

the astonishment of the whole public, and I fear I may say to their amusement also, are content to behave as if we were above the good things of the world, to whom we must appear lunatics with strong suicidal tendencies. Certainly ever since the immortal Jenner discovered the prophylactic effect of vaccination, the pioneer discovery of all preventive medicine, we have endeavoured with tears, with prayers, with arguments, and penalties, to persuade the public to have done with us, and they, refusing to be accessory to so foul an act as the self-murder of a whole profession, do not take us seriously, but jeer and jibe and persecute those whom they cannot and will not understand.

Seeing that the Church will not give up its state, that the law will not forego its rights, that trades will advertise and by fair or foul means force goods on a credulous people, how can they be expected to believe that thousands of "common men" are still trying to copy their "Great Master" nineteen centuries after his martyrdom for a high ideal, and are still struggling to crush and destroy the very mammæ that suckle them, only hoping for the reward of a self-satisfied conscience, which latter they will certainly enjoy when disease shall be rare, and only natural decay or accident shall end a vigorous and virtuous life, and when golden statues shall be raised in every market place to Jenner and Lister, when every man shall be his own doctor, and the screeching army of anti-everything shall be by common consent doomed to the silence of perdition?

Already we have stamped out small-pox, scarlatina is rare, typhus rarer, erysipelas, hospital gangrene seldom seen, myxœdema under control, surgical fever a thing of the past, hydrophobia and tetanus now not certainly fatal, cholera reduced (by boiling water) to impotence, rinderpest stamped out, glanders checked, antidotes found to most if not all poisons, pains of all kinds lessened, knowledge scattered gratuitously and broadcast, and all this in spite of the opposition, not only of the screechers and the illiterate, but of the educated classes, bishops and leaders of thought, and harder still of those poor ones for whose good we would and do work, and yet who so misunderstand us—thanks chiefly to the misrepresentations of perverse people nourished by societies started and maintained by themselves and their fellow idlers, chiefly for themselves to whom it is easier to beg than to work, and to propagate and distribute that, which being half a truth, is ever the worst of lies, rather than to investigate, seek for, and acknowledge the self-denying and far-reaching charity which underlies the apparent cruelties of all science.

We have a reward above money in the welcome universally and individually accorded us by the poor and suffering, for certainly no man is so welcome as the doctor, even if his departure is the more rejoiced at; indeed, that is a necessity, for the greater the sorrow of illness the greater also must be the joy at recovery. But we have duties to fulfil to others than our patients, and surely by combination the few reforms I have hinted at might be brought about, greatly to our advantage and I think not to the detriment of the public, to whose advantage it must be to have a good servant always at hand; indeed, this was understood years ago, for on turning over my grandfather's papers I have found evidence that people sent him presents of banknotes because they had not been ill and they feared he would leave their locality if unable to get a living. The want of combination is our destruction; we are cohesive enough when the advantage of the public is in question. We have no doubts about vaccination, the Contagious Diseases Act, barrack schools, prevention of diseases, but the profession is split into fractions, and last August I feared our great Association itself was in danger of wreck over its own internal politics—the introduction of a Midwives Bill, the thin end of a wedge to sap the whole Medical Acts, about which there ought to be no two opinions, divided that body into more than two opposing camps; the supposedly too liberal emoluments of a man to whom more than any other the Association itself is indebted for its magnificent income, JOURNAL, club, and position was another cause of strife, and personally I blushed at the ingratitude, unkindness, and fury shown.

I have probably already said too much, but before I close I beg you will forgive anything I may have clumsily said and to believe that my sole desire is, not to offend, but while not

forgetting our charity to others to remind us of ourselves, and in some small measure to suggest that our brotherhood should be a reality, for surely, as Sir Robert Christison said at our Edinburgh meeting: "We should then be stronger than the Jesuits of old, and able and worthy to do far better work for humanity at large."

### MEDICAL EDUCATION IN SOUTHERN INDIA.

*Abstract of an Address delivered at the Annual Meeting of the South Indian Branch, March 31st, 1896.*

BY SURGEON-MAJOR-GENERAL C. SIBTHORPE, F.R.C.P.I.

AFTER thanking the members of the Branch for his re-election as president, and acknowledging the services of the honorary secretaries and treasurer, Surgeon-Major-General Sibthorpe stated that the number of members was 106, and that a balance of Rs. 2,379 8 1 remained to credit of Branch on December 31st, 1895. He next proceeded to give a detailed narrative of the origin and progress of medical education in Southern India.

