher towards his own pupil and his equally natural wish to swell the number of those holding the degree or diploma of his school, it is scarcely possible to have a good examination. Accordingly the system, on once being made public, has collapsed. It has had no defenders. The Government brought in a Bill depriving all the individual bodies of their individual power to license; and all the bodies gathered together in the Medical Council agreed to accept this Bill with some modifications, and to forego their power to license anybody to practise medicine.

Now let us observe the incompleteness of the Government work. In place of nineteen licensing bodies it established three examining boards. These boards were to be made up of the various bodies which had up to this time been the

licensing bodies, and they were to be maintained individually and collectively very largely by the fees which were to be paid. It is evident that under this arrangement there was very little more assurance of a good examination, and little less temptation to a bad one, than under the present system. They would have more than ever an interest in the numbers passed, instead of an interest in the efficiency of each individual candidate. Then the Medical Council was left untouched. The nineteen bodies were to continue to dominate there, and by the very number of their representatives to exclude others. The distrust of such a scheme was shown in the very Bill in which the Government proposed it, and clauses were introduced reserving to the Privy Council the right of confirming every scheme either for the composition of the examining board or the regulation of examinations.

We put it to the profession whether it would not be better at once to make an end of this system, in the interest alike of the public, of the medical corporations, and of the profession, by the creation of a Medical Council representative of all these interests, and the creation of three examining boards constituted under the sole authority and on the responsibility of the General Medical Council. Can it be doubted that, if the medical profession has to choose four of its members to serve in the General Medical Council, it will choose its best members? To doubt this, as Mr. CHARLES HAWKINS has well said, would be to libel the profession. It is equally indubitable that a Council, elected as we propose, would choose examiners on the ground of their fitness. The Council would be too heterogeneous in its composition, and too responsible to the profession and to the Crown, to be guided in its selection of examiners by any other consideration than the fitness of those appointed for the duties to be discharged.

It is impossible to exaggerate the good that will be done if our scheme becomes law. The examinations to be instituted will be an independent standard by which other examinations may be judged. The very practical object of them will make them at once a model and a rebuke to some of the examinations of which we hear sometimes. Independently of these advantages, there will be a Council of twelve men, representing no college or clique or corporation, but chosen in such different ways as to secure variety as well as excellence. The profession will be responsible for a third of the Medical Council, and will feel a new interest in itself and in its reputation. Anyone who reflects on the significance of what has been seen in London this week, in the animation of the contest for election to the School Boards, will have no difficulty in believing that an intense interest would be taken by the profession in the election of its representatives and in their doings after election, and that the best members of the profession would feel the position to be so full of power and of responsibility as to be an object of ambition to them. It has sometimes been said that the General Medical Council could not be reduced in numbers, on account of the work to be done by it; and indeed this is said again in the course of a fair and friendly criticism of our Bill in a medical contemporary. But we do not think there is much force in the statement. The number of our Council would be nearly equal to the

number of the medical members of the Senate of the University of London, and might exceed that of the members of the Faculty of Medicine in the Senatus of the University of Edinburgh, Glasgow, or Aberdeen; and will be amply sufficient for the work it will have to do, assisted as it will be by its own Examiners and Inspectors.

THE Report of Dr. BUCHANAN and Mr. J. NETTEN RADCLIFFE on the Construction of Midden-closets (a term by which they designate the ordinary privy, for the purpose of bringing the name of that nasty convenience into common form with water-closet, earth-closet, &c.) provokes serious reflection on the state of sanitary work in the kingdom. There is something disagreeably paradoxical in the fact that the energies of the two newly appointed inspectors of public health should, at the outset of their official career, be directed to an investigation of the structural requirements of a mode of excrement-disposal which has been, probably without exception, absolutely condemned by every sanitary authority worthy of the name, for the past forty years at least. The paradox is not the less unwelcome that it receives the countenance of the Medical Officer of the Privy Council, Mr. SIMON. If such an inquiry is justifiable at this date (and the consideration that it has been carried out under the authority of Mr. SIMON almost puts this question aside), the conclusion is forced upon us that sanitary work in this kingdom must somehow have been traveling in a wrong path. But evidence in justification of the inquiry, we must confess, is abundantly given in the Report; and the same evidence amply confirms the inference to which we are impelled. The Report describes the second city of the kingdom and other great industrial centres as deliberately perpetuating the midden-closet system of excrement-disposal, not from ignorance of the evils commonly attaching to such a system, or from apathy to those evils, or from parsimony, but from a want of confidence in the as yet only known practicable alternative—a system of water-sewerage as applied to their particular needs. It shows the local authorities of these great centres of population actively engaged in endeavouring to remedy the well-known evils arising from a midden-closet system, not by the substitution of water-sewerage, or of that mode of excrement-disposal which has most enlisted attention in these days next to water-sewerage—the dry-earth system,—but by so modifying the structure and management of the midden-closet as to reduce to a minimum, if not to remove altogether, the nuisance arising from it.

