

given a sufficient dose of morphine, as they did, that would not have been the case. It would not have interfered with the experiment. At the moment the chloroform was removed the morphine would have prevented the animal suffering any pain. He was sure the animal was fast asleep. Colonel Lawrie's animals distinctly showed pain by struggling. In their case not even he was able to say that there was any movement. In reply to Dr. Wilson, he said it was not a question of the influence of chloroform. It was a question of proving the action of chloroform; that was all. The chloroform was not given as an anaesthetic then; it was given to test the action of chloroform. Complete narcosis was induced in both animals during the crucial operation by the amount of morphine that had been given. And, as Dr. Shore had explained also, by the previous administration of A.C.E. and chloroform. In reply to the Chairman, he said Sir Thomas Clifford Allbutt was present on the 11th, but not on the 7th. He was ill, and not able to be there, but he had sent a letter and a certificate. The Chairman said he thought they had better not have the letter read in the absence of the writer.

(To be continued.)

## REMARKS ON THE METROPOLITAN HOSPITAL SUNDAY FUND.

*Delivered at the Mansion House on the occasion of the Hospital Sunday Fund Presenting to the Mansion House a Bust of the late Mr. George Herring.*

By HENRY MORRIS, M.B.,

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MY LORD MAYOR, LADIES, AND GENTLEMEN,—I have been invited to say some words in support of the objects of the Metropolitan Hospital Sunday Fund, but I do not fail to realize that the purpose of this meeting is to pay a tribute to the memory of the most bountiful benefactor which that Fund has ever had.

The man whose counterpart in marble has just been unveiled did honour to himself and to humanity by making a noble and magnanimous use of his great wealth for the benefit of the sick poor, without any ulterior object or desire for personal honour or distinction. He was a man who converted what might have been merely a lap of luxury and a storehouse of selfish enjoyment and indulgence into the means of supporting refuges for the sick and needy, and havens of comfort and consolation for the injured and the invalid.

It is well to be an affluent and influential financier in this great city of London; it is well at the end of a long and successful life to bequeath a large fortune to charity; but it is better still during life to employ time and brain power and revenue in charitable and philanthropic works. Mr. Herring did even more, for he possessed that element of greatness without which even great talents, brilliant intellect, and colossal wealth fail in making a man great. He had the personality and character, the spirit and will, which induced his friends and acquaintances, and incited others beyond his own immediate circle of acquaintances, to assist him in his efforts to help forward a great cause.

Mr. Herring's plan of adding 5s. to every £1 collected in places of worship on Hospital Sunday is one instance, amongst others, of his influence in this direction.

There is not in the whole range of public charity any better or more certain way of doing good to mankind than by the maintenance of well-equipped, well-administered hospitals. Above and beyond and before all other methods of philanthropy, hospital relief stands supreme.

Among the appeals made to women by the Pan-Anglican Conference, I notice one directed to the need of educated gentlewomen for evangelical and rescue work among the heathen, and parochial work in the colonies; and it is stated that loud calls are made for women doctors, trained nurses, midwives, and dispensers. Medical assistance and the care of the sick have formed a prominent feature in missionary work since the beginning of the Christian era. The injunction to "cure diseases and to heal the sick" was given simultaneously with the injunction to "preach the Kingdom of God." "Heal the sick," "Freely ye have received freely give," are two exhortations contained in the same verse of a chapter of St. Matthew's Gospel. "The

power against unclean spirits, to cast them out, and to heal all manner of sickness and all manner of disease," was the first endowment bestowed by Christ upon his disciples.

But how are men and women to become qualified for such duties in the present day except by the education and the clinical experience which can only be obtained in hospitals?

Our hospitals at home are essential, therefore, for the preparation of our missionary doctors and missionary midwives and nurses for service abroad.

It is counted an honour to a nation to have liberally organized and maintained Christian missions to unchristian lands. Great Britain has done her fair share of such work. Indeed, as Tom Hood facetiously said, "If all the money which has been expended in sending missions to Africa and elsewhere has not been sufficient to christianize and bleach the negroes, it must at least have been enough to gladden them."

