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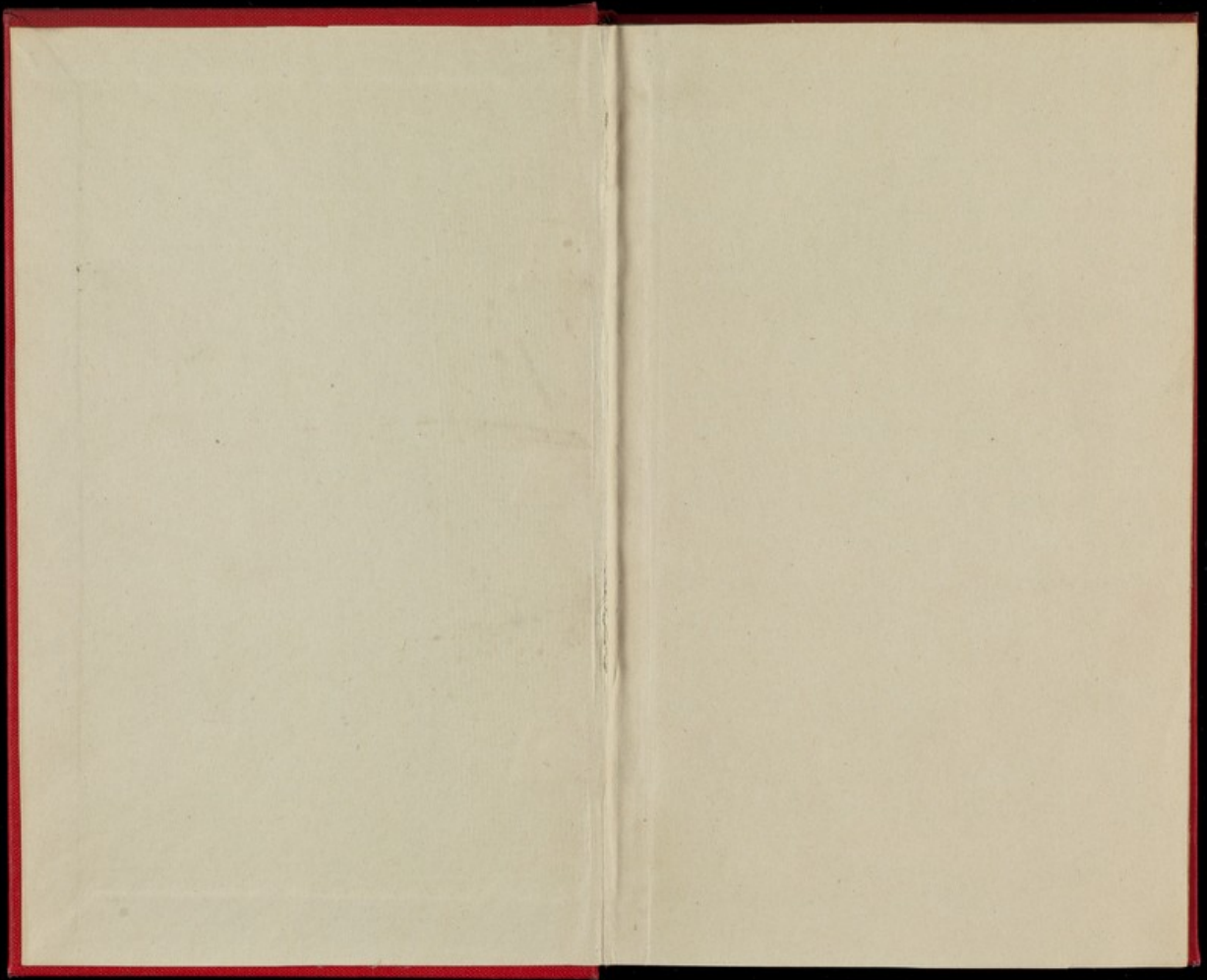
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Contents

D. W. Gregory on the Schools of
Chemistry in the United Kingdom
Letter to H. W. Arthur Esq. on the
State of the Medical Profession
Lecture delivered at the Anatomical
Theatre Peter Street by
J. Kirby -

Guthrie's Remarks on a Report
of a Select Committee of the
House of Commons

Address of Carl Staehle to the
Medico-botanical Society - 1831
Medicine and Art by J. Shapter

Medical Reform - a Speech by
R. Carmichael

Remarks on Medical Reform
by Lucius

Medical Reform - an Address
to the Harveian Society by J. H. H. H.

Medical Reform in England
by a Provincial Physician

Contents

*Critical Examination of
Sir Jas. Graham's Bill
by J. Forbes M.D.
Remarks on Medical Re-
form by Sir Jas. Clarke*



A

14

LETTER

TO THE RIGHT HONOURABLE

GEORGE, EARL OF ABERDEEN, K.T.,
&c. &c.,

SECRETARY OF STATE FOR FOREIGN AFFAIRS,
CHANCELLOR OF THE UNIVERSITY AND KING'S COLLEGE, ABERDEEN.



ON THE STATE OF
THE SCHOOLS OF CHEMISTRY
IN THE UNITED KINGDOM.

BY WILLIAM GREGORY, M.D.,
F.R.S.E., M.R.I.A.

PROFESSOR OF MEDICINE AND CHEMISTRY IN THE UNIVERSITY AND KING'S
COLLEGE, ABERDEEN.

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L E T T E R,

g^c.

MY LORD,

I HAVE been induced to take the liberty of addressing your Lordship on a very important subject, namely, the state of the Schools of Chemistry in the United Kingdom, by the circumstance, that your Lordship is the head of the venerable Institution in which I have the honour to occupy a chair. But, independently of this, the high reputation acquired by your Lordship as an accomplished scholar and a munificent encourager of the arts, added to the powerful influence which your Lordship's high official station and personal character must give you in her Majesty's councils, would justify the call I am about to make on your Lordship's attention and indulgence.

Convinced that no one has the interests of science and the true welfare of his country more sincerely at heart than your Lordship, I shall make no apology for beseeching your Lordship's attention to a subject which has the most direct and powerful influence on both, but proceed at once to lay before your Lordship certain statements of fact, in reference to the great importance of chemistry to the British nation, and to the means of instruction in the

practice of chemistry which are accessible to her Majesty's subjects.

In no country will the vast importance of chemistry to mankind be more readily acknowledged than in Britain. We have constantly before our eyes, in a greater degree than any other people, the innumerable applications of this science to useful purposes in our manufactures; and every one knows, that the steam engine, the safety lamp, gas light, and a hundred other inventions, are so many benefits conferred by science on mankind within the last half century.

But, even among us, few are aware of the extent to which chemical manufactures are essential to our national prosperity, and inextricably interwoven in the whole fabric of those useful arts on which our physical comfort and happiness, as well as our trade and commerce, are entirely dependent.

Your Lordship will, therefore, I trust, forgive me, if I venture here briefly to trace the history of one branch of chemical manufacture, with its applications to other departments of industry. The example I shall select is the manufacture of sulphuric acid, which has in this country reached so high a state of perfection. I shall endeavour to explain the cause of that increased demand which led to the great improvements in the manufacture of this acid, the very remarkable results which gradually flowed from its increased supply at a low price, and the important bearings of this branch of industry on the national interests.

It is particularly worthy of remark, that these results have followed in very rapid succession, and that, without exception, they have arisen from the application of purely scientific principles to the solution of practical problems;

a striking proof of the truth that the cultivation of natural science for its own sake is the only true source of useful discoveries. The problems I have alluded to could only have been solved by men who had devoted their lives to purely scientific research, and had thus established those principles of universal application which enabled them to attain the objects at which they aimed. The past success ought also to teach us, that the diligent research after new truths, however they may at first appear remote from any practical application, will yield, in course of time, practical results of equal or greater importance; that no well ascertained fact in natural science is ever barren: and that the best method of promoting practical improvements is to encourage scientific research.

In describing briefly the multiplied relations of this important manufacture, I shall avail myself of a very able anonymous article on the subject, which lately appeared in the "Allgemeine Zeitung," and has obviously been written with a view to direct the attention of the German public to the importance of the subject. Without professing to give a mere translation, I will give the substance of this paper, requesting your Lordship to bear in mind, that the whole account is given as a specimen of the effects produced by one chemical manufacture only, although that is probably the most important of all, if we except the iron manufacture.

The first great stimulus to the improvement of the manufacture of sulphuric acid was given by the announcement of a prize of 1,000,000 francs (£40,000), offered by the Emperor Napoleon for the discovery of a simple and cheap process for extracting soda from sea salt. Soda, as is well known, has been used, from time immemorial, for

the manufacture of soap and glass, two products of the highest value to mankind. Indeed, the use of soap is so essential to comfort, that the quantity of soap consumed by any people may be viewed as a direct measure of the degree of civilization and happiness they enjoy. Its use depends on the feelings of comfort, nay, on the sense of the beautiful, which are inseparable from cleanliness. Where these feelings prevail, there, we may be sure, civilization and happiness are to be found. The princes, counts, and barons, the rich and powerful in the middle ages, who concealed with costly spices and odours the offensive exhalations of their skin and of their clothes, which rarely came into contact with soap, indulged, it is true, in greater luxury in their sumptuous feasts and splendid dresses than their descendants in modern times. But how vast is the difference between their days and ours, in which personal filth has come to be synonymous with absolute misery!

It is to glass, again, that the poor man owes the inestimable blessing of the free admission of light to his dwelling, even in the coldest climate. It is not easy to exaggerate the value of these two products, soap and glass, to mankind. During the war, France was deprived of her accustomed supply of barilla (the usual source of soda) and of soap from Spain, the ports of both countries being watched by the British fleet. The high price of soda, soap, and glass, consequent on this state of matters, led to the offer of the prize above mentioned; and the problem was solved by the French chemist, **LEBLANC**, who furnished a cheap and simple process for extracting soda from sea salt. France soon supplied herself at a cheaper rate than before; manufactories of soda, soap, and glass,

arose and flourished; and the bitter feelings excited among the Spaniards by the permanent loss of a lucrative trade were not without their influence in bringing the Peninsular war to a fortunate conclusion, and in hurling Napoleon from the imperial throne.

Such were the immediate results of Leblanc's discovery; but it is painful to add, that he never received the reward he had so well deserved. The restoration occurred in the interval; the new government had more pressing debts to discharge; and it is understood that the claim has now been shut out by prescription. Let us now consider the nature of Leblanc's process.

To convert salt into soda, the first step, according to this process, which is now, with some modifications, uniformly followed, is to convert the salt into sulphate of soda. This can only be done by means of sulphuric acid, of which 80lbs. are required for 100lbs. of salt. Hence, one of the first effects of Leblanc's discovery was, to create a very large demand for sulphuric acid. It is obvious, that as soon as the government, by reducing the duty on salt, reduced its price to a minimum, the price of soda became dependent on that of sulphuric acid. This circumstance, together with the extensive demand, and the large profits realized by the makers of sulphuric acid, turned the attention of men of science to the improvement of this latter manufacture; and every year produced some new amelioration, while the price of the acid steadily fell, and the demand for it as steadily increased. Its formation was studied by the most accomplished chemists, and brought by degrees to its present nearly perfect state.

Sulphuric acid is made in vessels, or rather chambers, of lead, and so large is the scale of operations in some

manufactories, that one of these chambers would contain with ease a middle-sized house of two stories. So nearly does practice in these great manufactories approach to theory, that 100 lbs. of sulphur, which, by theory, should yield 306 lbs. of sulphuric acid, do actually yield 300 lbs.

In this manufacture, the price of the product depends partly on the apparatus, partly on the price of the materials, sulphur and saltpetre; and in both, a great reduction has been effected. Till lately, the plates of lead, of which the chambers are formed, were soldered together with difficulty, by means of lead, no other solder being able to withstand the action of the acid. The operation of soldering cost nearly as much as the plates themselves; but now that the oxy-hydrogen blowpipe is used for the purpose, the expense is a mere trifle, while the operation is so easy, that a child may perform it. Again, the acid was formerly concentrated in enormous glass retorts; these were exposed to breakage, occasioning heavy loss, and destroying the furnaces; vessels of platinum are now used for concentrating the acid, and although these sometimes cost from £1,000 to £1,500 apiece, they are found, from their durability, to be a source of economy, and have materially contributed to bring about the very low price of the acid: moreover, it is the demand for platinum for such vessels that alone renders profitable the working of the Russian mines of that metal. We may see by this, how every discovery acts in many different ways, and always advantageously.

When economy had been pushed thus far in the apparatus, the price of the materials became a point of more importance than previously; that of nitre was so high, as to stimulate the manufacturer to search for some

substitute, which was speedily found in the nitrate of soda, enormous beds of which cover whole plains in South America. This salt is much cheaper than saltpetre, and preferable to it for the manufacture both of nitric acid and of sulphuric acid; but besides the direct effect of cheapening these acids, the introduction of nitrate of soda, by limiting the use of saltpetre to the making of gunpowder, for which nitrate of soda does not answer, has produced the indirect effect of cheapening gunpowder, the price of saltpetre necessarily falling as the demand for it diminished. This must be, in time, a material source of saving to governments.

Finally, with regard to the chief material, sulphur, on which the price of sulphuric acid now principally depends, it is well known that our manufacturers derive nearly their whole supply from Sicily, so that Naples may be said to possess a monopoly of that article. That the trade in sulphur is highly important to both nations is obvious, when we reflect on the enormous quantities of sulphuric acid now manufactured in Britain alone. A small manufactory will produce from 250 to 300 tons annually; a large one 3,000 tons, or more: it is no wonder, then, that the late interruption to the trade in sulphur caused great uneasiness among our manufacturers; but it had another effect: the attention of chemists was keenly directed to other means of procuring sulphur, and, during the period of obstruction to the sulphur trade, it is said that no less than fifteen patents were taken out in England for recovering the sulphur from the sulphuric acid used in the soda manufacture. The restoration of the trade to its accustomed channel has postponed the accomplishment of this object; but the impulse has been given, and

Naples may ere long find good cause to regret that she ever allowed any obstruction to the trade in sulphur. We have whole mountains of gypsum and heavy spar, and abundance of pyrites and galena, all of them minerals containing sulphur, which we shall one day find the means of extracting economically; indeed, during the period above alluded to, many tons of sulphuric acid were actually made from iron pyrites. When we consider the resources of modern chemistry, it will not appear improbable, that if the sulphur trade had been obstructed for a year longer, it might by this time have been lost to Naples for ever.

These considerations are of themselves sufficient to shew that the manufacture of sulphuric acid has become a matter of national importance, were it only on account of its use in making soda; that alkali is now sold in a state of perfect purity, and at a wonderfully low price, so low, indeed, as almost to have put an end to the use of potash. The quality of glass and soap has been very much improved, and their price greatly diminished; the consumption of both articles has naturally increased in a corresponding ratio. Wood ashes, no longer in demand to nearly the same extent as formerly for manufactures, must also fall in price, and will soon be employed as one of the most powerful manures for our wheat fields.

Such are a few of the bearings of the manufacture of sulphuric acid, called into existence, or at least vitally improved, by the demand for cheap soda: but this is not all; and although it is impossible here to follow out all the ramifications of this remarkable branch of industry, I cannot refrain from pointing out one or two of its immediate results, which have not yet been adverted to.

It has already been mentioned, that sea salt, in order to yield soda, must first be converted into sulphate of soda; now, in acting on the salt for this purpose with sulphuric acid, an enormous quantity of muriatic acid is produced, which, in the earlier periods of the manufacture of soda from salt, was thrown away as worthless, so great were the profits realized on the soda; but muriatic acid contains chlorine, and no other compound of chlorine yields that body more easily or more cheaply than muriatic acid. The bleaching properties of chlorine were known, but had not yet been applied on the great scale. At first the chlorine was disengaged directly from the muriatic acid, and brought in contact with the cloth to be bleached, in the form of gas; but it was soon found that, by combining the chlorine with lime, it might be obtained in a solid form (bleaching powder), capable of transportation to any distance; hence arose a new and lucrative manufacture, of such importance, that it may safely be asserted, that, but for the discovery of the bleaching powder, the cotton manufactures of Britain would never have attained their present development: nay more, had the British manufacturers been tied down to the old method of bleaching, they could not long have competed, in the price of cottons, with France or Germany.