It has been so long customary to look upon water-sewerage as the best of all known systems for the disposal of excrement, and our confidence in the system is supported by an array of evidence so overwhelming, that it is not easy to conceive objections to it that have not their origin, in one way or another, in parsimony. The most advanced teaching of sanitary science in respect of excrement-disposal is summed up in water-sewerage; and this system has been steadily and consistently advocated, by all leading sanitary authorities, as the one alone fitted for the health requirements of town and village populations for the last third of a century. The honesty or not of certain local authorities in their opposition to the teachings of sanitary science

as regards water-sewerage is not, however, the question of immediate interest which arises out of the Report of Dr. BUCHANAN and Mr. RADCLIFFE. The chief question suggested by that Report is this: whether, in urging these teachings to the exclusion of almost all other considerations, sanitary science has not overshot the mark; and while striving to secure for the kingdom the best possible system of excrement-disposal, it has not failed to obtain, in the meanwhile, the best practicable?

Amidst all the zealous sanitary talk and writing, and, also, the seemingly no little sanitary work, of late years, observers of the mortality returns of the kingdom cannot have been otherwise than uneasily conscious that these were not altogether as they would have them be; that, indeed, the returns did not show, in one very important direction, those beneficial results which were believed to have been achieved by sanitary work. It was discomposing to find, after thirty years' labour, that the general annual death-rate of the kingdom remained virtually stationary; but it was portentous that an accomplished physician should recently, in the columns of this journal, advance the proposition, founded upon the mortality returns, that the annual death-rate of the kingdom was progressively increasing; and it is not less portentous that the Registrar-General in his last Quarterly Return should write, in reference to certain excessive death-rates, of "the more rapid deterioration of the sanitary condition in the villages and small towns than in the large towns." It was obvious from the returns that, whatever amount of amelioration of the public health might have been effected in some localities by sanitary work, it must have been counterbalanced by a deterioration elsewhere; in other words, that the good done in certain places was only sufficient, if indeed it was sufficient, to compensate for an increased deterioration of the health of the population in the rest of the kingdom. The death-rate of a few limited communities might have been reduced, and their health-condition augmented; but the results were not so large as to affect perceptibly the general death-rate of the whole kingdom. Again: when, four years ago, Dr. BUCHANAN'S elaborate examination was published of the results hitherto gained in various parts of England by works and regulations designed to promote public health, it was impossible not to be struck with the paucity of illustrations he furnished, and which appeared to be open to him, in which satisfactory sanitary work had been carried out to its just end by local authorities. In the present Report of that gentleman, in conjunction with his colleague, and particularly in the various independent reports of the two inspectors to the Privy Council on the sanitary state of different towns and villages, the still more significant fact is brought into prominence—that in towns which have presumably carried out great sanitary works, and particularly works of sewerage, in accordance with the requirements of sanitary science, the sewerage is still very commonly supplemented by the altogether condemned midden-closets. This is the case in Leeds, in Hull, in Birmingham, and other great towns. It is unquestionable, indeed, that, in respect of excrement-disposal, the sanitary work accomplished in this kingdom, great though it may be, is of a partial and limited description, and

that the state of things it was intended to replace is still the prevalent state. It further follows, from the attentive reading of the Report under consideration, and from the other reports referred to, that the common privy (middencloset) is still the principal mode of excrement-disposal in the kingdom; that, with very few exceptions, this abominated convenience is constructed and managed as it was half a century ago; and that in the towns and villages which persist in its use the evils arising from it are as great as they were thirty years ago—*plus* thirty years' additional fouling of soil and surroundings with excremental filth.

This, it must be confessed, is a most unsatisfactory result of the sanitary labour and legislation of the past quarter of a century, and it sufficiently accounts for much of that untoward feature of our mortality returns to which attention has been directed. We are, indeed, constrained to admit that the system which best meets the want of a population in respect to excrement-disposal has, after thirty years' laborious teaching, been so partially placed in operation that it has exercised no manifest influence upon the general mortality of the kingdom.

