

to condemn chloroform simply because he does not know how to apply it, or has not seen it used in skilful hands; or who will not use it, on the principle of the simpleton of Hierocles, who would not touch water until he had learned to swim. Dr. Fifield has alluded to the necessity for air-bags and other special mechanical apparatus, which are all of them conceits of the inventors. The means employed cannot be too simple. What we really want is the means of instruction in anaesthesia by men in no way pledged to any discovery or special anaesthetic; and who ought to give practical superintendence and instruction to our students of medicine and surgery in hospital practice, turn and turn about, during operations. Another desideratum is, that some universal system should be adopted, which has received the approval of a committee selected from the ruling powers of the three metropolitan universities of London, Edinburgh, and Dublin, with such additions of men as are known to have a thorough practical acquaintance with the anaesthetic properties of ether, chloroform, and bichloride of methylene in particular. All new anaesthetics would require to have the sanction of this body, or ought to pass muster before it, before being made public property. It is nonsense to talk of any anaesthetic, ether not excepted, being free from danger; the sensorium cannot be paralysed without more or less of danger, and that, too, with a very small quantity of any anaesthetic. I for one, however, decidedly object to any man, with any pretensions to being unprejudiced, belonging to any nation under the sun, and more especially hailing from the very hotbed of antichloroformism, with every breath which he exhales, denouncing chloroform (the greatest boon that mankind ever received) as in its very nature "deadly", and associating every idea he has of it with "death" and "unsightly corpses", and the like dramatic, pseudo-sentimental, extravagant, stage-effect, and one-sided language; for it is no argument, but vulgar declamation, and is altogether unworthy of any man; and, although Dr. Fifield may speak well of our brains and of our hearts, it must not be forgotten that there is such a thing as "bunkum" in America, and that it is cheap, and generally sold wholesale.

Dr. Fifield has given us a string of notables of the French school, and has shown us how familiar he is with their names; but that is not what we want—the names and opinions we take for what they are worth. We want facts; and the only facts he has furnished us with go most certainly to prove that he is at present in the wrong school to improve his knowledge of chloroformisation—an art the veriest rudiments of which he has still to learn, and which he is not likely to learn, so long as he searches for the facts which serve only to confirm him the more in transatlantic prejudices, which have long been indigenous to the soil.—I remain, Sir, yours truly, THOMAS SKINNER, M.D.
Liverpool, May 29th, 1875.

HOSPITAL ABUSES.

SIR,—The subject of hospital-abuse is in a fair way of receiving the attention of the Association, and, I trust, of obtaining, through its influence, a much larger amount of public interest than it has hitherto had. But I am anxious to call attention to the fact that a large proportion of those who write on hospital-abuse seem to ignore that form of the abuse which concerns the in-patients of our hospitals, and treat only of out-patients. Now I maintain, from an experience of thirty years, that thousands of people enter our hospitals as in-patients who are quite as ineligible as those who frequent the out-patient departments; and in so doing, they not only deprive proper recipients of those peculiar advantages which hospitals are adapted to confer on the really poor, but they also waste, in a much higher degree, the pecuniary means subscribed by the public.

If it were necessary, I could adduce most flagrant instances of this abuse; but I feel sure that the experience of hospital physicians and surgeons bears abundant testimony to it. I therefore ask that, when this matter is discussed, means should be suggested to exclude these impostors from the wards of hospitals, even more than the intruders of the out-patients' room. The meanness so characteristic of this age finds but little difficulty in obtaining the gratuitous assistance of our profession in every imaginable way; and is always ready with a specious answer when it is detected. How often one is met by the reply of those who, filching us at hospitals, are content to cover their deception by saying that they "come there only for the best advice", and "have no idea of doing wrong". No amount of argument will convince these sophists that hospitals are not founded and endowed for them; they depart, as injured innocents, to less mercenary doctors.

Then, as it is so easy to impose on public charity, as well as on us, what precautions are taken by the lay-authorities of hospitals to check this abuse? I maintain that, as a rule, no effective means are adopted. Were this done, there would be far more available help for the needy. The funds of hospitals, and the services of our profession, would then

be more commensurate with the claims on both. Were the same zeal used in expending with care and discretion the amazing sums devoted to the sustentation of hospitals as in obtaining the money, I have no hesitation in stating my belief that there would be no necessity for that clamorous begging that daily meets one's gaze in every newspaper. There is a growing suspicion that hospitals are extravagantly managed, and a corresponding disinclination to contribute the means of maintaining them. In every direction we hear of abuse. What can thinking people say to the preposterous numbers the hospitals profess to relieve? Yet the competition is so great that these absurd pretensions are considered necessary to enable the managers to obtain the required support, and falsification becomes a necessity; patients must be registered afresh as new cases every few weeks to swell the numbers.

It may well be said, How can such masses be attended by so few doctors? Thus arises a dilemma: either the numbers are incorrect, or the attention inadequate. Which is the less damaging admission?

The profession may well complain that in London and other large towns all patients are gradually drifting to the hospitals; and the normal business of the doctors will soon be that of giving gratuitous advice.