To bleach in the old style, the first requisite is land, and that good and well exposed meadow land. The cloth must be exposed for several weeks, and that only *during summer*, to sun and air, and must besides be constantly watered by hand. Now, a single manufactory, of moderate size, near Glasgow, bleaches, on the new system, on an average, 1,400 pieces of cloth *daily throughout the year*. Let us only consider what an amount of capital

would be required merely to rent the land necessary for bleaching in the old manner this enormous quantity of cloth, in the vicinity of a large city. Let us reflect on the time and labour that would be indispensable, and we shall soon perceive that, with such burdens, the British manufacturer could not compete with his rivals on the continent, where vast tracts of fine meadow land might be had, distant from any great city, at a far cheaper rate, and in a more sunny climate. The superiority of our machinery would thus be in a great measure neutralised, were it not for the manufacture of bleaching powder, which in its turn depends on those of sulphuric acid and of soda. I need not do more than allude to the use of the bleaching powder in paper-making, which is one great cause of the superior quality and low price of paper in Britain.

Another important use to which the muriatic acid produced in the soda manufacture, and formerly thrown away, is now applied, is that of preparing cheap and superior glue from bones. Bones consist of bone earth and glue; the former is readily dissolved by diluted muriatic acid, while the latter is left, and has only to be dissolved in warm water to be ready for use. The acid solution of the bone earth, on the other hand, promises to be an admirable form of using that earth as manure. Professor Liebig, in his late valuable work on Agricultural Chemistry, has recommended this application. At present, the solution in question is thrown away as useless in the glue manufactories.

The last application of sulphuric acid which I shall here mention is a very recent one, and owes its origin to one of the most scientific chemists of the day, M. Gay-

Lussac. It consists in its employment in the refining or purification of silver.

Silver, as it comes from the mines, is alloyed with one-half, or rather more, of copper. It also contains a small quantity of gold. It must be refined—that is, purified; and the pure or fine silver is then alloyed with the due amount of copper to form the standard silver.

Raw silver was formerly refined by cupellation, a process which cost about 35s. for 50 lbs. of silver. The gold contained in the silver would not repay the expense of extracting it, and was therefore allowed to remain, and to circulate in the silver, absolutely worthless. But by means of sulphuric acid, cupellation is avoided; the silver is refined at a most trifling cost, and the gold is obtained by the same operation: nay, even the copper which was formerly lost, is now preserved; and although the gold only amounts to from $\frac{1}{2000}$ th to $\frac{1}{1000}$ th of the weight of the silver, yet as its value is about $1\frac{1}{2}$ per cent. of that of the silver, it not only repays the whole expense of refining, but leaves a clear profit to the refiners. This beautiful application of chemistry has given rise to the singular and apparently anomalous result, that the seller of raw silver receives from the mint the exact quantity of pure silver which his alloy, on being tested, is found to contain, and likewise the whole amount of the copper present in the alloy, thus apparently paying nothing for the process of refining. The refiner is paid by the gold which he retains, and which was formerly lost to every one. The saving effected by this improvement to the French mint is stated to have been enormous.

I must not dwell longer on details of this kind; but I would mention, in passing, that but for the wonderfully

low price of sulphuric acid, it would have been impossible to produce a number of useful articles not yet mentioned; such as the beautiful stearine candles, phosphorus, phosphorus matches, lucifer matches, and many other products equally remarkable for their superior quality and for their astonishing cheapness. The present prices of sulphuric, nitric, and muriatic acids, of soda, soap, glass, phosphorus, &c. &c. would have been considered, a quarter of a century ago, as fabulous and impossible. Who can foresee what new discoveries, or what improvements on old ones, may arise during the next twenty-five years?

I trust that the foregoing considerations will render it obvious that our chemical manufactures possess a higher degree of national importance than people are generally aware of. Let us only reflect in how many ways a rise in the price of sulphuric acid would be disadvantageously felt; that it would affect the price of soda, soap, glass, bleaching powder, cotton, and all the products I have mentioned, besides many more; and it will then appear quite natural that the late obstruction to the sulphur trade should have threatened to excite war. It is clear that these manufactures are now inseparably connected with almost every branch of our trade and commerce, and that they cannot suffer without causing severe national loss.

It is obvious, from these facts, that if any nation is bound to encourage and promote the study of practical chemistry, it is the British nation, which has derived, and continues to derive, such vast advantages from the application of its principles to the useful arts. Yet, if we investigate the subject, we shall find that the opportunities afforded in this country for the study of practical chemis-

try are exceedingly limited; and that, in point of fact, we possess no institution where the student can acquire, at a reasonable rate, the art of scientific research, in the only way in which it can really be acquired, that is, by constant practice in the laboratory.

The elements of chemistry must always be taught by lectures, and for these there may be said to be sufficient provision in this country. But lectures are not sufficient; they cannot carry the student beyond the elements, and the idea of teaching the art of research in lectures is quite absurd. That art consists in the making of experiments, with a view to ascertain some new truth, or to correct some error.

Every experiment may be regarded as a question addressed to Nature: the phenomena observed are the words of the language in which Nature answers the question; and it is only when the inquirer is familiar with the language, and when the question is distinctly put, that an answer can be expected. If these conditions be fulfilled, the answer is obtained without fail, and the observer is capable of interpreting it.

Now in the lecture-room we can only learn the alphabet, as it were, of this language, the elements of the new speech; such are, for example, the properties of matter, the laws of combination, and the characters by which one body is to be distinguished from another. It is in the laboratory alone that we can learn the use of this alphabet; that we can become familiar with the words it yields; that we can learn to shape our questions aright and to read the answers. When we know thus much, we can enter on research with some prospect of success; and it is not too much to say, that no question has ever been

distinctly addressed to Nature in the language of experiment, which has not received an answer; that no problem in natural science has ever been clearly given, which has not been experimentally resolved. Hence the vast, the paramount importance to the chemist of a proper education in the art of research, or, in other words, of practical chemistry.

But practical chemistry, or the art of research, is, from its very nature, an expensive study; probably much more expensive than any other branch of education. There are required, first, a convenient and spacious laboratory, expressly fitted up for the purpose; secondly, a complete apparatus; thirdly, a large supply of fuel; fourthly, the substances or materials without which chemistry cannot be practised; and lastly, a qualified assistant, capable of taking charge of the laboratory, and of superintending, under the professor, the working pupils; besides preparing the experiments for the lectures, which, for the benefit of beginners, should always be given in a practical school.

The laboratory must include several rooms, of which one, the largest, should be devoted to the practical operations of the students. This room must be well supplied with water, airy, well lighted and ventilated; it must contain several furnaces and hearths, so arranged as to allow the products of combustion to be carried off: one large sand-bath at least, with a hot air chamber below it; a still, for providing a constant supply of distilled water; and, finally, it must be well furnished with tables, drawers, presses, and shelving.

With regard to apparatus, besides the common and indispensable articles of glass, porcelain, and metal, includ-

ing portable furnaces for charcoal and gas, and spirit lamps, every laboratory of research should possess one or more delicate but strong balances, with accurately divided weights; one or more air pumps, with numerous plates of ground metal, capable of being detached from the pump when exhausted, and kept in that state.

A store of glass and other ordinary apparatus should be kept in a distinct room, which should be sold at prime cost to the students, that each may have his own, as far at least as the smaller articles are concerned. A blow-pipe table for working glass should be attached to this store-room, or to another in which the stock of materials is kept. A small room, clear of the laboratory, is also required for the balances, air-pumps, and other delicate apparatus, which would be injured by corrosive vapours. In this room, a select library of chemistry, for the use of students while in the laboratory, ought to be kept; and either here or elsewhere, a cabinet of chemical specimens, carefully arranged and labelled, should be preserved, for the purpose of illustration. If possible, there ought to be an inferior laboratory or small kitchen, for operations on the large scale, such as the distillation of acids, and the preparation of other products consumed in a laboratory of research; and a sheltered table in the open air ought to be provided, for offensive and unwholesome processes, which often occur. Of course, there must be a cellar for fuel. Finally, the lecture-room ought to adjoin the laboratory, if possible, that all the apparatus, materials, and specimens, required in the lectures, may be close at hand.

Such is a brief and imperfect sketch of what is absolutely essential in a laboratory where the art of research

is to be taught. I regret to say, that hardly any university in this country, and but few on the continent, can be said to possess one-half of this necessary accommodation.

In the laboratory of the university of Giessen, built and furnished under the superintendence of Professor Liebig, all the conveniences above mentioned, and a good many more, have been liberally supplied. I have carefully examined the whole of Professor Liebig's arrangements, and shall have occasion presently to allude to the good effects produced by them. At present, I would direct attention to the fact, that although such arrangements cannot be carried into effect without expense, yet the sum required, if the plans be judicious, is far smaller than could possibly have been expected. It is certain that, in many cases, more money has been expended on the most imperfect laboratory than would have sufficed to produce one even superior to that of Giessen.

The necessity of a qualified assistant will appear, when we consider the continual superintendence required by beginners in practical chemistry, and the vital necessity of order and method in a laboratory. It is true that the professor may often obtain the temporary assistance of some advanced pupil, who exchanges his labour for the additional knowledge to be thus acquired; but this can never supersede the necessity of a permanent assistant, who knows by experience the wants of the students, and learns to keep up a regular supply of those materials which must be made in the laboratory, because they either cannot be purchased at all, or cannot be purchased cheap. Indeed, with all the gratuitous aid that students can give, the place of assistant is one of severe labour. The assistant must therefore have a salary, the amount of which

will vary in different localities and under different circumstances. Besides such an assistant, however, qualified by his chemical knowledge, there must be a servant for the coarser and menial work, who may soon learn to perform certain useful operations, and who may also be store-keeper. He must also be paid, in one form or another.

The absolutely necessary expenses of a laboratory may therefore be classed under three heads:

1. The original outlay in building and furnishing the laboratory.
2. The annual outlay for materials, for the wear and tear of apparatus, and for fuel.
3. The salaries of an assistant and a servant.

It is clear that this expense must be borne, either by the institution itself to which the laboratory belongs, by the public, by the professor, or, finally, by the students.

In this country, the existing laboratories have generally, indeed I may say always, been provided by the universities to which they belong; while the burden of the annual expenditure is thrown on the professor or on the students. In most cases, the apparatus, or a great part of it, has been purchased by the professor, and consequently belongs to him, an arrangement fraught with inconvenience in the case of the death or removal of the professor, and the appointment of his successor.

It has already been stated that our laboratories are generally very far from being complete, and the same may be said of the apparatus. This is only the natural result of the system, by which so large a share of the expense is thrown on the professors or on the students. Even where a tolerable laboratory and apparatus have been provided, it cannot reasonably be expected that the teacher should

bear the annual expense. There is but one way in which he can avoid a heavy loss, and that is, by charging a high fee for laboratory practice. In Paris, the usual fee for an eight months' course is 1,500 francs, or £60. In London, for a six months' course, it is generally about £50.

Nothing can be more certain than that these charges, although far from exorbitant, are quite beyond the means of students in general. Nor is it among those who can readily afford such fees that the most diligent students are to be found. The natural consequence is, that but few students study practical chemistry on these terms. In short, the attempt to throw the burden on the students effectually prevents the formation of an efficient school of research.

In those instances in which such a school has been formed, and has existed for a time, the burden has invariably been borne by the teachers, who have exacted only such fees as were within the power of the students to pay; but as this plan involved a serious loss to the teachers, it has also failed in creating an efficient school. Those teachers who, much to their credit, have made the attempt, have found it absolutely necessary to relinquish it, after sustaining considerable loss.

At present several laboratories are nominally open to advanced students, for the purposes of research, at the high fee above mentioned, or even at a charge considerably lower, but it may be stated as certain, that such a school as I am anxious to see established nowhere exists in the United Kingdom.

That such a school, however, may be formed, and may flourish without any peculiar advantages of situation, we have positive proof in the case of Giessen, already alluded

to, where, at this moment, fifty practical students are employed in the laboratory; the number having steadily increased up to this point during the last fifteen years, and more especially since the completion of the laboratory in 1835.

In this country, for the reasons above stated, hardly any students have the advantage of a tolerably complete education in chemistry, except the few who act as assistants to our professors; but even they have not the same advantages as the students at Giessen, because the languishing condition of our schools affords no inducement to multiply the facilities of practical study. As a proof of the truth of this statement, it may be mentioned that any one who wishes to become practically familiar with the processes employed in organic analysis cannot do so at home; but must go either to Paris, to Berlin, to Göttingen, or to Giessen, where he will see all these important operations hourly practised.

Many of our rising chemists, indeed all such as have distinguished themselves by researches in organic chemistry, have studied this branch of science on the continent; and I could name several of our professors who have done the same. These facts can only be accounted for by the want of proper schools at home; and that this is no temporary deficiency is obvious from the fact that the number of young British chemists who study abroad is annually increasing; while a reference to the scientific journals will shew, that till our students adopted the system of studying in the continental schools, organic chemistry, which has made such amazing progress of late years, was cultivated almost exclusively on the continent, and lamentably neglected here.

It may safely be affirmed, that if proper schools of research had existed in the United Kingdom, British chemists would have taken a far more active part in the cultivation of organic chemistry. Our general neglect of this fertile and inexhaustible field of discovery, the importance of which cannot be overrated, is in itself a sufficient proof that our system of instruction must have been very deficient.

On the other hand, nothing can prove more clearly the superiority of the system established at Giessen than the acknowledged fact, that to this school alone we are indebted for a very large proportion of those researches which have advanced organic chemistry to its present very flourishing condition. It would hardly be exaggeration to say that all the other schools of Europe together have not done more for organic chemistry than the school of Giessen. The resort to it of students from all parts of the world is another proof of the very high character it has acquired as a school of research.

Let us inquire, therefore, what there is, in the system adopted at Giessen, to account for results so different from those which have flowed from the system followed in this and some other countries. We shall find the cause of the difference to be very simple.

The principle on which the School of Practical Chemistry at Giessen is founded is that of enabling the professor to open his laboratory, provided as it is with every thing necessary for research, on terms which allow almost every student with ease to avail himself of the opportunity.

At an early period, I expect, through the kindness of Professor Liebig, to be enabled to lay before your Lordship

the plans of the laboratory at Giessen, with a statement of its actual expense, and other important details of its management: at present I can do no more than give a very brief and general account of the expenses connected with it, and the terms on which it is opened to students. I beg leave to state, that in this matter I speak from intimate personal knowledge of the laboratory, and of the working of the system there adopted.

The professor has a handsome salary and a free house. The laboratory has been built, on plans approved by him, at the expense of his government; and the entire cost, including all furnaces, sand-baths, water-pipes, and the numerous indispensable fixtures of a laboratory, amounted to 13,000 florins, or about £1,120 sterling. Considering its extent and completeness, and the large number of students it can accommodate, this sum must be regarded as very small; and it is certain that more has often been expended in the construction of far inferior laboratories. In many of our universities, I have no doubt that a much smaller sum, judiciously expended in altering, enlarging, or improving the existing laboratories, would suffice to furnish ample accommodation for such a number of students as might be expected to enter them. On an average, £1,000 might be assumed as sufficient, making allowance for the higher price in this country, both of labour and of building materials. I do not know whether the above sum of £1,120 at Giessen includes any part of the moveable apparatus, or, if it does so, how much. But of this kind of apparatus our universities have generally a tolerable supply, although it is often, in great part, the property of the professor. At all events, a moderate sum would secure a sufficient apparatus, to belong to the laboratory, and to be

used by all the students, under certain regulations; while each student, according to the plan followed at Giessen, which I will presently describe, should purchase certain cheap articles of apparatus, to belong to himself, and to be used by himself alone.

