

organisation for the promotion of the public health of the country could be made still more complete.

THE recommendation of the Education Committee of the General Medical Council that "steps should be taken by the Council to fix the period of study required to obtain a registrable qualification at five years" will be discussed on their report at the next meeting of the Council in May, and cannot but have a far-reaching effect on future medical education. The initiative in this direction is due to the Committee of Management of the Conjoint Examining Board in England. The recommendation has been accepted by the Council of the Royal College of Surgeons, but the Fellows of the Royal College of Physicians have not thought it wise to recommend the change at present. It is satisfactory to find, as we urged in a former article, that the question will come before the representatives of the examining bodies and of the profession as a whole, and we trust that piecemeal legislation on the subject will thereby be prevented. If such a change be necessary, it must also be made compulsory on the Scotch and Irish Colleges and the Apothecaries' Hall, and not allowed merely to affect those candidates who are desirous of obtaining the ordinary qualifications now sought by most English students; and we shall be anxious to learn what the representatives of those corporations will have to say on the question. We suspect that they will not see so urgent a necessity for the extension of the period of study as do the Committee of Management of the English Conjoint Board, who in their suggestion that this change should be made have given no reasons for the change, nor intimated in what manner the additional year must be spent. There will be great differences of opinion on this point, even if the recommendation of an extra year be adopted; and we do not see how it can be carried out unless there be something like an agreement on this part of the question. In the absence of specified reasons for the proposal we are left to presume that the Committee of Management wish simply to prolong the period between the second and third examinations, and that it should be spent as the two years now compulsory are being passed at the present time. If this be the case, there will be very strenuous opposition to the extension of this compulsory period, for it will operate most prejudicially on the industrious student. Between 1871-80 one-third of the practitioners licensed by the English corporations took only four years to obtain their diplomas, and there can be no question of their fitness, as tested by the existing examination standard. If, however, the additional year is to be spent in acquiring other subjects, there will be plenty of competitors for the time. Is it to be passed, as a preliminary to entrance at a medical school, in pupilage to a general practitioner, so that the knowledge necessary for carrying on the ordinary routine work of an urban or rural practice may first be acquired? or is it to be devoted to the acquirement of special knowledge of infectious fevers and allied diseases under the supervision of the medical officers of fever and small-pox hospitals, as recommended by the Committee of the Royal College of Physicians, who are now negotiating with the Local Government Board? Again, the diseases of women and children, and of various organs

such as the eye, ear, larynx, &c., force their importance on the student, and ask for a more lengthened study than can be given to them in the regular curriculum. Insanity and hygiene have peculiar claims to notice, for many practitioners have had no special instruction in these important branches of medical knowledge; and it seems certain that candidates for diplomas in Public Health or State Medicine will be compelled to devote a year to this subject alone, as each future medical officer of health is expected to attain to a "distinctively high proficiency." Then, again, many of the most eminent teachers in our universities and colleges still think, despite the movement for filling up the gaps in practical education, that the additional year would be better spent in obtaining fuller knowledge of the sciences—chemistry, physics, and biology—which have a bearing on the science and art of medicine, before the student is allowed to enter on his more strictly technical studies at a medical school. It will therefore be seen that the General Medical Council, if it favours a five years' curriculum, by merely recommending the adoption of such a step, will only touch the fringe of a subject that has a most important bearing on the future welfare of the profession, which will deprecate any change unless it be a well-considered and decisive one.

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## Annotations.

"Ne quid nimis."

### THE HEALTH OF LONDON IN 1889.

REMARKABLE as has been the continual decline of the death-rate in England and Wales in recent years, the decrease of the rate of mortality in the metropolis, with its aggregate population of more than four millions, with constantly increasing density, is still more remarkable. The Registrar-General, in his last annual summary, reported that the death-rate in registration London in 1888 was 18.5 per 1000, being "far the lowest death-rate as yet recorded in London," the next lowest being 19.8, 19.9, and 19.6 in the three immediately preceding years 1885-86-87, previously to which the London death-rate had never fallen below 20 per 1000. The death-rate in 1889, moreover, again fell, and was considerably below the low rate in 1888. The Registrar-General's return for the fifty-second week of 1889, just issued, affords the means for calculating that the mean annual death-rate in London in the fifty-two weeks of last year did not exceed 17.5 per 1000, was 1 per 1000 below the rate in 1888, and far lower than the rate recorded in London in any year since civil registration first afforded the means for calculating trustworthy rates. The reality of so low a death-rate in so large and so dense an urban aggregation as that of this metropolis, with its full share of the outcast poor always on the brink of starvation, with its plague spots of sanitary neglect and its curse of rack-rented and insanitary dwellings, is perplexing and well-nigh incredible. One feels disposed to urge, as it has been urged, that it cannot be true, and that the low recorded death-rate is due to an over-estimate of the present population of London. Nearly nine years having elapsed since the last census, it is obvious that the Registrar-General's estimate, based upon the hypothesis that the population of the area of registration London has increased since 1881 at the same rate that prevailed during the last intercensal period, may differ somewhat widely from the true number, if that could be ascertained. It should be stated, how-