But religious missions to far distant peoples would not be to the credit of a country which did not provide able and ample hospital aid for its own necessitous sick at home. Nor ought it to be overlooked that in the matter of injury and illness among the poor, "Sorrow," as Shakespeare puts it, "ends not when it seemeth done." Whilst the bread-winner is lying injured or ill in the hospital the wife and children are underfed, the furniture and the wearing apparel find their way to the pawnbroker, and the rent is unpaid. One of the greatest blessings for the poor is to have their illnesses shortened, and their recoveries hastened by hospital treatment and all that that includes; and thereby to have the ills which follow from bodily disablement and inability to earn wages reduced to a minimum.

I am told, but I am loath to believe, that there will be a falling off in this year's collection on Hospital Sunday, and for two reasons, one being the very large collections and contributions which have been made for the Thank-offering Fund of the Pan-Anglican Conference, and the other the reinvigorated crusade against vivisection.

As to the first it will surely be contrary to the aspirations and wishes of those who have inspired and organized the Conference if the contributions to its Thank-offering Fund take the place of those which in any other year would have gone to the Hospital Sunday Fund, instead of being distinct, additional oblations.

As to the antivivisection societies, it is deeply to be deplored that they allow what they deem to be their righteous detestation of research by experiments on animals, to lead them to make what other people must consider to be the most unrighteous efforts to prevent money being given to the great hospitals having medical schools attached to them.

To place hostile leaflets in churches on Hospital Sunday and to use various other means with the same object is both inhuman and illogical. Inhuman because their object is to cripple the finances of those hospitals, and in so far as this object is successful the result is to diminish the power of those hospitals to minister to the necessities of the sick. Illogical because the victims are the patients, and are not the doers of the deeds which the antivivisectionists abhor, and therefore are not the persons whom alone they ought, even from their own point of view, to seek to punish.

To attempt to deprive hospitals of money because a few of the teachers in medical schools attached to these hospitals occasionally perform vivisection is more unreasonable and more unjustifiable than to refuse to remove a piece of broken glass from the inflamed hand of a child because he pursues the objectionable practice, formerly indulged in on momentous occasions by a certain great king of France—of killing flies on window panes; or than to leave unset the broken limb of a youth because his favourite pastime is robbing bird's-nests of their eggs.

May I make an earnest appeal to every one present that, no matter how distasteful the practice of experimenting on animals may be to them, they will not be influenced themselves, and will do their best to dissuade others from being influenced by arguments and statements in so-called antivivisection literature against the hospitals having medical schools attached to them.

And this leads me to say a word or two about the medical schools themselves. Owing indirectly to anti-

vivisection agitation, but directly to the report of the Committee appointed by King Edward's Hospital Fund, no assistance is given, either by that Fund or by the Metropolitan Sunday Fund, which works entirely harmoniously with the King's Fund, to any hospital which makes a grant to a medical school.

This is quite contrary to the intention of the King himself, as expressed in his original public-spirited and broad-minded appeal letter of February, 1897. Still, as it is, every donor and subscriber to a hospital may now be quite sure that his contribution, unless specially earmarked for the medical school, will be wholly and solely spent in directly relieving the patients applying to the hospital, and that not a penny of it will go to medical education.

Now may I ask your attention for a few minutes to certain good reasons why the contributions to the Metropolitan Sunday Fund instead of falling off need to be increased?

First, though the fund spends nothing on building purposes the demands upon it are constantly increasing. It assists hospitals, cottage hospitals and dispensaries throughout the vast area of the Metropolitan Police district. It contributes to convalescent homes all over the country on a *pro rata* scale according to the number of London patients sent to those homes by the Fund. It makes grants for surgical appliances and on this a total of £7,000 was spent last year. Moreover 1,000 sets of artificial teeth were provided—a most wise and economical proceeding, economical because it is a means of prevention of a vast number of dyspeptic ailments and diseases of the digestive and other organs.

Between £950,000 and £1,100,000 are annually required for the upkeep of the total number of existing beds; but beyond about £120,000 distributed by the King's Hospital Fund, £50,000 by the Metropolitan Hospital Sunday Fund, and £20,000 to £25,000 or thereabouts by the Hospital Saturday Fund, and the income derived from invested property possessed by some of the hospitals, the rest of the income is dependent upon legacies, donations, and subscriptions to the individual hospitals. Within recent years the depreciation in the value of land has terribly crippled some of the hospitals, and owing to this and other causes there are at least 1,000 beds in existing hospitals unoccupied owing to the lack of income to support them. Also there are thickly-inhabited districts within the metropolis which are inadequately or not at all provided with hospital accommodation.