The next point in the system adopted at Giessen is the annual allowance for laboratory expenses, that is—for wear and tear of apparatus, for chemical materials, and for fuel. At Giessen, the annual allowance, under this head, is about £130, which is found sufficient to defray the cost of the lecturers and laboratory, when the working students do not exceed fifteen. It is paid by the government.

The government also pays the salaries of an assistant and a servant. Two or more assistants are necessary when the working pupils are numerous; but at present I cannot say whether the second assistant is paid by the government or by the professor. I know that a third, when required, is paid for by the professor.

The fees paid by working pupils are calculated according to the number of days per week, during the course, that they employ in the laboratory; it being found far more advantageous to devote one whole day to practical chemistry than two half ones, owing to the tedious nature of many processes, which, besides, cannot be interrupted. So much is this the case, that no student is received, except on condition of devoting the entire day to practical chemistry. Those who work one day during the week pay 13 florins for the course, or about £1. 2s. For every additional day, the charge is the same; and those, the great majority, who work six days per week, pay 78 florins, or about £6. 14s. for the course. The length of the course is from eight to nine months.

Each student provides himself, from a stock kept by the servant, and sold at prime cost, with a certain quantity of apparatus, such as a spirit lamp, test tubes, combustion tubes for analysis, precipitating jars, evaporating basins, funnels, &c. These articles belong to himself exclusively, and remain at that part of the table which is marked off for him. The tables are furnished, at frequent intervals, with complete sets of bottles, labelled in enamel, containing all the necessary re-agents: these belong to the laboratory. When a student's course is finished, he either takes with him the apparatus he has purchased, or disposes of it to a new-comer. Many of the students take home with them complete sets of portable apparatus, of which they have learned the use.

The fee above mentioned, and the small apparatus, constitute the whole of the necessary charge to the student, and the latter is a very trifling item in Germany. In this country, glass and porcelain, for chemical purposes, are considerably dearer, besides being of very inferior quality; but if the excise laws, in regard to glass, were so modified as to allow good glass, for chemical purposes, to be made at home, or if the duty on foreign glass and porcelain, *imported for scientific purposes*, were remitted, as it ought to be, such apparatus might be as cheap in this country as it has long, to the great benefit of science, been on the continent. The heavy duty (or rather duties, for there are two, amounting to about 50 or 60 per cent.) on foreign glass is a most serious obstacle to the cultivation of chemistry in this country.

The student, having previously attended lectures on chemistry, is first carried through a course of qualitative analysis, till he is thoroughly acquainted with the cha-

racters of chemical substances. He then proceeds to enter on some original investigation, either selected by himself, or suggested by the professor. He thus rapidly acquires a full command over the resources of chemistry, and is very generally enabled to obtain results worthy of publication. By this means he becomes known, and in a short time obtains some situation, either as professor in a university or gymnasium, assistant to a professor, or superintendent of some chemical manufacture.

It is worthy of notice, that whether the object of the student be to qualify himself as a teacher of chemistry, to learn the bearing of that science on medicine and physiology, or to become a manufacturer, the same purely scientific education in the art of research is recommended to all. It would be impossible, for example, to teach specially all the different chemical manufactures, so that the future iron-smelter should learn only iron-smelting, the soap-boiler only soap-boiling, &c.; and, if possible, it would be the reverse of beneficial. It is found by experience, that when all learn the general principles of chemistry, they acquire the special details of any manufacture in the manufactory in a far shorter time than they could have done in the laboratory. No attempt is made, therefore, to teach on the small scale processes that must be practised on the large scale. The student learns practically those principles by which all chemical manufactures must be regulated, and the result may be best stated in the words of Professor Liebig himself.

"It is generally in fear and trembling that they follow my advice, which is, to devote their whole attention, not to imitating manufacturing processes in the laboratory, but to learning how purely scientific problems are to be

"resolved. Their intellect soon and easily learns how to find the best means: it is they themselves who modify and shape their means according to circumstances. Every operation, every analysis, which serves to clear up a given question, or which must be performed in order to discover the conditions essential to the resolution of the problem, has a specific object. Each process thus acquires a certain charm that effectually wards off fatigue; and when the problem is once resolved, the student has learned the means of solving all similar problems. I am acquainted with many of my former pupils who are now at the head of every variety of chemical manufacture. Without having ever practised these in the laboratory, they became in the first half-hour perfectly familiar with the whole process; and the next half-hour commonly produced a number of well-devised improvements in the manufacture. They had acquired in the laboratory the most exact knowledge of the properties of the materials which they had to employ, and were accustomed, as the only way of avoiding errors, to subject the products of chemical reactions to a searching investigation in regard to their composition; and they thus at once discovered the sources of error, the means of avoiding loss, and the best methods of improving the apparatus, or perfecting the process. All this is not learned, when the student enters a laboratory for the purpose of practising a given process by recipe."*

I have been thus minute on this point, because I wish it to be generally known, that, even for directly practical purposes, the most purely scientific education is really the

* Ueber den Zustand des Chemie in Preussen, by Dr. Justus Liebig, Professor of Chemistry at Giessen, 1840.

best, and is more certain to lead to improvements in practice than the most laborious experience in any one manufacture, gained, as it generally is, at the expense of general principles.

Such is a sketch of the system pursued at Giessen. For its results, we have only to look at the very numerous and valuable researches which have issued from that school; to the large number of its pupils now distinguishing themselves as teachers of chemistry, as writers and experimenters, and as chemical manufacturers; and finally to its flourishing condition at the present time, so different from that of any British school of practical chemistry.

As courses of practical chemistry are given in our medical schools, it may be necessary to state, that these have hardly any thing in common with such a course of instruction as I have described. They are confined to medical students, who are required to attend them; but as they are limited to one hour daily for three months, it is obvious that they afford no means of acquiring the art of research. As far as they go, they are doubtless useful; but they are in a great measure devoted to impressing more firmly on the minds of the students the elements of the science as taught in lectures, to pharmacy, and to the detection of poisons. The schools of practical chemistry which I have endeavoured to describe and recommend are not for medical students, but for training those who wish to devote themselves to chemistry as a profession; and such schools we have not.

It will now, I trust, appear clearly, that the cause of this deficiency is the circumstance, that the necessary expenditure, not being otherwise provided for, falls on the teacher or the pupil, neither of whom is able to bear it.

It is the liberality of the government of Hesse Darmstadt, in enabling Professor Liebig to open his laboratory on reasonable terms, that alone has made the establishment of a school of research possible at Giessen; and it may safely be stated, that till our professors are enabled to do the same, they will never succeed in forming such a school.

I have endeavoured to shew that the necessary expense is not very heavy, although beyond the means of our professors or of our students. I would fain hope, that where a university possesses funds applicable to such an object, the authorities, when convinced of its importance, will not hesitate to provide what may be required. But your Lordship is well aware, that in the Scottish universities there are no funds out of which this expense could be defrayed. I believe that every one of them, without exception, has made considerable sacrifices with a view of promoting the study of chemistry; but more is required, and I trust your Lordship will agree with me in thinking that the importance of the object justifies an application to government.

I would not be understood to object to the system, which has produced such good effects in the Scottish universities, of making the income of a professor dependent, in a great measure, on his diligence and success as a lecturer. But before this principle can be applied, the expenses necessary to carry on the course must, when they are considerable, be otherwise provided for. No professor, out of the income derived from students' fees alone, could support the expenses of a practical school, including laboratory, apparatus, materials and assistants; and if the fee be raised, the school will fail for want of students.

Even where lectures alone are given, the expense is

such, that the necessity and justice of relieving the professor, of the whole or of the greater part of it, has always been admitted. Hence a laboratory and apparatus, however imperfect, is generally supplied; and there is, I believe, occasionally an allowance for an assistant, or for laboratory expenses. But in no case that I am acquainted with are the allowances such, that the expenses do not materially encroach on the income derived from fees, even in the case of the mere lecturer; while in most cases, not only is the accommodation quite insufficient, but the whole expenditure is borne by the professor; a burden from which, in almost every other branch of education, the teacher is necessarily free. The expense is naturally increased where practical chemistry is taught.

It may be said, that British chemists have hitherto, under the present system, borne their full share in the discoveries of modern science: and the remark is true, down to a certain period. When, towards the end of the last century, the researches of Lavoisier, Black, Cavendish, Priestley and Scheele, created the modern science of chemistry, it was for some time cultivated, with zeal and success, by a few distinguished men in all countries; and if the continent produced Berzelius and Gay-Lussac, we could boast of Davy and Wollaston. But a new era has begun, and while the continental chemists, just named, have formed flourishing schools, England cannot be said to possess a school at all. We can still boast of individual chemists standing on a level with the most illustrious names of the continent; but where are we to look for their successors? Not certainly among home educated chemists, for the great majority of our rising chemists have studied abroad, as already mentioned: moreover,

the boast that we have borne our full share in modern discoveries has for a good many years ceased to be true. The history of the rapid development of organic chemistry, for example, is not one in which we have any reason to be proud of the place we hold, or the share we have taken up to the present time; and yet it is this very branch of chemistry that forms the distinctive character of the science during the last quarter of a century. The wonderful discoveries in electricity, galvanism, magnetism, light and heat, made during the same period, although in many cases the work of chemists, belong to physics rather than to chemistry. It is in pure chemistry that we have fallen behind, and no longer occupy the position of our fathers, and this, as I trust I have shewn, from the want of schools of research. Science is no longer confined, as it was fifty years ago, to a few individuals; and while our continental neighbours place it within the reach of all, we must do so likewise, or be content to fall still further behind, and to see our young men, such of them at least as can afford it, go abroad to learn what they cannot learn at home.

There never was a time at which the study of chemistry promised more splendid results than it now does. The scientific world is occupied, among other subjects, with the applications of the newly created science of organic chemistry to agriculture and physiology, as developed in a recent work by Professor Liebig. That most interesting volume shews that we are only at the commencement of an epoch, in which the labours of those who have established the principles of organic chemistry will be applied to practice, leading to results, the value of which to mankind cannot be estimated. Now, for the means which have enabled Professor Liebig to carry on the science of agri-

culture so far beyond the point at which the illustrious Davy left it—in a word, for the existing science of organic chemistry—he has been indebted, almost exclusively, to the labours of continental chemists; and if British chemists, as a body, have had so small a share in laying the foundation, we cannot hope that they shall take the lead in erecting the superstructure.

I have cited the school of Giessen as the model of a school of research, and I have done this for two reasons: first, because I could speak of it from accurate personal knowledge, and because its success is too obvious and universally known to be for a moment placed in doubt: secondly, because, even on the continent, it is generally admitted to be superior to any other; in fact, in most continental countries, the state of the schools of research approaches pretty nearly to that of our own. In Austria there are none. In Prussia, for want of a system like that of Giessen, the expense is thrown on the student or on the professor; and the consequence is, as with us, that the very distinguished chemists who fill the chairs of chemistry in the Prussian universities are unable to form schools of research, and rarely have more than one or two pupils, generally assistants, engaged in research. In Paris, although the ordinary students must bear the expense, as formerly stated, and consequently there are few on these terms, yet the very numerous professorships in the French metropolis, and the great demand for qualified assistants to these, give a stimulus sufficient to form an important school, although very far short of what a better system might produce.

I have great pleasure in being able to state that the example so liberally set by the government of Hesse Darm-

stadt, and the results which have followed the system adopted at Giessen, have not been lost on other states. The Austrian government has taken measures for placing its schools of chemistry on a better footing; the Prussian government has applied to the universities for advice and information on the subject. In Saxony much has already been done in the way of improvement; and there is every prospect of the establishment of an effective school in Leipsic under Professor Erdmann. Finally, in Hanover, a school has already arisen, at Göttingen, which began under the celebrated Stromeyer, and is now steadily improving under the auspices of Professor Wöhler. I trust that the British government will not be the last to see the importance of schools of research, or to adopt such measures as will render their permanent existence in this country possible.

What these measures are I have endeavoured generally to explain. Each professor ought to be supplied with a well-appointed laboratory and apparatus; with an assistant and a servant, or an allowance for them; and with an annual sum, for laboratory expenses, sufficient to protect him from loss, on the supposition of a certain limited number of working students.

I beg that your Lordship will particularly observe, that my only object is to enable the professor to teach the art of research without loss. This branch of the profession can never, from its nature, be a source of emolument to him, nor indeed of advantage, except indirectly by increasing his reputation; but he is, I humbly conceive, entitled to the small amount derived from fees such as I have mentioned, which form no adequate compensation for the labour and anxiety to which he is exposed.

In Giessen, when the working pupils amount to fifteen, the annual allowance is just sufficient; and the professor receives the fees paid by these pupils. When the number is greater, the excess of expenditure is paid by the professor, and, of course, with a large number, soon swallows up the fees of the working pupils—if it does not encroach on the fees paid by the students attending the lectures only, or on the professor's salary, his income being made up of the two last items. I have no doubt that the laboratory at Giessen is, with its present numbers, and has been for some years, a source of loss to the professor, whose income would have been larger had he confined himself to lecturing, with his present salary. It will be sufficient, however, for the purposes of science, if the allowance for expenses be such as, with a given number of working pupils, eight, ten, twelve, or fifteen, according to the place, would leave to the teacher the fees of students and his salary, if any. As any increase in the number of working students beyond the prescribed number is quite voluntary on his part, he might be allowed to pay the additional expense, as is done at Giessen. The general result would be, that if the prescribed number of working pupils were taught, the income of the professor would, at first, be increased by the amount of the laboratory fees; while his lectures would most probably, in a short time, be better attended than before, namely, by students, looking forward to the laboratory, and a small addition to his income would arise in this way also. His income, where no salary is attached to the chair, would depend, as at present, entirely on his success as a teacher; but we should possess schools of research, which we never can possess, as long as the attempt to establish them entails

loss on the teacher. This, as I have attempted to explain, is the case at present, when the fee is made low enough to meet the means of the student. The plan of protecting the teacher by high fees has been tried, and has entirely failed.

Taking into account the usual rate of fees in this country, and the importance of making practical chemistry as accessible as may be, it appears desirable that the teacher should be enabled to receive working pupils at £1. 1s. per day weekly for a course of six months; or, at all events, at not more than £1. 10s. per day weekly. A full course of six days weekly for six months would thus cost the student, in the first case £6. 6s.; in the second, £9. The latter is nearer to the standard of Giessen, if the difference in the value of money and in general expense be considered. But the former is certainly as much as is likely to be paid in many places; for example, in Aberdeen, whatever students in London might be disposed or enabled to give. In either case, no teacher can be expected to undertake the labour of a school of research, if even this pittance be not secure—that is, if the necessary expense be not otherwise provided for.

If, however, the necessary expense of laboratories of research be provided for, I have no doubt whatever that schools will soon arise in all our universities; that our young men will find the means of becoming accomplished chemists at home, and will no longer be compelled either to go abroad for their education, or to relinquish the study if unable to do so; and that in a very few years British chemists will again assume their proper place among the chemists of Europe. Every one who has had

experience in teaching chemistry must have seen, as I have done, many young men, with first-rate abilities and a decided turn for chemical research, who were totally unable to bear the expense of a thorough chemical education at home, or to go abroad in search of it; and who, therefore, turned their attention to some other profession, the education for which was within their means.