I am, Sir, yours faithfully, J. C. WORDSWORTH.
London, May 1875.

MEDICAL QUALIFICATIONS.

SIR,—To any one who has read the discussion in your columns on medical titles, and who brings any kind of reflection to bear on the matter, it must seem somewhat remarkable that, at the present time, there exists for the public, who are yet deeply interested in the question, the greatest difficulty in determining the value of any of the various qualifications in medicine and surgery possessed by the men who offer to perform for them medical services. No fewer than nineteen different bodies are still licensed, and act in the terms of such license, to grant qualifications to practise medicine and surgery, one or both; and, notwithstanding the passing of the Medical Act of 1858, and of various subsequent acts to amend the same, all of which have confirmed the said bodies in their power of licensing to practise, no steps, or, at least, none of any value, have yet been taken to ensure that such licenses shall come up to any given standard, or that the public shall be able easily to judge of the value of that standard. No doubt regulations have been laid down by the various licensing bodies, which have had in the main the effect of raising the standard of a license to practise; but it is fair matter for complaint that as yet no steps have been taken to ensure uniformity of value, or to determine what that value is. This appears to me to depend chiefly on the facts (1) that the licensing bodies have been allowed to make their own regulations, and (2) that the teachers in the different schools are also the examiners of candidates for qualifications to practise. As to the first point, it seems to me to be imperatively the duty of Government—especially since, by the passing of the Medical Acts, they have interfered at all in the matter—to determine the standard of qualification which they will allow to be registered; and as to the second, it is equally incumbent on them, I think, to determine whether that standard is attained. Teachers, in the nature of the case, are not fair judges of their own pupils. They will either be too lenient to the students who have been successful in obtaining class-honours, since it would reflect on themselves to reject them; or they will be too severe to those who have not gone in for class-work, since such behaviour on the part of pupils seems to be a reflection on the mode in which teachers conduct their classes. Not that I would, for a moment, be understood to imply that these temptations have had any appreciable effect on the fate of candidates at graduation or licensing examinations; for I believe, on the contrary, that they have been as fairly conducted as such tests can be. But it does appear that the system which puts such a strain on teachers and pupils both is one which ought not to be continued without a necessity far stronger than has yet manifested itself. And the remedy which ought to be applied would have the overwhelming advantage of ensuring an official and defined standard, where now we have only variable ones. The scheme which I would suggest, therefore, and to which you have already referred in your columns, would be that, first, the power of granting qualifications to practise should be taken from all the present licensing bodies. If it be objected, as probably it will, that this scheme would meet with strenuous opposition from all the present boards, I think an appeal to their good sense would have a great chance of succeeding, since it would be represented that some individual sacrifice would be required from all the interested parties in order that the general good might be furthered. Of course, an united and determined opposition on the part of the licensing bodies would be fatal to the scheme, at least for a long time to come. But even now I believe that opposition would not be unanimous, while it may fairly be left to the future to disarm so much of it as will by and

bye lead to its adoption. And in truth there is no justification for alarm, since it is, secondly, not proposed to interfere with the teaching arrangements at the various centres. These would continue just as they are now; the only difference being that the teachers, as a body, would be relieved from the irksome and invidious work of examining their own pupils for the license or degree. Complaints have already, within my own knowledge, been made on this head, it being held by some of the examiners that such work, as it is properly extra to the professional work, ought at least to be paid for. This scheme would, of course, involve so much as that.

Now as to the constitution of the examining board. It ought to be a general body, an official body with a recognised status, and a representative body. We have precedent for the formation of such a board in the constitution of the Medical Council, which consists of seventeen representatives from the licensing bodies, six members appointed by the Crown, and a President elected by the Council. Details might, of course, be left for further consideration, but how would it work if the duties in question were to devolve on these twenty-four gentlemen? There would, of course, require to be special remuneration attached to the duties, which would involve the expenditure of much time and labour. The Medical Council might, in fact, consist of twenty-four Government officials, who should have, subject to the control of Parliament, supreme power in matters pertaining to medicine, and should be the centre of the State department of medicine. As regards graduation or license to practise, they should have power to delegate certain of their numbers, say three or four, to each centre, to the duty of conducting the examinations in the various centres where they are now held, and, so far as possible, at the same times. This would least interfere with the present arrangements, though it might be kept in contemplation to assimilate times of examination as much as possible, so that examinations might be conducted nearly at the same time in all parts of the country; and if the times were thrown into, say two periods of the year, the members of Council would be able to attend to their duties, and yet would not have their whole time occupied in examining. A sketch plan like this need not, of course, be too detailed; but it occurs to me that October and April would be good examination periods, since they fall just before and just after the winter session respectively.