Secondly, owing to the Midwives Registration Bill and the new requirements of the examination Boards many more lying-in wards will be needed not only for the better training of students and midwives and also probably to counteract the scarcity of midwives in country districts, but chiefly to reduce the mortality after confinement from puerperal fever and other forms of blood poisoning. It is a striking proof of the benefits derived from the knowledge gained by experimental research, from improvements in sanitary science and hospital construction, that pyaemia and septicaemia—forms of blood poisoning which used to be frequent after operations—are banished from the wards of general hospitals; that amputations are now exceptionally rare; and that puerperal fever is no more seen in lying-in hospitals. Whereas a decade or so ago the mortality after childbirth was between 50 and 100 times greater in hospitals than in private life, and was so high that lying-in wards in general hospitals were done away with, yet at the present time the mortality after confinement is greater in private tenements than in hospitals.

For this reason there is a considerable movement on foot to return to the plan of having lying-in wards in the general hospitals as a means of securing better sanitary surroundings, and thereby greater security for women in their hour of travail, than exist or are practically obtainable in the dwellings of the poor.

Thirdly, hospitals by affording opportunity for accumulating facts by taking notes of cases of rare and exceptional occurrence, are a means of benefiting not only the poor but every section of the community. To give one example: by the close clinical observation and registration of cases in separate hospitals, and by collecting and analysing all the cases of the same kind which had been under treatment in several hospitals, a disease known as myxoedema, the nature of which had not previously been

understood, has in recent years been proved to be due to a deficient or perverted internal secretion of the thyroid gland. The consequence has been that a mode of treatment by artificially supplying such secretion is now employed, so that the thyroid gland itself can be entirely removed when affected with cancer, or diseased in other ways, without the operation being followed, after a variable period, as formerly it was, by this fatal disease, myxoedema. The same treatment also cures and prevents the mental deficiency or idiocy, and all the other symptoms associated with cretinism. All this is little less than a miracle. Persons who, before this discovery, were doomed to hopeless imbecility, to dementia, and (as it has been described) to a frog-like or toad-like caricature of humanity, can now be cured and made normal in a few months. Only think what this means to the relatives and friends of these patients as well as to the patients themselves!

The fourth reason which I will give is that we have a great national reputation to maintain in regard to our hospitals, which are voluntarily supported, not State-maintained, hospitals. The condition of hospitals is an index of the standard of the medical, surgical, and sanitary science of a country or period, much as a thermometer is an index of temperature, or a barometer of atmospheric pressure. Great Britain has always held a foremost place as regards medicine and surgery, as regards the character of our nursing, and as regards the cleanliness, sanitary state, brightness, and cheerfulness of our hospital wards, with their pictures and flowers. Our nurses and our wards have been envied and imitated by foreigners.

To maintain this honourable and distinguished reputation money must be forthcoming and given freely by those who have it in their power to give.

And let me add, in conclusion, that from my forty years' experience of hospitals I am convinced that whatever is given will be wholly used to the best advantage for the benefit of the necessitous poor. Money so spent must conduce, as Lord Bacon said all knowledge ought to conduce, "to the Glory of God and the relief of man's estate."

## LYNN THOMAS AND SKYRME FUND.

### SIXTEENTH LIST OF SUBSCRIPTIONS.

MR. WILLIAM SHEEN, M.S., F.R.C.S., 2, St. Andrew's Crescent, Cardiff, Honorary Secretary of this Fund, desires to acknowledge the following subscriptions:

Subscriptions from July 4th to 17th.

#### Subscribers of Five Guineas.

Fife Branch, British Medical Association, per R. Balfour Graham, Leven, Fife.  
Otago Section, British Medical Association, per E. H. Williams, Dunedin, New Zealand.

#### Subscribers of Two Pounds Seven Shillings.

Buxton Medical Society, some of the members, per G. H. Thompson.

#### Subscribers of Two Guineas.

Altrincham Division, British Medical Association, per T. W. H. Garstang.  
Leamington Medical Society, per J. Fenn Clark.

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Lancashire and Cheshire Branch, Bolton Division, British Medical Association, per James Wood, subscribed as follows:

One Guinea from: Macfie, C., Bolton.  
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Except in regard to colonial and outstanding subscriptions the Fund will be closed on July 31st.