I do not know what means the richer universities of Oxford, Cambridge, and Dublin, in none of which does a school of research at present exist, may have of establishing such a school; but the Scottish universities have no funds applicable to this purpose. All of them have some locality set apart as a laboratory, more or less complete in several cases; but in two, namely, King's College, Aberdeen, and St. Andrew's, very deficient. In King's College, the lecture-room, a very good one, is the only laboratory; and it is quite unfit for the accommodation of students engaged in research. A similar arrangement, I believe, exists in St. Andrew's. Notwithstanding this, however, the chief point to be attended to in Scotland would be the annual expense, as, on the average, a small sum would suffice to provide a laboratory. It is not easy to see from what source, save from the public purse, the annual expense could be defrayed. I beg leave, therefore, once more to express a hope that your Lordship may be inclined, in consideration of the very great importance of the object to be attained, to give your countenance to an application to government, for the means of establishing schools of chemical research in such of our universities as do not possess the necessary funds for that object.

In the event of an inquiry being made into the subject,

I would beg leave respectfully to suggest that Professor Liebig should be applied to. His experience and success as a teacher of the art of research point him out as the individual whose testimony would be the most valuable.

I hope, before long, to be enabled to lay before your Lordship the plans of the laboratory at Giessen, with details; and in the mean time,

I have the honour to remain,

My Lord,

Your Lordship's most obedient and humble servant,

WILLIAM GREGORY.

8
LETTER

TO

HENRY WARBURTON, ESQ.

CHAIRMAN OF A COMMITTEE

OF THE

HOUSE OF COMMONS,

APPOINTED TO INQUIRE INTO THE STATE

OF THE

MEDICAL PROFESSION.

Printed by J. L. Cox & Sons, 75, Great Queen Street,
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M.DCCC.XXXIV.

LETTER

HENRY WARRINGTON, ESQ.

CHAIRMAN OF A COMMITTEE

HOUSE OF COMMONS

APPOINTED TO REPORT UPON THE STATE

MEDICAL PROFESSION

PRINTED BY RICHARD CLAY AND COMPANY, LTD., BUNGAY, SUFFOLK.

LETTER, &c.

Sir,

Holding as I do the only Professorship of Military Surgery in this country, and being of opinion that the nature and objects of the Course of Lectures which I have annually delivered in this University for ten years past, is but imperfectly known either to the profession or to the public, I deem it my duty to lay before your Committee the following Queries, with the annexed answers, from some of my professional brethren in the Army, the Navy, and the Honourable East India Company's Service.

These Queries I have submitted, exclusively, to gentlemen of standing and experience in the above departments of the public service, who are enabled, from personal attendance on my Lectures, to speak to their nature and objects, and only to a few of these to whom I had immediate and easy access. I have added some extracts from the periodical journals, in support of the utility of such a course of instruction, and am in possession of the strongest expressions of approbation of this course from Baron Larrey, from Sir James M'Grigor, and from Sir William Burnett.

In relation to the class of Military Surgery, Sir James M'Grigor thus speaks in his evidence before the Royal Commission for visiting the Universities of Scotland. "In so far as the public service is concerned,

the Army, the Navy, and the Service of the Honourable East India Company, I think it has been a most beneficial addition to the Chairs of the Medical School at Edinburgh. Besides wounds, and what is termed Military Surgery, the economy of hospitals and of hospital arrangements, is in this school taught by a gentleman who has served much in the field and in various climates. At the end of the last war, upwards of 300 medical officers of the Army were placed on half-pay, and it is within my knowledge that many of them profited greatly by attendance on this class before they returned to employment on full pay."

As the opinions of the heads of the Medical Departments of the Army and Navy are easily accessible to the Committee, I forbear troubling you with farther details, and will only state, that by a recent intimation, the Director-General has enjoined attendance upon the class of Military Surgery, on those young gentlemen educating at this University for the Medical Department of the Army; that the Physician of the Navy has given to candidates for his Department the option of attending this class in lieu of part of the surgical attendance required of them; and that the Royal College of Surgeons of Edinburgh had previously given the same option to candidates for their Diploma.

Under these circumstances, I would most humbly submit to the Committee the propriety of giving a similar option to all students educating for the general practice of the profession, and also of establishing similar courses of instruction in the other great schools of medicine, by which it appears to me that the public may be materially benefited; in the first place, by giving to the Army and Navy Surgeons facilities and encouragement to preserve, to record, and to make

known the results of that valuable experience which in the course of service they necessarily acquire; and in the second place, by having always at command a body of professional men, who, without prejudice to their qualifications as general practitioners, may be more particularly instructed in the duties devolving upon medical officers in the public service, and thus competent to act upon every emergency.

I have the honour to be,

SIR,

Your most obedient humble servant,

GEO. BALLINGALL, M.D.

Regius Professor of Military Surgery.

University of Edinburgh, 25th February, 1834.

QUERIES addressed to HENRY MARSHALL, Esq., Deputy-Inspector General of Army Hospitals, and to Dr. BADENACH, Surgeon to the Forces, by SIR GEORGE BALLINGALL, Professor of Military Surgery in the University of Edinburgh.

1. Q. ARE you acquainted with the nature and objects of the course of lectures which is annually delivered upon Military Surgery in the University of Edinburgh?

A. We are acquainted with the nature and objects of this course of lectures as annually delivered in the University of Edinburgh, having not only attended the lectures of the Professor, but perused the volume he has lately published, entitled, "Outlines of the Course," &c.

2. Q. What is your opinion in regard to the utility of a course of lectures on Military Surgery to young gentlemen intended

for the medical departments of the Army, the Navy, and the East India Company's service?

A. We have a very high opinion of the utility of a course of lectures of this kind. A student who has attended a course of lectures on Military Hygiene and Military Medicine is prepared to avail himself with great benefit of the practical advantages of experience, by which means he will be much sooner able to assume in an efficient manner the medical charge of a body of men, than if he had not received such instructions.

3. Q. What is your opinion respecting the plan of the course of lectures in question, and can you suggest any means by which it may be improved? On this latter subject state your sentiments candidly and fully, and add what topics you think should be particularly discussed in a course of lectures on Military Surgery.

A. The plan of the course is in many respects excellent, and well adapted for instructing students with regard to the duties of medical officers in the public service. A course of lectures on Military Surgery, is, as we have already observed, extremely useful, inasmuch as it supplies that information which is peculiarly required by medical officers, and which can be but imperfectly communicated in a course of lectures, either on the practice of Medicine or Surgery. Among the many important topics which require to be considered in a course of lectures of this kind, the following seem to demand especial attention:—

1. The selection of recruits for the army or navy.
2. The means of preserving the health of soldiers and sailors under all circumstances, and in all situations to which they are liable.
3. The establishment, economy, and discipline of hospitals.
4. Military punishments, both coercive and corporal.
5. The peculiarities of gun-shot wounds.
6. Feigned disabilities.
7. The causes which permanently disable men for the public service.
8. The subject of climates in as far as regards health—Geographical distribution of diseases—Medical Topography—Causes of endemic diseases.
9. Intertropical diseases.
10. Returns of sick, reports, military statistics.

11. Instructions to young medical officers regarding their general conduct, especially in relation to their superiors, their equals, inferiors, and patients.

*H. MARSHALL, Deputy Inspector General of Hospitals.
ROBERT BADENACH, M.D. Surgeon to the Forces.
Edinburgh Castle, 15th February, 1834.*

The same Queries were submitted to Dr. WHITE, Deputy Inspector General of Hospitals, and answered as follows:

1. I have attended Sir George Ballingall's Lectures on Military Surgery, the principal object of which is to fit young medical gentlemen for the Army, Navy, and the East India Company's service.

2. A young man who carefully attends this course of lectures, may receive much valuable instruction with respect to the character and habits of soldiers and sailors,—on the examination of recruits,—the fitness or unfitness of men for future service,—on feigned diseases,—the transport of the sick and wounded,—the means of keeping the troops healthy in tropical climates,—the proper medical treatment,—the economy and discipline of hospitals,—and much other information, so that he is enabled thereby to become at once a more efficient medical officer than he can well be expected to be from attending a course of surgical lectures as usually delivered.

3. The plan of the course of lectures appears to me to be excellent, and so complete, that I have nothing to suggest with respect to them which I would consider as an improvement.

*A. WHITE, M.D.
Deputy Inspector General of Hospitals.
3, West Circus Place, Edinburgh, Feb. 14, 1834.*

The same Queries were submitted to Dr. EASTON on the Half-Pay of the 15th Hussars, and answered as follows:

1. I am well acquainted with the nature and objects of the course of lectures delivered in the University of Edinburgh on Military Surgery, having attended a regular course of these lectures, and from residing in Edinburgh have had frequent opportunities of visiting that class.

2. The utility of this course of lectures to young gentlemen intended for the medical department of the Army, Navy, and Honourable East India Company's service must appear evi-

dent to every medical officer who has had an opportunity of being present with a large army on actual service, or long harassing marches in a tropical climate; he must feel how deficient he was in performing the duty that was required from him in those arduous situations without a knowledge of Military Surgery.

The various topics discussed by the learned Professor in these lectures in regard to preserving the health of soldiers and seamen, diet, clothing, and exercise of troops, accommodation of troops in camp and barracks, site, construction and ventilation of hospitals, means of transporting sick and wounded, &c. &c. form an essential part of the education of those who are destined for the public service.

3. I have only to state, in answer to the third Query, that it is my opinion that the plan of the course of Lectures on Military Surgery is well adapted for conveying important knowledge to those gentlemen intended for the service in question, and it is so ably conducted by its present Professor that I have nothing to suggest for improvement.

JOHN EASTON, M. D.

H.P. Surgeon 15th King's Hussars.

Edinburgh, February 13, 1834.

The same Queries were submitted to W. C. CALLOW, Esq., of the 6th or Inniskilling Dragoons, and answered as follows:

1. I am well acquainted with the nature and with the objects of the course of Lectures on Military Surgery, delivered in the University of Edinburgh,—having, with much profit to myself, attended the lectures and demonstrations of the Professor, and reaped very useful information from a volume of "Outlines of the Lectures," recently published.

2. I am thoroughly impressed with the very great utility, and with the importance to the British service, of a course of lectures of this nature, and have no hesitation in stating that a medical student entering His Majesty's service after regular attendance upon these lectures, must carry with him a foreknowledge of the soldier,—the casualties he is liable to,—and the best means to obviate or to cure, which it would require many years of service and laborious research for him otherwise to acquire.

The present Professor, in the clearest manner directs the student to the best manner of treating wounds and disease,—the most improved methods of performing the various opera-

tions,—instructs them in the medical police of camps, cantonments, and quarters,—with the manner to discriminate between the malingering, and the sufferer from disease. The perseverance and research of the Professor has likewise enabled him to collect a mass of valuable facts and results, and so to place them before his auditors, that it is my opinion there are few medical officers, no matter what the length of their service, or the campaigns they have witnessed, but would be highly repaid by an attendance upon this course of lectures; it is therefore equally my opinion, that considerable advantage to the service is afforded by the medical officers within reach of these lectures being able to renew their recollections and increase their information.

3. The plan of these lectures appears well chosen; I am not aware of any important omission; and I am free to declare that I can scarcely conceive them susceptible of improvement under existing circumstances.

W. C. CALLOW.

Surgeon, Inniskilling Dragoons.

Piershill Barracks, 20th February, 1834.

The same Queries were submitted to ALEXANDER COPLAND HUTCHISON, Esq. Surgeon, Royal Navy, formerly Surgeon to the Naval Hospital at Deal, and answered as follows:

1. I am acquainted with the nature and objects of the Course of Lectures annually delivered in the University of Edinburgh, on Naval and Military Surgery, not only by the perusal of your published writings, but by having derived great pleasure and instruction in personally attending the greater part of a course of Lectures several years ago.

2. There can be no doubt of the great utility and advantage of these Lectures to such young gentlemen as are intended for the public service of the State, more especially the Army and Navy; for they inform the student of the best situations for encampments,—for the erection and arrangement of temporary or stationary hospitals, besides innumerable other particulars connected with these departments of the king's service which cannot be taught by a Lecturer on Surgery who has not been, for several years, in actual service at sea or land. Moreover, the habits, modes of living, and acting of the soldiers and seamen are so totally different from men of the same rank in common life, that they may be considered, as far as regards medical and surgical treatment, a distinct class of persons.

3. With regard to the best plan for a course of Military

Surgery, I can offer no suggestion that can in any way improve that which you have delivered for so many years with such credit to yourself and benefit to others. To offer, therefore, any change or alteration in your course would be as likely to impair as to improve the present system; for it has been long and well digested.

A. COPLAND HUTCHISON.

3, Duchess Street, Portland Place, 19th Feb. 1834.

The same Queries were submitted to ALEXANDER COCKBURN, Esq. Surgeon, Royal Navy, Agent for Sick and Wounded Seamen and Marines at the Port of Leith, and answered as follows:

1. I have attended the Course of Lectures on Military Surgery, delivered by Sir George Ballingall; the nature and objects of which are most valuable and interesting to young gentlemen intending to enter the public service, of either Army, Navy, or East India Company.

2. The different topics discussed in this course of Lectures I consider of the utmost consequence to a young gentleman entering the public service, as they illustrate, in a most perspicuous and able manner, every variety of disease and wound to which soldiers and sailors are more especially liable, from climate, and their particular duties; thus rendering him far better qualified for entering the service.

3. I think the plan of the course so exceedingly well arranged, and so comprehensive, that the lectures appear to me most complete.

ALEXANDER COCKBURN, Surgeon, R. N.

4, Forth Street, 17th Feb. 1834.

The same Queries were submitted to ANDREW MORISON, Esq. Surgeon, Royal Navy, and answered as follows:

1. I am,—having attended these Lectures.

2. I have the highest opinion of the utility of such a course of Lectures,—the great variety of wounds and accidents to which soldiers and sailors are liable,—the various diseases,—the effects of climate,—Military and Naval Hygiene, &c. are so fully and ably illustrated by the present Professor, that the student who attends these interesting and useful lectures, en-

tering either the Army, Navy, or East India Company's service, will have the advantage of many years' experience.

3. I think the plan of the course well arranged and complete. The Lectures convey much valuable information, (especially to those designed for the public service,) which cannot be obtained by any other course of Lectures delivered in the University.

ANDREW MORISON, Surgeon, R. N.

3, Crichton Street, 21st Feb. 1834.

The same Queries were submitted to ALLEN M'LAREN, Esq. Surgeon, Royal Navy, and answered as follows:

1. I am,—having attended two courses,—one previous to my entering the navy, and another on my return home, after a period of nineteen years' service.

2. That it is eminently useful, and that it ought to form an essential branch of the education of every young surgeon intended for the public service, as it comprehends many points not included in other courses of surgery, and brings under one view the various duties of a medical officer, who, on entering his official situation, without such information, must find himself woefully ignorant, however well educated he may otherwise be, if placed in a situation where he must act by himself.

3. The plan is now so judicious, that I cannot think that any alteration would improve it.

A. M'LAREN, Surgeon, R. N.

Woodlands, Blairgowrie, 19th February, 1834.

The same Queries were submitted to GEORGE OGILBY, Esq. late Superintending Surgeon at Bombay, and answered as follows:

1. In reply to the First Query, I have the pleasure to state, that I am acquainted with the nature and objects of the course of lectures delivered by Sir George Ballingall, Regius Professor of Military Surgery in the University of Edinburgh, having regularly attended a course of these Lectures, besides an occasional attendance at different times.

2. In reply to the Second Query, I am of opinion, that these Lectures are well calculated for young men qualifying for any of the medical departments of the public service, whether for that of His Majesty, or of the Honourable East India Company. The instructions that are given respecting the means

of preserving the health of troops, in the various situations in which they may be placed,—in camp, and in quarters,—the site and construction of hospitals and barracks; together with their internal economy, arrangements, and discipline, I consider to be particularly valuable, and essential to those on whom such important responsibilities may devolve.