Next, as to the standards of examination themselves. An examination of the regulations of the licensing bodies shows that they resolve themselves into classes corresponding with stringency of examination, both medical and literary. Oxford, Cambridge, and Dublin, for instance, do not grant degrees in medicine without a previous degree in arts; while the London matriculation examination is scarcely, if at all, inferior to a degree in arts. In the case of some other bodies, on the other hand, the preliminary examination is slight enough. Then as regards the professional examinations themselves, they also vary in stringency; some bodies, for instance, allowing candidates to present themselves for examination after a period of study extending over three winters and two summers, while the majority demand at least four years' study before they will admit to examination. It is doubtful whether less than four complete years of study should ever be considered sufficient to entitle a man to present himself for examination for a license; and it becomes a question, therefore, whether it would not be better to abolish this power altogether. In point of fact, under the new scheme, the question would not be an important one, for the reason that the standard of what would then be the official examination would probably be raised so much that no one would try to come up to it with less than four years' study. And, indeed, this might be given as a reason for imposing no restrictions whatever as to the time spent in study; since having the knowledge is the important affair in the case of a candidate for license, and not any question as to how he came by it. The examination ought to be so practical that no merely crammed man could pass it, and yet so scientific that no mere empiricist could get through simply because he had seen a good deal of practice.

Leaving for the present, however, the question of what and how extended a period of study should be demanded of candidates, I should propose, next, to have three standards, or, perhaps two, the second being subdivided into two parts. (a) For general practitioners: this would correspond in value with the present usual qualifications in the three kingdoms; that is, M.R.C.S. and L.S.A. in England, L.R.C.P. and S. in Scotland, and L.K.Q.C.P. and S. in Ireland. It would be a double qualification, and its holder, whatever the public chose to term him, might be officially recognised as "Mr." So and So. As to preliminary examination in Arts, this should be a fair and reasonable one implying a reasonable amount of general information. (b) For pure physicians (M.D.): a previous degree in Arts, or an equivalent examination, should be necessary. Much stress should

be laid on medicine proper in its theoretical, practical, and what is often neglected, its historical bearings. The M.D. should not dispense, nor be in partnership with any one who does. He should, in short, correspond with the present pure physician, who generally is M.D., and M.R.C.P. He should be alone entitled officially to the title of "doctor". (c) The pure surgeon might take the C.M. (chirurgiæ magister) just as the physician the M.D. The standard of the C.M. should be as high on the surgical side as that of the M.D. on the medical. A preliminary degree in Arts, or its equivalent, should be necessary. I do not know whether some restriction might not be advisable as to allowing men to go up for the M.D. or C.M. before they have been qualified as practitioners for, say five years. A good deal could be said on both sides; and I, therefore, leave the question for the present. The C.M. should be officially "Surgeon" So and So.

Such, sir, is a sort of draft scheme to which you have been good enough to give some countenance. It appears to me to have a good many advantages over the present anomalous and unsatisfactory systems, particularly, of course, in the respect that it would substitute one recognised and more or less invariable standard for the numerous and variable ones which now obtain. Then it continues to recognise those grades which it is well for the profession to maintain, and which also coincide with the nature of things. I do not suppose it is not open to criticism; but if any of your readers will review it, I shall be only too glad to see what they have to say, and to adopt any suggestions which seem to commend themselves. Almost anything would be better than the present chaotic condition in which medical qualifications are.—I am, etc. M.A., M.D.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

A WELL-MERITED TRIBUTE.—At the last meeting of the Stourbridge Board of Guardians, the Chairman read a letter from Mr. Freer, resigning as a medical officer of the union, which he said he was sure the Board would very much regret, considering that he had discharged his duties courteously and faithfully for the long period of thirty-two years without a single complaint, and concluded by moving the following resolution, which was carried unanimously: "That the Board accept with regret the resignation of Mr. R. L. Freer, Medical Officer of the First Kingswinford District of this union, and desire to record upon the minutes of their proceedings their appreciation of the exemplary and satisfactory manner in which he has discharged his duties, and of his attention to the poor, during a period of upwards of thirty-two years."

THE SHEFFIELD BOARD OF GUARDIANS AND THEIR MEDICAL OFFICERS.

A MEETING of the medical profession of Sheffield and the neighbourhood was held on Thursday, May 13th, 1875, to take into consideration the attitude which the Sheffield Board of Guardians have assumed towards their medical officers. The chief point at issue is an order from the guardians for the medical officers to sign a card, to be retained by the patient, at each visit, which is to be a check on the medical relief book. There was a very numerous attendance. Dr. de Bartolomé was in the chair. The following resolutions were unanimously passed.

1. "That, in the opinion of this meeting, the remuneration of the medical officers of parochial districts is insufficient.
2. "That this meeting, whilst it entirely agrees with the view that students of medicine and assistants should not be allowed, previous to their legal qualification, to take responsible charge of the sick poor, respectfully suggests that, by excluding them altogether, a large field of medical instruction is closed; and hope is entertained that the Local Government Board will consider whether they cannot enlarge their orders so as not completely to shut out facilities which have hitherto existed for promoting the education of those younger members of the profession who are at some future time to take charge of the health of the public.
3. "That this meeting hopes that the Sheffield Board of Guardians will reconsider their resolution as to the use of cards to check the attendance of their medical officers, it being thought that such a course would destroy the good feeling and confidence which should exist between medical men and their patients, and would fail to afford any more accurate information than is at present furnished by the medical relief book.