How this has come about we are not concerned now to show. All we wish to insist upon is the fact that the practical action of probably the greater part of the kingdom has been altogether unaffected by, and has virtually repudiated, the approved teachings of sanitary science concerning excrement-disposal, with the deplorable result indicated. It is this point which Dr. BUCHANAN and Mr. RADCLIFFE have seized upon, in its practical bearings, and dealt with in their Report. They maintain, in effect, that sickness and death will not remain in abeyance until all the possibilities of sanitary teaching, however desirable, may be obtained; and they hold that the health officer is not justified in adopting a let-alone attitude until the complex problem is solved by which each separate community may be ensured the full benefit which sanitary science and legislation in progress of time will doubtless render possible for it. They have taken the facts as they find them, and have endeavoured to determine what are the immediate practicabilities of sanitary work, in respect to excrement-disposal, among communities in which, from one cause or another, the higher possibilities of sanitary teaching are not at once to be secured. They seek, in short, to arrest progressive health deterioration of places and population, pending the carrying out of those more thoroughgoing measures of sanitary reform which have been urged for years, but with the comparatively little result which we have described. To this end they have studied especially the practicabilities of the common privy, and the means which have been adopted, or may be adopted, to obviate nuisance from it. To what extent they have succeeded in their object will be best shown in the words used by Mr. SIMON in commenting upon their Report. He says; "The broad results, for legislative purposes all-important, are: first, that local authorities, willing properly to exert themselves for the prevention of excremental nuisances, have at their disposal various ways by which that end can be more or less perfectly attained; and, secondly, that a law imperatively refusing to tolerate such sorts of nuisance

does not, in its relation to local authorities, represent a claim for wonderful exertions or lavish expenditure, but a claim which, even where circumstances are least favourable, can be easily and ought to be cheerfully met."

DR. PARKES has been continuing his very interesting researches on alcoholic fluids, this time selecting for examination the physiological effects of Bordeaux wine. It must be well understood, however, that it is only in respect of the alcohol, and not of other ingredients of the wine, that the inquiry has been made.

On the whole, the results arrived at seem to agree very much with those obtained in the previous trials with plain alcohol and with brandy. A line of distinction is very clearly drawn between the effects of large and of small quantities; ten ounces of an 11 per cent. claret being well borne, while twenty ounces of the same wine produced slight symptoms of narcosis (flushing, sensations of heat and discomfort, drowsiness). Dr. PARKES thinks he can more exactly fix the quantity of alcohol which could be considered *moderation* for the man experimented on from these wine trials than he could from the former experiments with spirit. And his conclusion now is that more than one ounce daily would be an immoderate allowance for the man. Indeed he goes on to say that this particular soldier is probably not benefited by alcohol at all, for, during the Abyssinian campaign, a temporary failure of the rum rations, which distressed some of his comrades, was not at all felt by himself. He remarks that the mean rate of the heart's pulsations was too much increased (about 5 per cent. on the average) by alcohol, and thinks that this amount of increased work thrown on the heart must be bad for it in the long-run. That, however, must depend, as we ventured to point out before, at least partly, on whether the alcohol is not itself the source and *supply* of the necessary muscular motor force. The same negative results were obtained, as regards temperature and the excretion of nitrogen, as were got in the experiments on plain alcohol and brandy.

We have one or two criticisms to make on the validity of some of Dr. PARKES'S inferences. First, we think he was wrong to administer all the claret at one dose, especially when the quantity amounted to twenty ounces. Many a person who could drink three glasses of claret at lunch, and as many at dinner, without a trace of discomfort, could not venture to take six glasses at once, at any meal; and we think this considerably vitiates Dr. PARKES'S judgment on the proper daily quantum, because a narcotic effect once produced disturbs the whole organism for the rest of the day. Then again, as regards elimination, he makes an error in attributing to Dr. ANSTIE the opinion that the appearance of *any* unchanged alcohol in the urine is a sign of an excessive dose; on the contrary, it is maintained by the latter that *minute* elimination almost always takes place, even after a single glass of wine or beer, but that the quantity eliminated *suddenly rises to a marked extent* when we come to doses which produce even the slightest symptoms of narcosis. So far the present experiments of Dr. PARKES show nothing to invalidate the belief that elimination of unchanged alcohol is quite trifling in proportion to the quantity ingested. We should mention, finally,

that he introduces an important improvement in the mode of examining the breath for alcohol: instead of passing the breath through a test-fluid, he condenses it by means of a freezing mixture, and then tests the liquid. In this way he can appreciate minute quantities of alcohol which would be lost by the rougher process.