I esteem the Lectures in question, therefore, especially important as they direct the attention of young medical men preparing for the army and navy to such subjects as are more immediately connected with these great branches of the public service.

3. With regard to the third and last Query, I have nothing to suggest. The plan appeared to me good; and I do not recollect the omission of any important subject whatever. My reply to the Second Query points to the topics which, I conceive, should be particularly discussed in a course of military surgery; and it is on account of the instruction and information given on these very points that I deem the course peculiarly important for medical students preparing for the army or the navy.

GEORGE OGILVY,
*Late Superintending Surgeon, and formerly
Secretary to the Medical Board at Bombay.*
Edinburgh, 15th Feb. 1834.

The same Queries were submitted to DAVID BOYD, Esq. Surgeon in the Honourable East India Company's Service, and answered as follows:

1. I attended a complete course of the present Professor's Lectures on Military Surgery in the Edinburgh University last year.

2. I am decidedly of opinion that every young gentleman intended for the Army, Navy, or East India Company's Service, would derive much useful and necessary instruction by a regular attendance on a course of Military Surgery, as delivered under the present experienced Professor, and that he would enter on his professional duties with infinitely greater credit and satisfaction to himself and advantage to the public service, and have no hesitation in stating, that had I had the benefit of such a course previous to commencing my professional career in the army of the East India Company, I should have profited materially by the useful practical information

conveyed as to the mode of conducting the duties of a medical officer both in garrison and in the field.

3. I think the method in which the course is conducted most judicious, and to embrace every topic of practical utility connected with the medical department of the public service. The occasional visits made during the course by the Professor and his pupils to the regimental hospitals in the castle, accompanied by the regimental surgeons, are, in my opinion, of peculiar advantage, by making them in a great degree acquainted with the economy and government of military hospitals, and perhaps a more minute attention to this department of the course might be beneficial. The weekly examinations I particularly approve of, and think them a most essential improvement in medical education, as making a lasting impression on the student, and felt much gratification with the manner in which they were conducted by Sir George Ballingall.

D. BOYD, Surgeon,
Hon. East India Company's Service.
Edinburgh, 16th Feb. 1834.

The same Queries were submitted to GEORGE BAILLIE, Esq., Surgeon in the Honourable East India Company's Service, and answered as follows:

1. I am acquainted with the nature and objects of the course of Lectures annually delivered in the University of Edinburgh on Military Surgery, having attended the Lectures of Sir George Ballingall in 1832-33, and also examined the "Outlines of his Course of Lectures," recently published in a thick octavo volume.

2. The utility of a course of lectures of this nature appears to me quite incontrovertible, and that a student who has attended these Lectures on Military Hygiene, Military Surgery and Medicine, would be prepared to avail himself more readily of the practical advantages to be derived from experience in the treatment of various disorders, and consequently be sooner qualified to acquit himself in a creditable and efficient manner of the medical charge of a body of men, than if he had not received such instructions.

3. The plan of Sir George Ballingall's course seems to me peculiarly adapted to the object in view, viz. the instruction of students in the duties of medical officers for the public service—a matter but little adverted to in ordinary courses of Lectures on the practice of medicine and surgery in my day.

I speak, however, with much diffidence on this point, and due deference to the opinion of more competent judges than I can pretend to be, having for some time past been in a very precarious state of health, and unequal to much exertion.

GEORGE BAILLIE, Surgeon,
Hon. East India Company's Service,
Bengal Establishment.

Edinburgh, 16th February, 1834.

OPINION given by several Medical Officers of the Honourable East India Company's Army relative to the Lectures on Military Surgery delivered in the University of Edinburgh in 1827.

We, the undersigned Medical Officers of the Honourable East India Company's Service, do most willingly express our opinion of the great utility of the Lectures on Military Surgery delivered in the University of Edinburgh to those young men educating with a view to our service. Some of us, who have now retired from that service, have to regret that no similar source of instruction existed at the period when we were educated; and others of us, who are about returning to India, have eagerly embraced the opportunity afforded us by Dr. Ballingall of profiting by his experience in the treatment of the diseases incident to European troops in India.

(Signed) ALEX. KENNEDY, M.D., formerly Superintending Surgeon, Madras Establishment.
COLIN ROGERS, M.D., formerly Superintending Surgeon, Madras Establishment.
JOHN MACWHIRTER, M.D., formerly Apothecary-General, Bengal Establishment.
WHITELAW AINSLIE, M.D., formerly Superintending Surgeon of the Madras Establishment.
JAMES HARE, JUN. M.D., Surgeon, and formerly Apothecary-General, Bengal Establishment.
PATRICK HALKET, Surgeon, Bengal Establishment.
THOS. STEWART, M.D., Bombay Establishment.
ALEXANDER HENDERSON, Surgeon, Bombay Establishment.
W. DUFF, Assistant Surgeon, Bengal Establishment.
THOMAS INGLIS, M.D., Bengal Establishment.
Edinburgh, 2d January, 1827.

Extracts from Reviews of Dr. Ballingall's Introductory Lectures to his course of Military Surgery.

"Upon duty in either service, the practice of medicine is the department in which the army or navy surgeon is mostly called upon to exercise his professional skill, even during war, and in peace almost entirely so. During war, however, he has not unfrequently to add to these medical duties the more serious and anxious one of the experienced operating surgeon, and in situations, too, the most unpropitious—very different, indeed, from the accommodation afforded in the theatre of a London or Edinburgh hospital. The military surgeon is frequently called upon to perform some of the most difficult and hazardous operations on the field of battle, possibly under a scorching sun, or exposed to the utmost inclemencies of the weather, to say nothing of the difficulties and danger in transporting those brave men afterwards over bad roads to considerable distances.

"The professional attainments of such young medical gentlemen as are intended for the public service, ought to be of the highest order. The government seeing this, thought proper to establish a Regius Professorship of Military Surgery in the University of Edinburgh; and we may safely say, that no chair in that celebrated school has been more ably filled than that of Military Surgery.

"We say, unhesitatingly, of these Lectures, that they ought to be in the possession of every medical officer in the king's service, for they embrace subjects which never before formed part of a course of surgery in this country.

"The historical notice he has given of the rise and progress of military surgery is interesting, nor are we aware that the same kind of information is to be found elsewhere; neither ought the author's judicious remarks on the site of camps and hospitals, and on the transport of the sick and wounded, to be passed unnoticed."—*London Medical Gazette*, vol. vi. p. 950.

"We congratulate the army on the publication of these Lectures, which contain an outline of the measures which ought to be adopted with the view of promoting the health and efficiency of an army. A complete code of instruction on this

branch of the duty of a medical officer would embrace the following leading topics:—General principles of the recruiting of an army, including the period of engagements, &c. &c.—Minimum and maximum age of recruits:—The qualities of recruits required for different branches of the service, as the infantry, cavalry or artillery:—Medical inspection of recruits:—The peculiar attentions which should be devoted to the care of recruits:—The provisioning of troops. This is a very important subject, and deserves the most careful consideration; it ought, of course, to embrace fully, and in detail, every essential fact in regard to the quantity and quality of rations suitable in different climates; as also the hours of repast, and the best mode of dressing the rations, and cooking utensils. The clothing of soldiers, in as far as health, comfort, and convenience are concerned: connected with this topic is personal cleanliness, a measure intimately related to health. The construction of barracks—barrack equipment—hospitals—hospital equipment—general principles of military discipline—punishments—duty—amusements—marching—means of preserving health in the field—encampments—bivouacs—the embarkation of troops—the influence of climate upon the health of soldiers, and the best means of preventing hurtful consequences—the duty of discharging soldiers on account of disabilities, and of assisting in awarding to individuals a recompense in proportion to the claims they may have upon the country.

“Dr. Ballingall's work embraces a great number of the topics which we have enumerated; and we trust he will find an opportunity of further extending it, and of discussing some of the subjects, merely glanced at for the present, more in detail. Dr. Ballingall will recollect, that he fills the only chair of military surgery in this country, and that to him particularly the army have a right to look for instruction upon the means of preserving the health of soldiers. His talents, his industry, his success as an author, and, perhaps above all, his experience of the duties of a medical officer, in a tropical as well as in a temperate climate, eminently qualify him for the task. His present work does him infinite credit; it is full of important facts and observations, with which not only medical, but all classes of officers of the army ought to be intimately acquainted. We are aware that some individuals, even of the medical profession, endeavour to undervalue the importance of Lectures on Military Surgery, and the means of preserving the health of soldiers; the best conclusion we can come to on this point is to infer, that they never had any

practical acquaintance with this subject respecting which they venture to give an opinion.

“The Doctor evinces an intimate practical acquaintance with the subjects discussed in these Lectures, as well as with the best authors who have written upon the means of preserving the health of soldiers. Our limits will not permit us to extend our remarks upon this valuable publication: we shall therefore conclude by observing, that it ought to be in the possession of every medical officer of the army, and that commanding officers should be intimately acquainted with its pages.”—*United Service Journal*, vol. ii. pp. 733 and 737.

Extracts from Reviews of Sir George Ballingall's "Outlines of Military Surgery."

“The idea of a school of Military Surgery appears to have occurred with great force to the original mind of the late Mr. John Bell of this city. Zealously devoted, for a whole lifetime, to the study of surgery, and especially to the operative department, that gentleman, with his characteristic enthusiasm and desire for improvement, repaired to Yarmouth, in the autumn of 1797, to witness, in the Naval Hospital there, the treatment of the wounded seamen after the battle of Camperdown. It is probable that Mr. Bell saw much adventitious, as well as necessary suffering, in these men; for he expresses himself as if he saw great room for improvement in the education of the persons intrusted with the care of the wounded. The general result of this visit was, the conviction in the mind of Mr. Bell of the necessity for the establishment of a general school of military surgery, in which officers destined for the public service in the army or navy might be taught all those principles and rules which might afterwards enable them to perform their duties in a manner satisfactory to themselves and useful to their country. He therefore addressed to Earl Spencer, then First Lord of the Admiralty, a memoir, dated from Yarmouth, 1798, in which he explains the reasons requiring the institution of *one great school of military surgery*, shows how beneficial it might be expected to be, and explains the duties which he conceives belong to the Professor of military surgery.

"Of the result of Mr. Bell's suggestions to government we are not informed; and several years of naval and military war-like operations, with the single exception of the short-lived peace of Amiens, elapsed, with the usual proportion of sickness and mortality, bloodshed and slaughter, without any other step being taken to qualify the surgeons of the army and navy for their specific duties, than what was afforded to the civil practitioner. Of these even, it may be remarked, from the limited qualifications then prescribed, with the great number of medical officers required, the supply was rather stinted and penurious. At length, in the year 1806, when Lord Grenville was in office, it was deemed expedient to institute a professorship of Military Surgery in the University of Edinburgh.

"On the resignation of Dr. Thomson, in the year 1822, the professorship of Military Surgery was conferred on the author of the present volume, who forthwith proceeded, in the winter of 1823-4, to deliver a course of lectures. Dr. Ballingall had at first to contend with great difficulties, in consequence of a very general impression, that lectures on military surgery were superfluous, if not useless; that all the necessary information was communicated by the teachers of surgery generally; and that, even if instructions of this kind were requisite in time of war, the existence and prospect of a long period of peace held out little inducement to spend, in the acquisition of details which might never be requisite, time and money, which were urgently required for other professional studies.

"These considerations contributed to keep the chair long in the back-ground; and to a teacher of less perseverance and assiduity, might have formed insurmountable impediments. By persevering, however, in delivering annual courses of lectures,—by showing his capacity for the task—by collecting, digesting and publishing, whatever information was pertinent to the duty of the medical officer,—and, above all, by making the course one not of military surgery, but military medicine and surgery, in the most comprehensive sense of the term, Sir George Ballingall has succeeded in obtaining for his department of professional study a degree of consideration which it probably never would have acquired by any other mode. In 1829, a favourable change of public opinion was evinced by the Royal College of Surgeons of Edinburgh, who had already prescribed two courses of surgery, allowing students to attend lectures on military surgery in place of one of these; and last season, the heads of the medical departments of the

army and navy signified their desire, that the course of military surgery in the University of Edinburgh should be allowed to stand for six of the twelve months' study of surgery prescribed to candidates for admission into either of these divisions of the public service.

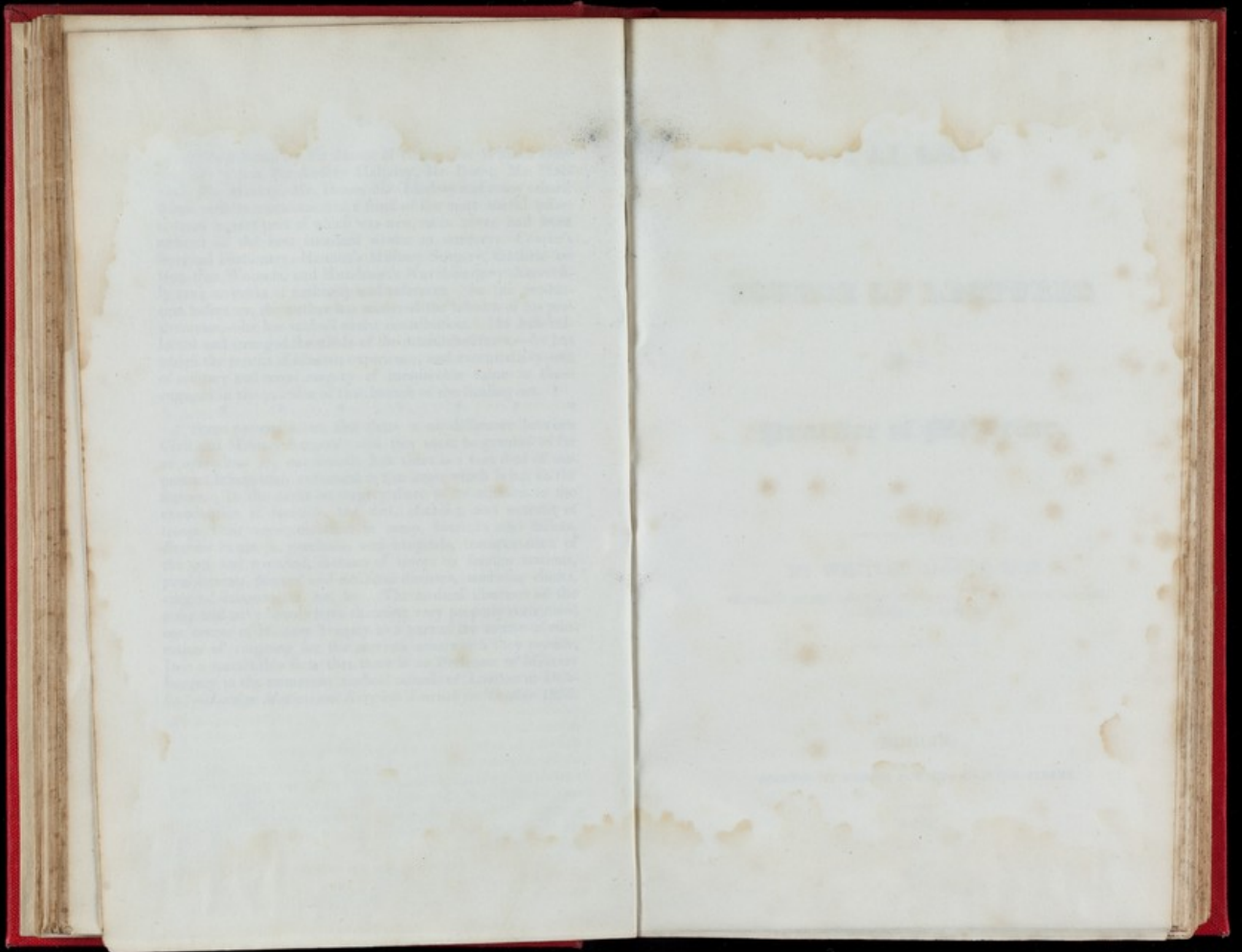
"In this manner, it may be observed, that the chair of Military Surgery in the University of Edinburgh, which has been the earliest establishment of the kind in Europe, may at length become the model of similar establishments in different countries. War, and all its demoralizing and expensive consequences, are doubtless conditions not to be desired; and, if it were possible to cease to cultivate the military art, it would be infinitely to the advantage both of nations and individuals. Such anticipations, however, it is scarcely permitted us to entertain, in the present state of the habitable globe. War is a necessary evil; and it becomes both nations and individuals to be prepared against its casualties and calamities. If one institution is more necessary than any other, it is that, the object of which is to diminish the number, and mitigate the severity, of the various evils necessarily attendant on those engaged in military and naval duties."—*Edinburgh Medical and Surgical Journal*, No. 117.