The General Hospital, Madras, was the nucleus from which the development proceeded. Founded in 1679 as a garrison hospital in Fort St. George, it was removed to its present site in 1752, and gradually enlarged, until it now possessed accommodation for 500 medical and surgical cases, and had an extensive outdoor department. Apothecaries and dressers were trained in this hospital for service in the East Indian Company's regiments and civil stations before a medical school was established in the year 1835. This school had a very modest beginning. It was intended for the better education of these medical subordinates; the curriculum extended over two years; anatomy and materia medica were taught in the first year, and medicine and surgery in the second; clinical instruction was given in the hospital simultaneously; and the teaching staff consisted of one superintendent and one assistant superintendent (both commissioned officers), one apothecary, and one dresser. The control of the institution was vested in the medical board, and buildings—theatre, library, museum, and dissecting rooms—were erected in the vicinity of the hospital. In 1838 private students were admitted. In 1846 a chair of chemistry was added and a chemical laboratory provided. In 1847 two additional professors were appointed, the subjects of diseases of women and children and ophthalmology taught, and the curriculum extended to three years. The school was now denominated a college, and empowered to examine students after five years' study for the grade of native surgeon. A lectureship of botany was added in 1851, and in 1855 the College was placed under the administration of the Director of Public Instruction, and was recognised by the Royal College of Surgeons of England as a medical school whose course of lectures might be accepted. In 1867 medical degrees (M.B. and C.M.) were instituted by the University of Madras, and the College ceased to grant diplomas. In this year a scheme of reorganisation of the teaching staff (which should include eight "major" and five "minor" professors) was sanctioned. In 1875 ladies were permitted to study for degrees and certificates; the University established a licentiatehip in medicine and surgery which should be attainable after four years' study, and the grade of civil apothecary was instituted.

In 1883 a Professor of Dental Surgery was appointed from England, and the hospital assistant class was transferred to Royapuram. In 1890 and 1891 a physiological laboratory and museum and a hygienic laboratory were erected, and a class for training chemists and druggists instituted. Meantime, the Government Ophthalmic Hospital, which had been opened in 1819, was transferred to Vepery in 1866, and the Government Maternity Hospital was opened in 1844, and these afforded means of imparting valuable clinical training. The Madras Lunatic Asylum is also available for the practical study of mental diseases. During the ten years ending 1894 16 men have taken the degree of M.B. and C.M., and 131 of L.M. and S. Of these, 10 have entered private practice in India, 11 proceeded to Europe, and the rest have taken employment under Government or in native States. In addition to the Royapuram School, which was detached from the

College in 1883, schools for educating hospital assistants were organised at Tanjore and Nellore in 1876.

While these facts indicate a rapid and satisfactory development of medical education and employment in the southern presidency, it is fully allowed that much remains to be done to raise the standard of instruction to the level of the day. A committee was appointed in 1892 for the purpose of considering this matter, and elaborate suggestions have been submitted on the subject, which if realised would place the medical schools of Madras on a very satisfactory basis.

Having epitomised the rise and progress of medical education in the Madras Presidency, and indicated the directions in which improvement is needed, Surgeon-Major-General Sibthorpe turns to the complementary subject of medical employment and relief; for the arrangements for providing doctors must depend on the demand as regards both quantity and quality which exists for them in the country. The field of private practice is still very limited and precarious in Southern India, and the call for medical assistance comes mostly from the State and from public bodies. The development of agencies for public medical relief in this presidency has been remarkably rapid, more especially since arrangements for local self government have been made. Four hundred and seventy-eight hospitals and dispensaries were in operation in 1894, or 1 to 293 square miles of area and 72,592 units of population. This, though the best provision in India, is considered very inadequate, and an elaborate scheme of medical relief for towns, villages, and rural tracts is sketched which would offer occupation for a very large number of indigenous medical men of all grades. In addition to this, the orders recently issued by the Government of India regarding the appointment of sanitary inspectors by municipalities, the requirements of the Dufferin Fund, the demands of railways and other commercial enterprises will probably create a substantial increase of employment, more especially of the hospital assistant class, who, Surgeon-Major-General Sibthorpe contends, must be better educated and better paid than they have hitherto been if they are properly to fulfil the duties which will in future be required of them.

### ON SOME OF THE FACTORS INFLUENCING THE HIGH MORTALITY OF INFANTS AND YOUNG CHILDREN IN MINING AND OTHER POPULOUS DISTRICTS.

*Delivered at the Annual Meeting of the South Wales and Monmouthshire Branch, at Cardiff, June 30th, 1896.*

By T. H. REDWOOD, M.A., M.D. DURH.,  
Medical Officer of Health for Rhymney.