WHEN the Poor-law Board are compelled to occupy several pages of their Annual Report in contrasting the Irish and English systems of medical relief, it is a tacit admission that the time is rapidly approaching when the subject will be discussed in Parliament. It is, indeed, impossible to suppose that the arguments adduced by the President against the introduction of the Irish system into England will long go unchallenged, particularly as it was determined by the House of Commons almost unanimously that it should be adopted in London without unnecessary delay.

We have ourselves pointed out some of the erroneous statements made by Mr. GOSCHEN. We have repeatedly shown, for example, that the classes relieved at the Irish dispensaries are identical with those attended by the district medical officers here. And if it should be found that in Ireland there are fewer persons receiving other forms of relief, we should explain that circumstance by stating that the necessity for out-door relief is more frequently induced here by avoidable sickness and medical neglect, due less to any difference in the social condition of the people than to those imperfect medical arrangements which the Poor-law Medical Officers' Association seeks to remedy. It is upon the application of the workhouse test that the President of the Poor-law Board lays the very deepest stress; but as he grievously misstates the case, it is not to be wondered that his conclusions are unsound. He says that "in England the *total* number of out-door poor was fifteen times as great as the number of in-door sick." But he excludes from this calculation those who in Ireland receive medical relief at the dispensaries, and who on that account were saved from otherwise becoming a burden on the public. Will it be believed that the President makes himself responsible for a statement altogether misleading? He says the sick in the Irish workhouses numbered 112,071; whereas Dr. MAUNSELL proves from the Irish Poor-law Report that, of 240,843 persons admitted to them, only 55,607 were admitted on account of sickness. This comparison, instead of proving, as the President suggests, that more sick are sent into the workhouses in Ireland, notwithstanding the existence of dispensaries, than in England without them, proves the exact contrary; for it cannot be denied that sickness and premature infirmity are the main causes of admission to an English workhouse, and pure destitution the chief cause in Ireland. What is wanted to assimilate the English to the Irish system is, a greater limitation of the workhouse test to the able-bodied destitute, and a more liberal external preventive system of medical relief.

We cannot allow our remarks on the meeting of Tuesday last to conclude without congratulating the Association on the new position which it has taken up in respect of the registration of disease and the relation of the Poor-law

medical officers to the public sanitary staff. We have long maintained that the road to better treatment at the hands of the public, including particularly less work and larger salaries, lies in rendering the public better and more extensive service. The fact is that, in the absence of sanitary powers, it is extremely difficult for medical officers to make the economy of their services felt. They pursue their profession amongst the very poor whilst labouring under the greatest disadvantages. The dwellings are overcrowded and unfit for the treatment of the sick. There are no skilled nurses; often no sufficient means of cleanliness and change; and, behind all, poverty and want. Is it any wonder that their efforts to cure should fail? But when they shall become deputy officers of health, it will be in their power to direct public attention to the causes of disease, and to remove defects which interfere with cure. The Association has only to persevere in this path of preventive medicine, and it must succeed in arresting the attention of Parliament, and in acquiring the confidence and respect of the population to an extent which has never been conceded to the mere parish doctor.

## Medical Annotations.

"Ne quid nimis."

### CERTIFICATES OF LUNACY.

Too much caution can scarcely be exercised in giving certificates of lunacy. If the previous history and circumstances are not fully known to the medical man who is called upon to certify, he should inquire who has been the usual medical attendant, and why his certificate has not been obtained in preference to that of a stranger. Nor must the acts of insanity described by relations or so-called friends be taken without sufficient scrutiny, since it may be that the patient is sent away to save trouble, or from some other interested motives which will be most carefully concealed.

The evidence of officials in workhouses as to the insane acts of pauper inmates is particularly liable to exaggeration. Hospital nurses have been known to complain of the restless delirium which sometimes occurs during the last stage of consumption so effectually as to induce the medical officer to send away the patient, who only arrived at the asylum to die. And if the gentleman who certified as to the insanity of the troublesome girl whom the officials wanted to get rid of at Tiverton, had had the caution and courtesy to consult the medical officer of the workhouse, who was fully acquainted with the history of the case, he would not have fallen into the error of sending her to the lunatic asylum only to be discharged as soon as the particulars were known to the visiting justices. It is also necessary to distinguish carefully between a mere fit of passion, and that permanent irascibility which forms so common a feature of cerebral disease. And in judging it is necessary to weigh carefully the habits, education, and previous history of the patient, since treatment which would be borne without a murmur by an ignorant person accustomed to workhouse discipline, will often be excessively resented by an educated and sensitive person to whom anything like unkindness has been utterly unknown. In every case it should be remembered that it is a most serious matter to consign any human being to the society of the insane, even for the short time which must intervene between the admission and the discharge; and of course it is still more