"Surgery has been greatly improved within a brief period by the writings of the medical officers of the army and navy; and those entering both these branches of the public service possess sources of information which had not existed even twenty years ago. So great was the demand for military and naval surgeons during the late wars, that young men were sent out as medical officers who were as incompetent as it was possible for them to be. When they commenced duty they were incapable of performing the simplest operation, venesection excepted, and their incompetence led to the most fatal consequences in numberless cases. After the peace of 1815, the senior surgeons of both army and navy made such representations to the heads of their respective departments, as led to a total change in the education of future military and naval surgeons. The course of education was so much enlarged, that the highest testimonial of competency was required for the subordinate situations of the medical department.

"Military and naval surgery was now enriched by the works of Baron Larrey, Dr. Hennen, Mr. Samuel Cooper, Mr. Guthrie, Mr. Hutchison and Mr. Hammick, and by various

essays contributed by Sir James M^cGrigor, Sir William Burnett, Dr. Vetch, Sir Andrew Halliday, Mr. Bacot, Mr. Marshall, Mr. Murray, Mr. Dease, Mr. Lindsay and many others. These writers communicated a fund of the most useful information, a great part of which was new, as it never had been noticed in the best standard works on surgery. Cooper's Surgical Dictionary, Hennen's Military Surgery, Guthrie on Gun-shot Wounds, and Hutchison's Naval Surgery deservedly rank as works of authority and reference. In the production before us, the author has analyzed the labours of his predecessors,—he has laid all under contribution. He has collected and arranged the whole of the established facts,—he has added the results of his own experience, and executed a system of military and naval surgery of inestimable value to those engaged in the practice of that branch of the healing art.

“Some persons assert, that there is no difference between Civil and Military Surgery; and this must be granted so far as operations are concerned; but there is a vast deal of important information contained in the latter which is not in the former. In the works on surgery there is no allusion to the examination of recruits, the diet, clothing, and exercise of troops, their accommodation in camp, barracks and billets, diseases in camps, garrisons, and hospitals, transportation of the sick and wounded, diseases of troops on foreign stations, punishments, feigned and fictitious diseases, medicine chests, surgical instruments, &c. &c. The medical directors of the army and navy boards have therefore very properly recognised one course of Military Surgery as a part of the course of education of surgeons for the services over which they preside. It is a remarkable fact, that there is no Professor of Military Surgery in the numerous medical schools of London or Dublin.”—*London Medical and Surgical Journal for October 1833.*



SYLLABUS

OF A

COURSE OF LECTURES

ON THE

Practice of Medicine.

BY WHITLEY STOKES, M. D.

PROFESSOR OF THE PRACTICE OF MEDICINE TO THE ROYAL COLLEGE
OF SURGEONS IN IRELAND.

DUBLIN:

PRINTED BY JOSHUA PORTER, GRAFTON-STREET.

1822.

THERE is no danger of its being supposed by medical men, that the following sketch is offered as a new Nology; such a work requires definitions which are not here attempted. Neither is it intended as a new arrangement of all human diseases. All that is proposed is, to arrange those diseases which can be conveniently treated of in a single course of lectures, on principles not new, but not hitherto applied as fully as they might be.

The arrangement of any class of natural objects may be attempted in a variety of ways, and the arrangements will differ principally by the circumstances selected as the grounds of distinction in the principal divisions. It is of consequence that the grounds of distinction used in making the first divisions should be easily ascertained, because when we wish to refer any natural object to its place in the arrangement, an error in the primary divisions is more irremediable than in the subsequent.

In arranging diseases, two principal circumstances present themselves, either of which may be made the ground of the first division: the mode of the diseased action, and the part affected by it. I conceive, that we are much less liable to mistake the part affected, than the mode of diseased action. I have therefore made the part affected the ground of the leading divisions.

The genera in this arrangement are marked by a series of numbers, continued through the different classes and other divisions. When a disease occurs that might naturally be expected in any order in which I have not inserted it, its name is put down in a parenthesis, with the name and number of the genus to which I refer it marked after it.

I have endeavoured to avoid the introduction of new names, as far as could conveniently be.

SYLLABUS,

&c. &c.

DISEASES may be divided into three Classes.

I. Class, General.—Those which affect the whole System.

II. Class, Distributed.—Those which affect similar parts, through whatever part of the human body they are distributed.

III. Class, Partial.—Those which affect particular parts of the human body.

These Classes may be again divided into Orders.

I. Class, General.

Order 1, With Fever—2, Without Fever.

II. Class, Distributed.

Order 1, Diseases of the Skin—2, of Cellular Substance—3, of Bone—4, of Blood-vessels—5, of the Lymphatic System—6, of Nerves.

III. Class, Partial.

Order 1, Diseases of the Head—2, of the Neck—3, of the Thoracic Viscera—4, of the Abdominal Viscera—5, of the Urinary System—6, of the Generative System—7, of the Extremities.

These Orders may be divided into Genera.

I. CLASS, GENERAL.

I. ORDER, WITH FEVER.

GENES.

- 1 Intermittens.
- 2 Typhus, of which are the following Species: 1, T. vulgaris—2, T. pestis—3, T. flava—4, T. puerperalis.
- 3 Cattarha.
- 4 Hectica.

II. ORDER, WITHOUT FEVER.

- 5 Syphilis.
- 6 Scorbutus.

II. CLASS, DISTRIBUTED.

I. ORDER, DISEASES OF THE SKIN.

This Order is divided into six Subdivisions, which are taken from the Orders of Dr. Willan.

- | | |
|------------|--------------|
| 1 Pimples, | 4 Vesicles, |
| 2 Scales, | 5 Pustules, |
| 3 Rashes, | 6 Tubercles. |

1 Subdivision, Pimples.

- 7 Strophulus. Species—1, Intertinctus—2, Confertus.
- 8 Lichen. Species—1, Simplex—2, Agrius—3, Tropticus.
- 9 Prurigo. Species—1, Mitis—2, Formicans—3, Senilis—4, Podicis—5, Scroti.

2 Subdivision, Scales.

- 10 Lepra. Species—1, Vulgaris—2, Nigricans.
- 11 Psoriasis. Species—1, Guttata—2, Diffusa—3, Gyrrata—4, Palmaria—5, Labialis—6, Scrotalis—7,

GENES.

- Infantilis—8, Inveterata—9, Mercurialis, (described by Dr. Stokes in 1798).
(Following Dr. Willan's authority, I have separated Lepra and Psoriasis, although the distinctions given are scarcely sufficient.)
- 12 Pityriasis. Species—1, Capitis—2, Versicolor.
 - 13 Icthuosis.

3 Subdivision, Rashes.

- 14 Rubeola.
- 15 Scarlatina. (Scarlatina anginosa, vide G. 61.)
- 16 Urticaria.
(Purpura, Synonym. Hæmorrhagia petechialis, vide G. 35.)

4 Subdivision, Vesicles.

- 17 Erysipelas. (Perhaps this should have been placed by Dr. Willan in the preceding Subdivision.)
- 18 Pemphigus. (Var. Gangrænosus; see Dublin Medical and Physical Essays, No. 2, page 146.)
- 19 Varicella.
- 20 Miliaria.
- 21 Aphthæ.

5 Subdivision, Pustules.

- 22 Variola. Species—1, Distincta—2, Confluens.
- 23 Vaccina.
- 24 Scabies.
- 25 Porrigo.

6 Subdivision, Tubercles.

- 26 Elephantiasis.
- 27 Framboesia.

II. ORDER, DISEASES OF THE CELLULAR SUBSTANCE.

GENUS.

- 28 Hydrops. Species—1, Anasarca—2, Hydropneumonia—3, Hydrothorax—4, Hydrocardia—5, Ascites—6, Hydrops Omenti—7, H. Peritonei—8, H. intermuscularis—9, H. Ovarii—10, H. Uteri—11, Hydrocele.
- 29 Polysarcia.
- 30 Emphysema.

III. ORDER, DISEASES OF THE BONES.

- 31 Rachitis. (Synonym. Mollities ossium.)
- 32 Excessive production of Bone.
- 33 Anchylosis.
- 34 Necrosis.

(Symptomatic affections of the Bones occur in Syphilis, G. 5; Scrophula, G. 39; Scorbutus, G. 6; Diabetes, G. 97.)

IV. ORDER, DISEASES OF THE BLOOD-VESSELS.

- 35 Hæmorrhagia. Species—1, Ophthalmorrhagia—2, Epistaxis—3, Stomocæce—4, Hæmoptoe—5, Hæmetemesis—6, Mææna—7, Hæmorhois—8, Hæmaturia—9, Hæmorhæa petechialis.
- (Menorrhagia, vide G. 102; Abortus, vide G. 103.)
- (Hæmorrhagia is also Symptomatic of Scorbutus, G. 6; Typhus Vulgaris, Typhus flava, G. 2; Splenitis, G. 82; Hepatitis, G. 80; Dysenteria, G. 87.)
- 36 Inflammatio. Species—1, Phlegmonosa—2, Erysipelatosa.
- 37 Aneurisma.

GENUS.

- 38 Varix.

V. ORDER, DISEASES OF THE LYMPHATIC SYSTEM.

- 39 Scrophula.
- 40 Cancer.

VI. ORDER, DISEASES OF THE NERVES.

- 41 Tetanus. Species—1, Idiopathica—2, Sympathica.
- 42 Hydrophobia. Species—1, Rabida—2, Spontanea.
- 43 Catalepsia.
- 44 Epilepsia.
- 45 Hysteria.
- 46 Chorea.

III. CLASS, PARTIAL.

I. ORDER, DISEASES OF THE HEAD.

- 47 Phrenitis.
- 48 Mania.
- 49 Melancholia.
- 50 Fatuitas. Species—1, Vulgaris—2, Alpina.
- 51 Apoplexia.
- 52 Paralysis.
- 53 Lethargus.
- 54 Hydrocephalus. Species—1, Internus—2, Externus.
- 55 Cephalalgia.
- 56 Ophthalmia.
- 57 Amaurosis.
- (Epistaxis, vide Hæmorrhagia, G. 35.)
- 58 Tic doloureux.

II. ORDER, DISEASES OF THE HEAD.

- 59 Cynanche Tonsillaris.
- 60 Cynanche Maligna.

GENUS.

- 61 Cynanche Scarlatina. (Synonym. Scarlatina Anginosa.—Withering.)
 62 Cynanche Parotidæa.
 63 Cynanche Trachealis.
 64 Dysphagia.
 65 Bronchocele.

III. ORDER, DISEASES OF THE THORACIC VISCERA.

- 66 Pneumonia.
 67 Peripneumonia notha.
 68 Empyema.
 69 Phthisis.
 70 Asthma.
 71 Angina pectoris.
 72 Pertussis.
 (Hydrothorax, vide Hydrops, G. 28.)

IV. ORDER, DISEASES OF THE ABDOMINAL VISCERA.

- 73 Diaphragmitis.
 74 Peritonitis.
 75 Gastritis.
 (Hæmetemesis, vide Hæmorrhagia, G. 35.)
 76 Dyspepsia.
 77 Schirrhus pylori.
 78 Bولimia.
 79 Pica.
 80 Hepatitis. Species—1, Acuta—2, Chronica.
 81 Icterus.
 82 Splenitis. Species—1, Acuta—2, Chronica.
 83 Pancreas inflammatum.
 84 Mesenteritis.
 85 Cholera.
 86 Diarhæa.
 87 Dysenteria.
 (Melena, vide Hæmorrhagia, G. 35.)

GENUS.

- 88 Constipatio.
 89 Tympanitis.
 90 Colica. Species—1, Spasmodica—2, Pictorum.
 (Hæmorhois, vide Hæmorrhagia, G. 35.)
 91 Vermes. Species—1, Ascaris Lumbricoides—2, Ascaris Vermicularis—3, Trichuris Vulgaris—4, Tænia Solium—5, Tænia Vulgaris.
 (Ascites, Hydrops saccatus, vide Hydrops, G. 28.)

V. ORDER, DISEASES OF THE URINARY SYSTEM.

- 92 Calculus.
 93 Suppressio Urinæ.
 94 Retentio urethralis.
 95 Retentio vesicalis.
 96 Incontinentia Urinæ.
 (Hæmaturia, vide Hæmorrhagia, G. 35.)
 97 Diabetes.

VI. ORDER, DISEASES OF THE GENERATIVE SYSTEM.

- 98 Gonorrhæa.
 (OF WOMEN.)
 99 Emansio.
 100 Suppressio.
 101 Dysmenorrhæa.
 102 Menorrhagia.
 103 Abortus.
 104 Cessatio Mensium.
 105 Leucorrhæa.
 (Cancer Uteri, vide Cancer, G. 40; Hydrops Uteri, vel Ovarii, vide Hydrops, G. 28.)

VII. ORDER, DISEASES OF THE EXTREMITIES.

- 106 Podagra.
 107 Rheumatismus. Species—1, Acutus—2, Chronicus.

A
LECTURE

DELIVERED IN THE
ANATOMICAL THEATRE,
PETER-STREET,

CONCLUDING
THE SESSION, 1825.

By **JOHN KIRBY,**
ONE OF THE LECTURERS AT THE INSTITUTION, &c.

DUBLIN:
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1825.

THE STUDENTS
ATTENDING THE
COURSE OF LECTURES
ON
ANATOMY AND SURGERY,
AT THE
THEATRE OF ANATOMY, PETER-STREET, DUBLIN.

Printed by R. Grubbery,

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ON
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AT THE
THEATRE OF ANATOMY, PETER-STREET, DUBLIN.
BY
THEIR OBEDIENT SERVANT,
AND SINCERE FRIEND,
JOHN KIRBY.

*Harcourt-street,
May 2, 1825.*

THE STEPHENS
COURSE OF LECTURES

ANATOMY AND SURGERY

IN THE ANATOMICAL THEATRE OF THE
UNIVERSITY OF DUBLIN

BY JOHN STEPHENS, M.D.
F.R.S.E. &c.

AND JOHN HUNTER, M.D.
F.R.S.E. &c.

EDITED BY JOHN HUNTER, M.D.
F.R.S.E. &c.

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1911.

LECTURE,

§c. §c.

GENTLEMEN,

BEFORE we close the labours of the present session, I beg leave to address you in my character of the first founder in Ireland of a private Institution for the promotion of Anatomical and Surgical Science, and as one of the conductors of an establishment for the instruction of those who intend to profess the art of surgery. It is now a matter of comparatively little importance to enlarge on the inducements which led me to an undertaking of so great a magnitude,—one which, at its origin, not only excited surprise in the members of

our profession, but even awakened doubts of the sanity of the individual whose money, whose health, whose labour, and whose time were to be expended, to secure its permanency, and to render certain its efficiency.