ever, that estimates of the London population based upon the above-mentioned hypothesis have proved at successive census-takings singularly accurate. Registration London still includes a considerable area unoccupied by buildings, and there seems no good ground for believing that the rate of growth in recent years has shown any marked decline. It is true, however, that the annual number of births in London has, on the whole, remained stationary since 1881, notwithstanding an estimated increase of about half a million in the population since that year, suggesting either that the population has not increased or that the birth-rate has declined. On the other hand, the recorded birth-rate in London has not declined much more than the birth-rate in the whole of England and Wales, and the Registrar-General has expressed his opinion that the official estimate of the population of the whole country is not over-estimated to an extent to invalidate the calculated rates of births, of deaths, and of marriages. On the whole, therefore, no sufficient reason can be urged for doubting that the metropolitan death-rate in 1889 was unprecedentedly low, compared not only with the death-rates in London in past years, but with the rates of any of the other large cities of the world. As affording some corroboration of this assumption, that the low death-rate in London last year was a trustworthy rate, and not to any considerable extent due to an under-estimate of the population, a few facts may be mentioned. The deaths registered in the fifty-two weeks of last year were 75,683, and actually fewer than in any year since 1870, when the population of the metropolitan area was less by about a million than it is believed to be now. The deaths from the principal zymotic diseases were last year 9709, more than 1000 fewer than in any previous year on record back to 1870, and equal to a death-rate of 2.2 per 1000; this rate was scarcely more than half the mean annual rate from these diseases in the ten years 1870-79. Infant mortality, too, measured by the proportion of deaths under one year to registered births, did not exceed 141 per 1000 during last year, a lower rate than in any previous year of which record exists, while the mean rate in the four years 1870-73 was 163 per 1000. These facts justify us, it would appear, in refusing to doubt that the health of London in 1889 was unprecedentedly good, and that its improvement in recent years has more than kept pace with the undoubted general improvement in the sanitary condition of the whole country, judged by its mortality statistics. Moreover, in view of what is known of the present sanitary conditions under which no inconsiderable proportion of our London population still exists, it is impossible to assert that even the present low death-rate is not susceptible of still further reduction.

#### PRACTICAL MEDICAL TEACHING IN GLASGOW.

THE Glasgow daily papers still testify to the existence of differences, not to say discord, among medical teachers; but it is satisfactory to notice that at last there are signs of the disputants on both sides coming to an agreement, which should have been reached long ago, and without the necessity of any newspaper controversies which discredit the profession. It is true that the principal figure in the question of the clinical teaching of fever in that important city makes no sign. He keeps out of the newspapers well, and therein sets an excellent example to others. And so far we have yet no guarantee that he will, as superintendent of the Belvidere Fever Hospital, resume that work of clinical teaching in fevers which had attracted a class of forty students, and called forth the praise of so good a judge and so earnest a teacher as Dr. Gairdner. But there is fair reason to hope that ere long we shall be able to announce that he has done so, not in the interest of this school or that, but in that of all the schools

of Glasgow. We say this because in their last respective letters to the *Glasgow Herald* the disputants express their willingness to agree to a meeting of the representatives of all the medical schools of Glasgow, the Town Council Committee of the Belvidere Hospital, and Dr. Allan, with a view to arrange a scheme of teaching fevers satisfactory to all concerned. There is really no reason to doubt that, *ab initio*, this was the disposition of all parties. Dr. Gairdner says that it was his very object in advising Dr. Allan not to press for special recognition as University Lecturer—that he might not seem to be *monopolised* by the University; and Dr. Gairdner's earnestness as a teacher and as a physician is, without his protestations, sufficient evidence on this point for all friends of sound teaching. Dr. McVail, on his side, declares that when they made overtures to Dr. Allan to teach fever to the students of St. Mungo's College, they had no intention to interfere with his teaching students of any other institution. We only regret that such sensible views were not sooner recognised mutually by the opponents in this controversy. It is easy to be liberal ourselves, or at least to credit ourselves with liberality, but difficult to credit with similar feelings those whom we consider rivals. But better late than never. And we hope soon to hear of Dr. Allan's class of forty being extended by a contribution of twenty students which Dr. McVail thinks they will be able to send him from St. Mungo's College. We have a right to look to Glasgow for practical teaching. She is much stronger in this respect than her great neighbour and rival. But shall we be justified by facts in so looking? We cannot seriously doubt that we shall. But sometimes we have our faith shaken for a time. Such controversies as this over the range of teaching of the physician of a public and rate-supported hospital are not calculated to strengthen one's faith.

#### THE PSYCHOLOGY OF EPIDEMICS.

EVERY epidemic carries in its train curious exaggerations of many well-recognised characteristics, and these frequently call for appreciation and for treatment almost as much as the disease in which they originate. Perhaps one of the most striking of these mental perversities is to be found in the idea that the epidemic is to be treated by "common sense," or by *nostra* which have been largely advertised, or by specifics which are known to the laity mainly through their frequent mention in the daily press. Those suffering under this delusion feel that it is wholly unnecessary to seek skilled assistance, and they boldly dose themselves with remedies of whose power and properties they are absolutely ignorant. In Vienna it has already been found necessary to forbid the sale of antipyrin, except under doctors' prescriptions, as no less than seventeen deaths were attributed to stoppage of the heart's action owing to overdoses. The freedom with which the prescription of this remedy has been assumed by the public has long since been viewed with anxiety by the medical profession, and frequent warnings have already fallen upon deaf ears; and yet it is to be feared that if the epidemic of influenza should spread, many more examples of recklessness will have to be recorded. Mr. Labouchere, claiming to act "by the light of common sense," upon having "a cough, a headache, and an all-overish ache," accompanied by sneezing, diagnosed the prevailing epidemic, and at once administered to himself "thirty grains of quinine," and to meet the cough he took "unlimited squill pills." He writes that the one "settled the fever" and the other "settled the cough," and that in four days he was quite well. Upon this last fact he is certainly to be congratulated, though we trust that others may not be impelled, "by the light of common sense," to