[AFTER some prefatory observations, Dr. Redwood referred to the subject of midwives, confining his remarks to the two following points.]

#### MIDWIVES OR MIDWIFERY NURSES.

1. A long experience amongst working people, who always have employed, and for some time to come will employ, midwives, and the way some of them do their work, has convinced me that, for the protection of the wives of these men, something should be done towards ensuring their being attended in their confinements by a more competent class of women.

2. As they are known, and probably always will be known, by the people who chiefly employ them, as midwives, whether the title be altered to midwifery nurses or not, it is unnecessary and inexpedient to change the name.

#### STILLBIRTHS: INFANTICIDE.

Speaking of midwives leads me to allude to the facts, of which most of you are aware, that at present stillborn children can be buried on a plain certificate from them, without any medical certificate at all, and that it has been recommended by the Select Committee of the House of Commons on Death Certification that all stillbirths of 7 months' development should be registered. I think 6 months' would be better, or it may happen that small 7 months children would be buried without being certified. The scandal of a little while ago,

when it was discovered that an old sexton was in the habit—with no evil intent as far as was known—of burying stillborn, or supposed stillborn, children in his back garden, and one or two things that have come under my own observation, show that an alteration of the law in that direction is urgently needed. I hope, too, that the Bill for the Amendment of the Infant Life Protection Act of 1872—an Act that was passed largely through the exertions of Mr. Ernest Hart, and in consequence of his exposure of the terrible loss of infant life through baby farming—may be proceeded with and passed in the course of this year, and that those establishments that are said to exist in London for bringing off illegitimate births, and disposing of the children afterwards, nobody except the proprietors and their confederates knowing how or where, will no longer be allowed to carry on their operations unchecked, but be placed under strict official (police) supervision. The number of dead infants found in the streets of towns, and in railway stations and other places also, shows the extent to which infanticide is carried on. "Overlying," again, is a not uncommon cause of death in large towns—seventeen in London in one week; such deaths in small towns or in the country are rare—and one that, in my opinion, is, as a rule, far too lightly treated by juries. Another thing I should like to refer to here is the "Peculiar People," who, as you know, are allowed to sacrifice the lives of their children to ignorant superstition. These people are, in my sight, and ought to be in the eye of the law, as guilty of manslaughter as those who cause or contribute to the death of their children by any other form of neglect. It is time, I think, that measures be taken to stop the "slaughter of the innocents" in the ways I have mentioned, by the passing of a more comprehensive and effective Act for the protection of the lives of children than any as yet proposed. The one under consideration in the House of Lords does not go nearly far enough.

#### PARLIAMENTARY REPRESENTATION.

Speaking of Acts of and Bills before Parliament suggests to my mind that a great Association like this, embodying practically the whole of the medical profession in this country, ought to be represented in Parliament by its own member, who would be its mouthpiece in promoting and advancing Bills affecting the health and the lives of the people and the interests of the profession. I admit that there are three or four medical men in Parliament at present, but they do not represent the profession.

#### THE INSURANCE OF CHILDREN'S LIVES.

Two cases that have occurred in my own practice prove conclusively that occasionally children are allowed by dissolute parents to die through wilful neglect for the sake of the money for which they are insured. The obvious remedy for this is that such insurances should only be allowed for the actual cost of the burial, the amount being paid by the agent direct to the undertaker.

#### HIGH MORTALITY OF INFANTS AND CHILDREN IN MINING AND MANUFACTURING DISTRICTS.

The chief causes of the high mortality are overcrowding in badly-ventilated, badly-drained, and damp houses; carelessness and ignorance on the part of the mothers; artificial feeding, and infectious diseases. The effect of these factors and others peculiar to the industries of that county is shown by the fact, mentioned last year by the Chairman of the Health Committee of the Lancashire County Council that he had computed the loss of infant life in Lancashire in ten years at 85,741, and their effect in the manufacturing (ironworks and mining) urban districts of Monmouthshire as compared with the agricultural urban districts (Abergavenny, Chepstow, Monmouth, etc.) is shown by the difference between the infant mortality per 1,000 births in those districts, 166.8 in the former to 118.4 in the latter, the rates under 5 years of age per 1,000 population being in the same year (1895) 9.38 and 5.28 respectively. In 1894 the difference was about the same. I am afraid not much will be done to prevent overcrowding until its detection is made a more important part of inspector's work. Carelessness and ignorance on the part of the mothers can only be dealt with by education, and this the Monmouthshire County Council has endeavoured to do by the institution throughout the county (the more populous