At a period when the schools of Surgical Education had not yet come into vigorous action, or were rather languishing in apathy, and our youth were obliged to seek professional instruction in foreign countries, it did not require much observation to perceive the causes which retarded the advancement of surgical science in Ireland, depriving us for such a long period of years of that character as surgeons, which we now begin to enjoy, and which our neighbours, with minds hitherto shackled with an illiberality unbecoming the enlightened professors of a useful and dignified science, are at length disposed to confess we begin to merit. Although the discovery of the cause of Ireland's retardation in this particular was not a matter of much difficulty, still it was far from easy to prevent the continuance of its operation, or to find a remedy

for the consequences it had already entailed, and which were now too obviously rooted with an almost incurable inveteracy.

The fame of the foreign universities and schools of anatomical and surgical education, so deservedly and widely extended, it was easy to perceive would exert a powerful interference against the humble efforts of an infant Institution at home. This was a natural opposition; one whose influence was readily foreseen, and which could not be combated or overcome except by time, unremitting industry, and powerful exertion. Although these circumstances were calculated to discourage those, who sowing late, expect an early harvest, and who have no reliance on their own perseverance; on my mind, long reconciled to labour and fatigue, they produced but an inconsiderable degree of impression. Far from sinking under these discouraging disadvantages, they supplied me with increasing energies, while I felt myself supported by the inspiring hope, that I should live to enjoy the good which lay remotely within my prospect; and

that, before I died, I might have the gratifying acknowledgments of men who saw my labours, who witnessed my anxieties, who were partakers in my fatigues, and who could value my exertions. In these particulars my wishes have been fulfilled, and my ambition satisfied. I have seen the day, when in this our country surgical science was oppressed with lethargy; when the professors of our art, bewildered with hopelessness, and overcome with despair, stood by the bed-side in which it lay palsied, and sinking in obscurity. If this was a painful sight to one who loves his profession, and is devoted in attachment to his country, an ample recompense has been received from the manifestation of that spirit, which has been quickened into action, whose increasing influence is yearly experienced, whose power, diffused through this kingdom, will yet be the subject of general acknowledgment, and of foreign admiration; and by which, if carefully nurtured and properly directed, Ireland may one day rival the medical reputation of her neighbours, and may far exceed that of the continental schools. These may be visionary hopes,

and unreal views of national glory; yet, they are not to be relinquished. They have been, in a great measure, the source of the incitement, which the present period experiences. In minds equally warm with that which first felt, and now acknowledges their animating influence, they may continue to awaken new feelings of ambition, and to discover new sources, from which our surgical character may hereafter receive considerable accessions to its respectability.

The natural obstacles offered by the celebrated schools of surgical science to the feeble competition of an infant establishment, raised by an individual who had little to recommend him but his zeal—who had no patron but his own industry—and in a country too, where every scheme was accustomed to wither in neglect, and meritorious efforts to be consumed without reward;—these constituted impediments of a formidable magnitude. However, it was to be anticipated, that these would give way before the irresistible force of perseverance.

Great as were these difficulties from without, they were but grains of opposition, compared to the gigantic barriers, which by unnatural hands, guided by the impulse of unnatural dispositions, were reared at home against the progress of a new institution. But these have also given way, and this Institution, proud at the difficulties it has surmounted, triumphantly feels, not only that it has survived the illiberal attacks of combining interests, and undermining calumny, but likewise, established the important certainty for other institutions with similar objects, that, whatever may be the embarrassments of their birth, or the disadvantage of their infancy, they will be ultimately surmounted by patient exertions, and a proper exercise of liberal feeling.

At a time, when the opposition which aimed at the destruction of this institution, has ceased to exist, or fears to proclaim the shameful publicity which its cunning was not sufficient to conceal, these observations may appear un-called for, and may seem to possess an invi-

dious tendency. That I am actuated by any motive inconsistent with the principles which hitherto regulated my conduct, or derogatory to the character in which I address you, I must be permitted to disavow.—Gentlemen, I would blush, was I obliged to confess to my own heart, that I retain an uncharitable recollection of the efforts which were made, and the schemes which were devised, to crush an individual who sought professional advancement by no other means than an honourable exercise of his industry, and to ruin an establishment that promised to be useful; one, from which, without the apprehension of a sustainable contradiction, I may assert so many solid benefits have already emanated to this country. Reasons, widely different from those, in which these observations may be supposed to originate, have induced me to dwell, for the last time, upon a subject, now capable of exciting no other sensation in my mind than one of regret. It is painful, indeed, to think that there should exist any persons, who professing themselves labourers in the fields of science, from selfish

views, endeavour to render abortive the efforts of those who may be engaged in the same pursuits. Were you, gentlemen, aware how far the progress of surgical science has been interrupted in this kingdom by a narrow spirit of monopoly, which ever affords resistance to every attempt at improvement, you would, with me lament, that it ever had its fatal existence; you would feel indignant at such principles. Were these principles no longer operative, indignation might subside, and lamentation cease. It is melancholy, however, to be obliged to confess, that this spirit of opposition is still abroad. Withdrawn from an establishment, which withstood the unavailing torrent directed against its interests, it has changed its objects, and seems to have transferred its efforts at destruction against the new and numerous institutions which begin to erect themselves within our city:—Institutions of which we should feel proud,—by which our poor cannot fail to be benefited,—by which talent will be cherished, and from which the Irish surgical character must derive a

reputation creditable to its industry, its objects, its zeal, and humanity.

Was I not to seize this public opportunity of condemning a disposition so hostile to professional advancement—so disgraceful to the individuals in whose bosoms it is nurtured—so derogatory to, and inconsistent with our declarations of liberality, I would apprehend it might be imagined I had enrolled myself amongst those, who jealous of the success of others, or envious of their prosperity, unite to overwhelm every individual and every establishment which holds out the promise of private good, even though the interests of society, and the character of Irish surgery were to be buried in the ruins they had made. I desire, publicly, to disclaim their sentiments. They are not, in any part, such as I entertain.—Mine are the sincerest hopes, that institutions, calculated to promote surgical science in this country may annually increase. That their founders may receive the rewards which always await on persevering, industrious talent.—That you, in your turn, may derive from them an incitement to similar under-

takings, and that society, hereafter, with gratitude to her benefactors, may, in acknowledgments to you, repay those whose example you have thought it praise-worthy to imitate.

When a foul opposition and deep conspiracy sought to overturn the Institution from which I now address you, silence was necessarily imposed on me. My own voice, the only advocate I could employ, would be suspected of pleading the cause of my own interests. Whatever defence I might have made—whatever arguments I might have adduced to expose the designs of my opponents, alloyed by the imputation of selfishness, with which they might be charged, would have been heard without attention, and urged without effect. Time, from whose search no motives of human actions are concealed, was the source of my reliance. To its unerring tribunal I fearlessly appealed.—Things, however, are now opposite.—The silence I was obliged to observe, when my own interests were concerned, and my heart

so deeply engaged, cannot be necessary, when my design is, not to defend myself against attacks upon this Institution, but to fortify your breasts against impressions unfavourable to the establishment—to generate in your minds a disregard for those sneers, which the face of illiberality and selfishness wears, and to excite a disbelief in the sincerity of that advice, which, professing to guide you to the true source of professional attainment, influences you to confine your opportunities to such as are afforded by a particular Institution, or to undervalue the advantages likely to accrue from an attendance at other places of anatomical and surgical education. Although I consider these cautions necessary at present, I am free to acknowledge they are less so than they were formerly. The senior students begin to think for themselves. They begin to look for instruction at every fountain which promises to produce it. The more elementary students will soon be influenced by their example. It may therefore be hoped, that before the expiration of many seasons this despotic authority will no longer

exist, which, actuated by feelings to be banished from the breasts of men, dignifying themselves with the appellation of Philosophers, exercised an undue power over the minds of our surgical youth—taught them an unnatural slavery—circumscribed the means by which they could emerge from ignorance, and attain those high acquirements which are never to be procured while the opportunities of knowledge are diminished, and the reason kept subject to any other dominion, than that under which it is placed by the unbiassed exercise of its own operations.

In the prospectus originally published of the plan of education pursued in this Establishment, I proposed to remedy the defects of former systems of instruction in this country. How far the plan I devised, and the methods here pursued, are calculated to promote the ends I had in view, confiding in their favorable testimony, I appeal to the reputation with which the name of this school is extended abroad, and to that concourse of pupils who

received their education here. It is pleasing to reflect they retain with gratitude the recollection of that light, which from this place was shed upon their path, and conducted them to independence and respectability.

The claims which this Institution presumed to entertain from the liberal principles in which it was founded, and the importance of its object, it still continues to feel, augmented by the consciousness that it has never aimed at any thing more sincerely than the fulfilment of its promises, and the interests of its pupils; and by a determination, with which nothing can interfere, to be more abundantly useful in succeeding seasons than in any of those which have hitherto passed by. With these dispositions, the accommodation it possesses, and the choice collection of preparations which constitutes our Museum, I do not hesitate to express my confidence, that this Institution will secure the advancement of its pupils, and attach them to its interests, when with judgments more matured, they reflect on its exertions, and can form a proper estimate of the

advantages enjoyed from its opportunities. To assist you in appreciating them hereafter, and to prevent those uneasy feelings of disappointment which originate in inconsiderateness, and a want of acquaintance with the difficulties which surround a lecturer in our science, I am induced to enlarge somewhat on the meaning which we intend to convey, when it is said, we propose to deliver a course of lectures on anatomy and surgery.

By the Royal College of Surgeons in Ireland a course of lectures has been defined at six months. This circumstance argues a conviction, that within a period more limited, it is impossible to comprise the number of subjects which require to be treated of in consequence of their importance. While this body has marked the limits of their course, custom has fixed, at an hour daily, the period to be allotted to the delivery of a lecture. Controlled in point of time, the lecturer is left altogether at liberty in other particulars. He may pursue any method which he pleases to adopt; he may select from the objects of our

science such as are most entertaining to the mind, or such as he esteems most essential to the purpose of improvement. The subjects of his choice may be few, may be handled comprehensively, and at a length proportioned to their importance: or they may be as numerous as the subjects of the science, and may be severally touched so lightly, that the view is circumscribed by narrow bounds, within which so many objects are crowded, that the impression which each makes must be unavoidably superficial, and that of all necessarily confined. To us it has always appeared of much more consequence to make a proper selection from the variety which our science embraces, and to treat it with that perfect attention which it deserves, rather than to compress into a period, though long, still too brief for the accomplishment of all that is to be done by a teacher ardent in the cause in which he is engaged, the topics which an anatomical syllabus comprises, or the catalogue of the nosologist unfolds before our view. According to my idea of the perfection of a course of lectures, it depends more on the propriety of the se-

lection of materials, the purity of the ingredients, and the skill with which they are combined, than on either its duration, or the multiplication of their numbers, and the consequent rapidity of the process with which they are worked up into use. Influenced by this opinion, it has been hitherto our principal aim that the course of lectures delivered in this theatre shall be distinguished for the suitable copiousness with which the subjects under consideration are treated, rather than for the number of those topics which might be introduced, without the possibility of communicating instruction. To those who form a different estimate from mine of that in which the excellence of a course of lectures consists, the plan pursued here will in all probability appear defective, and with such the omissions connected with my scheme may be construed into evidence of carelessness, or may even be imagined to proceed from a disregard of the covenant which a lecturer enters into with his audience, when he proposes to direct them in the pursuits of science. These are not ideal apprehensions. They have been realized in

every establishment similar to this; and I am full well aware, that the courses delivered here have been sometimes thought deficient, because they did not comprehend every matter appertaining to anatomy and the theory and practice of surgery.

At the conclusion of a course I have heard it sometimes remarked, we had omitted certain subjects, and that their omissions constituted no inconsiderable imperfection. It had been forgotten, however, how much time had been consumed, and what labour had been expended upon subjects of more moment than those we had neglected, and less immediately concerned the nearest interests of surgery. What had not been touched upon in the surgical division of the course, it should be recollected, was treated of in the anatomical, when it appeared intimately connected with the parts under review, or seemed calculated to awaken your interest for details which, had it not been for these enlivening and necessary digressions, would have been listened to with apathy and fatigue. It is true, we have some-

times neglected to make the milder forms of whitlow and chilblain the subject of lengthened discourses. But we have done so, with the intention of devoting weeks to fractures, luxations, herniæ, the diseases of the urinary organs, &c. &c. subjects which may be dismissed in a very few lectures, by those who desire no more than to have the power of saying they left no surgical disease unspoken of. It is my desire, that this explanation should not be received as an apology or atonement to those, who have already conferred on us the honour of their attendance. To these Gentlemen I have already made my acknowledgments, and expressed my regret that circumstances did not permit us to be as abundantly useful in our office as the sincerity of our wishes for their advancement would lead us to be. My design is, rather to vindicate our determination to persevere in a plan suggested by reflection, and proved by experience to be better calculated than any other that could be devised to secure the important ends, for the attainment of which young

men assemble here. I also wish, by this public notification of our intention, to provide against those observations which disappointment might hereafter suggest, were any of those who hear me at present uninformed in these particulars, to enter on an attendance upon the ensuing course of lectures.

Various motives influence different people at the several periods of life. When I first undertook the arduous task of teaching the science of anatomy, and I embarked in this establishment a sum too considerable to be risked by a person of a more calculating and less ambitious mind than mine, I feel no difficulty in declaring, that many of my hopes terminated in the advancement of my means, while others led to the gratification to be obtained from the anticipation of acknowledgments I should yet receive for my exertions in a country, whose name was not mentioned amongst the schools of surgical science. No hope, which inspired the undertaking, or contributed to defeat the op-

position which oppressed it, I thank Heaven, remains to be realized. My means have improved equal to my most sanguine expectations; and this Institution has earned for its founder all the professional advancement he enjoys. But the time when I derived emolument from this Establishment no longer exists. There is a period, too, beyond which the character of a lecturer, who is also a practitioner, ceases to be benefited by his labours as a teacher.—Why I should continue these labours, when I cannot promise myself any accruing advantage, is a question which has been frequently urged. The same circumstances which suggested this question to my friends, seems to have induced many to conclude, that each course of lectures would be the last I would deliver. This impression, for some seasons past, I have had an annual occasion to remove. It is my desire to do it away at present, and to prevent the recurrence of it in future, by thus publicly declaring my intention to preserve the relation in which I now stand to this Establishment, as long as I feel I am capable of being of service

My Medical Notes
MEDICAL STA
A LETTER LIBRARY.

TO THE
 RIGHT HON. THE SECRETARY OF STATE
 FOR
 THE HOME DEPARTMENT,
 CONTAINING
 REMARKS ON THE REPORT
 OF THE
 SELECT COMMITTEE OF THE HOUSE OF COMMONS,
 ON ANATOMY,
 AND POINTING OUT THE MEANS BY WHICH THE SCIENCE MAY BE
 CULTIVATED WITH ADVANTAGE AND SAFETY TO
 THE PUBLIC.

By G. J. GUTHRIE, F.R.S.

PROFESSOR OF ANATOMY AND SURGERY TO THE ROYAL COLLEGE
 OF SURGEONS; SURGEON TO THE WESTMINSTER HOSPITAL,
 AND TO THE ROYAL WESTMINSTER OPHTHALMIC
 HOSPITAL, &c. &c. &c.

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A LETTER

TO THE

RIGHT HON. THE SECRETARY OF STATE

FOR

THE HOME DEPARTMENT.

The report of the select Committee of the House of Commons on Anatomy, which was published in the year 1834, and which has since been the subject of much discussion, has been the subject of much discussion, and it is desirable that the Government should be enabled to form a correct opinion on the subject, and that the necessary enactments should be formed, and it is desirable that the Government should be enabled to form a correct opinion on the subject, and that the necessary enactments should be formed.

LONDON:

PRINTED BY T. BRETTELL, RUPERT STREET, HAYMARKET.

A LETTER

TO THE

RIGHT HON. THE SECRETARY OF STATE

FOR

THE HOME DEPARTMENT.

It is not my intention to argue those points which the select Committee of the House of Commons on Anatomy have noticed, and in my judgment estimated rightly; but only to inquire into others, which may possibly be erroneous, as resulting from the examination of medical men. The Report of the Committee will, in all probability, be followed by some legislative enactments; and it is desirable, that these should be formed after the most mature consideration of the subject.

The absolute necessity for legislative interference of some kind, seems to be admitted by all parties. It is required in a moral and political point of view, not only as a safeguard to the public, but as an act of justice to the medical profession; which, from the construction the law has latterly received, ought not to be delayed.

It is agreed, that the study of anatomy, by professional persons, is indispensably necessary for the

comfort and well being of mankind—that it is of more importance to the poor than to the rich, that the junior and inferior classes of medical practitioners should be, at least, tolerably conversant in anatomy. The rich can at all times command the best assistance; while the poor (such is the constitution of society) must take that which is offered to them. This statement, though subject to many exceptions, may be received as generally true; and if it be received, it is clearly incumbent on the rich and the powerful to take care that no act of theirs shall limit the extension of that information, which it is admitted all medical men ought to possess. Yet it is owing to their acts, in one capacity or another, that the diffusion of anatomical knowledge is prevented. The senator makes laws, under which punishments are inflicted upon surgeons found dissecting, or even having dead bodies in their possession. The judge, who causes these punishments to be carried into execution with the greatest severity (for the charge of the judge to the jury is generally decisive of the nature of the verdict), does not hesitate to recommend to another jury in a civil action, to give ample damages against any surgeon who may have been found deficient in that same anatomical knowledge, which he had, in a criminal court, previously punished him for trying to acquire; so that the same laws may be said to prohibit the acquisition of knowledge, and to punish a man for

not possessing it. The jury who awarded damages against a surgeon on account of his ignorance of anatomy, will, in their several other capacities of churchwardens, overseers of the poor, and governors of hospitals, immediately walk to their respective parishes, poor-houses, and hospitals; and take all possible pains to prevent, perhaps, the very same man from obtaining that knowledge (which is only to be gained by dissection), and which they have just punished him, and would punish him again, for not having acquired. They will even expend large sums (although committed to their charge for other purposes) in the burial of persons who have no friends, rather than suffer the surgeon, or his pupils, to take them for dissection. This is said to arise from a prejudice against dissection, and from respect for the dead; but, it is really not the fact; few people have any prejudice on the subject; very few, indeed, care any thing about the matter, when their own family or friends are not concerned. It arises from the petty authority which these persons discover they can exercise over the surgeon, and frequently from a sort of envy of the superior station his attainments give him in society. A difficulty on these points rarely if ever occurs with a body of men who have been well educated, and live in the higher ranks of life. They are always willing to yield in favour of science; they only require that what is done, shall be done as decently and respectfully as circumstances will

admit. The man who opposes the decent dissection of the body of a person who has no friends, and who is to be buried at the public expense, will generally be found to be a person without education, and who late in life finds himself clothed with a little brief authority, which he never expected to possess. Such a person will say, if the doctors want dissection, why do not they leave their own bodies for that purpose? apparently, quite unaware that it is the personal interest of every medical man, who possesses a certain degree of knowledge and reputation, to keep all others in ignorance. The greater the number of well-educated surgeons, the less will be the profit accruing to each. The desire manifested by the ablest and most valued physicians and surgeons of the present day, for the encouragement of anatomical science, is a strong instance of the disinterestedness of the profession.

The introduction of the cow-pox deprived almost every physician and surgeon of half his practice; the loss which each individual suffered was not for a moment considered; and their own personal interest yielded to the comfort and happiness of their fellow-creatures. The general diffusion of anatomical knowledge will have a similar, if not a greater effect, on the income of the profession; the same sum will, in fact, be divided among a greater number of persons: it may, indeed, be less, as the competition becomes greater; for there are

many people in this great town, who will bargain for their lives, as they would for their shoes; and when they ask "how much" they have, or will have to pay for an operation, or a long attendance, mean to imply by that, "how little." If a surgeon performs an operation for a poor man, by which his life is saved, or he is relieved from excruciating agony, or restored to sight; who is the person benefited? If it be necessary at a subsequent period, that a body be dissected, in order to enable another surgeon to perform a similar operation on another person; and there were only two bodies to be obtained, those of the patient who had been relieved, and of the surgeon who relieved him—whose body ought to be dissected? Is there a reasonable man in England will say the body of the surgeon? Suppose the patient has given the surgeon five hundred or a thousand guineas—does it alter the matter? He has acquitted himself of a debt of gratitude towards his surgeon: but has he acquitted himself towards his Maker—towards mankind at large? I answer, that he has not done it; and if a body must be dissected, in order that similar benefits be conferred by others on the rest of mankind, the body of the man who has been relieved, is the first on which the public has a claim.

This leads us to inquire, whether the objection to, or prejudice against dissection, has been personal, as regards the individual, or is dependent on

the feelings of the friends who survive. There can be no doubt that it arises from both causes, although the latter preponderates in a very marked manner. Few individuals really care much what becomes of their bodies after they are dead; they have lived as other persons have done, and they wish to be buried, or disposed of, according to the custom of their country. It is the last sad duty of their friends to attend their remains; and it is considered either as a want of regard, or of respect for the dead, when it is not done in the usual manner. When a person is dissected without Christian burial, or exhumated afterwards, it is the feelings of the surviving friends which are injured; it is their rights which are outraged, and they resent it accordingly. Many individuals, and medical men in particular, would devote their bodies to dissection, if it were not that they do not wish to distress those whom they leave behind them. It has been said, that dissection is objected to because murderers are dissected; but of the truth of this supposition I entertain great doubt: indeed, there does not appear to be the slightest foundation for the assertion. When the examination of a body, whether of the rich or of the poor, is solicited by a physician, when did he receive a refusal, on the ground that murderers only were opened?—Never. Such a thing never entered into the imagination of any one. It is declined always on the score of the feelings of the living being adverse to such a pro-

ceeding, principally from delicacy, partly from prejudice, but in no case arising from the stigma attached by law to dissection. When permission is given to open a body, it is often accompanied with the express condition, that no part whatever shall be taken away, in order to be preserved in the museum of the anatomist. It is the feeling which dictates this request, that operates against the complete dissection of a body. If a relative or friend submits to have the body of his relation or friend examined, as a debt due to mankind; and in order to facilitate the means of obtaining information, by which the sufferings of others may be mitigated or removed, he sacrifices his feelings only for a moment; but if he were to yield a beloved mother, wife, or sister, for complete dissection, he has, in the first place, to conquer the feeling of the indelicacy of the proceeding; and, secondly, the horror of afterwards hearing, that various parts of the person he most esteemed and loved, are exposed in bottles, for the contemplation of the learned, and the gaze of the curious. It has been proved that where dissecting establishments have been attached to hospitals, they have not had the slightest influence in diminishing the number of applications for admission; although it is the common opinion of the poor, that all who die without friends are regularly dissected in them. They place no reliance on the form of burial they see going on; they do not believe the body is

actually buried in the coffin, which goes to the churchyard; still they are not deterred from seeking admission into hospitals; they care very little about the matter. I have, at this moment, a patient in the Westminster hospital, whose life I have saved more than once within the last two years. He has lately lost an arm, and the operation was followed by an attack of inflammation on the chest. In explaining the case to the students, I said, "this man would long since have been dead, if his operation had been performed twenty years ago; he has been saved by the knowledge acquired during this period, in the dissection of similar cases." To the man himself, I said, half in jest (in order to try what effect it would have upon him, and the others in the ward), "I certainly will have a skeleton made of you if you die, that you also may be of use to others." His reply was, "if you do not, I dare say somebody else will, and I had rather you than any body." He said this, laughing loudly, in which he was accompanied by every other patient in the ward. If he were to die, it would be a matter of perfect indifference to them what became of him.

The doors of every dissecting room in London are always open, there is nobody to watch them, they swing backwards and forwards on a pulley and weight, that they may shut of themselves, in case any body leaves them open; every man may walk in and walk out whenever he pleases;

many persons do, but no one gives himself any concern about what is going on. The neighbours care nothing about it, and unless, from some accident, the place becomes offensive, no one interferes; although the resurrection men, for their own purposes, sometimes endeavour to excite a little commotion. In fact, the public care nothing about it, and the dissection of dead bodies requires only the support of the law, and proper regulations, to become as accessible a study in London as in any other part of Europe.

I have already said, the dissection of murderers does not give rise to a feeling adverse to the pursuit; I conceive it to be a mere fancy on the part of some medical men, who maintain this opinion. The bodies of these persons were first given over for dissection, for the public good, at a period when such operations were considered to be inconsistent with religious feeling, or the rites of the church. In a similar manner, previously to the Christian era, criminals condemned to death were, in Egypt, given up alive for dissection; and it is believed that Erasistratus and Herophilus did perform their dissections on living men, they themselves not being surgeons, but philosophers. In the discoveries which might be made, and were indeed then made, by such proceedings, the public good alone seems to have been consulted. When humanity forbade this legal dissection of living men, it suggested the offer made to criminals condemned

to death, of undergoing certain operations and experiments not necessarily destructive of life; which if they submitted to, and survived, they would escape the sentence of the law, and be pardoned. This practice proves, satisfactorily, that the advantage of the public was the object in view; and the same object in this very form has been advanced by a continuation of the practice nearly to our own time. When certain peculiarities of religious belief militated against the dissection of dead bodies, and the performance of surgical operations, as was the case amongst the Saracens, as well as afterwards among ourselves, some care was yet taken of the public interest, and the bodies of those who were supposed to have died without the sale of the church, were given over to dissection, not as a punishment, but because they were almost the only bodies which could, in a religious point of view, be so disposed of. Public good was the object then in view, the public advantage is the same great object now; only it requires to be accompanied by a proper respect for the feelings of individuals during their life, and, after their death, for those of their relations and friends. That part of the law which attaches the penalty of dissection to the sentence of death, on a murderer alone of all other criminals, should be extended; because it is too partial, and insufficient for the purpose for which it was originally intended. If the bodies of persons hanged for murder were

numerous enough to answer the purposes of dissection, there cannot be a doubt of the propriety of making use of them, in preference to all others; but as, fortunately, they are not in sufficient number, a further supply must be procured elsewhere; and where can this supply be more properly sought for, than in the bodies of those who have been hanged for other crimes? surely if the life of a man be taken for the public good, the body might be made use of also, if required, for the same purpose. It is not, however, to the bodies of persons who are hanged, that dissection should be confined; all persons who die under sentence for criminal offences, should be given up for dissection. If the fear of such a process ever deterred one person from committing a crime, surely on such people it should be allowed to have its influence. If, as is asserted, the dissection of such persons would affect the feelings of their parents and friends, it may have a beneficial influence in the prevention of crime; but their feelings should not be allowed for a moment to preponderate against the public good; and it is very rarely that they would be brought in competition with it. Few of those who die in the hulks, or on the criminal side of gaols, have friends who care what becomes of them, either alive or dead; and when they do die under sentence, they are frequently, if not generally, buried at the public expense.

There is a peculiar reason why the bodies of

criminals should be dissected, in preference to all others. It has been gravely stated, and some faith has been given to the assertion, that, after dissection, the remains of the body may be still buried with religious rites and ceremonies. Some converts to dissection have, perhaps, been gained by this statement, than which nothing can be more unfounded; for few of the bodies given up for dissection either can, or ought to be afterwards, committed to the ground. I have no hesitation in saying, that few ever will be buried, either whole or in detail: and the person who says otherwise, being a competent judge of these matters, either wilfully deceives others, or willingly deceives himself. If anatomy could be learned by casts and drawings, there would be no need of dissection: it is not the bare enumeration of parts which constitutes a knowledge of anatomy. It is only by the strictest acquaintance with the relative situation of these parts, connected with each other by the cellular tissue, and by the removal of this tissue by dissection, that it can be acquired. It is the separation of each part in very small portions, which establishes, in the mind's eye, an intimate acquaintance with the whole structure. It is this knowledge that enables the surgeon, during the performance of an operation, to see each part, as it were, rising into view before it appears, before it is within reach of his knife. The soft parts being thus treated, what should be done

with the bones? they ought to be in the possession of the surgeon, articulated (as it is termed) or made into a skeleton, so that at all times they may be referred to. No surgeon is competent to the exercise of his profession, who has not a set of bones for this purpose; they are more important to him than his amputating knife. No serious accident can befall a patient under his charge, in which any of the great joints are implicated, that he will not be glad to refer to the skeleton. Men of the greatest ability, of the most extensive practice, often resort to this study in doubtful cases. How much more necessary then must it be for those of inferior talents and little practice, to have recourse under similar circumstances to this memorial? They ought to have in their possession, the half of a body, with the bones articulated by wires, and capable of being easily separated; a second half should be connected by the natural ligaments, dried; and they should have a third portion of another body, showing the blood-vessels and muscles, either dried or in spirits.

These preparations should be made by every surgeon; and that they have been made by the individual student himself, and are in his possession, ought, in my opinion, to be certified to the College of Surgeons by the anatomical teacher, previously to any candidate for the diploma being admitted to an examination. It should form part of his professional acquirements. I do not wish to enter

more in detail into what a student should do ; but I will repeat, that if three bodies be considered sufficient to give a fair knowledge of anatomy to each student, two out of the three neither can, nor ought to be buried. The bodies of criminals should furnish these parts for reference, as far as it can be done ; and thus render, after death, some service to that public which they had outraged during life. The remains of others may be buried ; but it should be done privately, and without ceremony ; those religious rites, which it is no less our duty than our inclination to afford, having been performed previously to the dissection taking place. I have thought it proper to state the fact, in order that there should be no deception, on any side, in discussions of this nature.

It has been said, that the dissection of a murderer always gives rise to inconvenience, from the number of visitors to see the body ; and therefore murderers should not be dissected. The inference ought to be the reverse. Thirty years ago none wished to look at the body of a murderer ; now, the desire for knowledge induces many to overcome their prejudices, and not only to look at a dead body, but to hunt it out in a dissecting room ; and examine all the bumps on the head, and compare the resemblance with the penny wood-cuts placed at the head of his dying speech and confession. The next step would be to dissect him themselves, or at all events to assist at it ; and an

able teacher might readily avail himself of this curiosity, to conciliate and gain over every one of these persons to his support. The very fact, that the increased desire for knowledge has brought indifferent persons into a dissecting room, in such numbers as to make their presence troublesome, shows that prejudices upon this point are fast subsiding.

It has been proposed to take the bodies of suicides : but this is contrary to the principle by which dissection should be regulated, unless they are destitute of friends. I do not believe one man was ever prevented from committing murder or suicide by the fear of being dissected. A person who destroys himself is rarely sane at the time ; and the aberration of mind which leads to it is almost always accompanied by an uncontrollable desire to commit the crime, which no reasoning can subdue. I have had many opportunities of convincing myself of this, in an incontrovertible manner. A gentleman, with whom I was intimately acquainted, suffered for a long time from a constant state of despondency, which he could not shake off : he felt (he said) an oppressive weight in the center of his head that nothing could remove, that was always present, that was never for a moment forgotten, even when in society, and when apparently cheerful. When alone, the feelings it gave rise to rendered life a burthen, and his only relief seemed to be derived from

thinking of the means of destroying himself. The contemplation of this always gave him pleasure, and he one day emphatically expressed himself to me in the following terms:—"You are my executor, and if you hear that I have made away with myself, do not be surprised; there is not a man in the world would feel himself happier at the approaching consummation of any object to which his mind was intently directed, or his desires excited, than I should at this moment, at the thought of destroying myself—it would be to me the greatest happiness: but I have still sense and religion enough to resist this propensity, and I hope God will still give me strength to resist; but I am in great fear." A few months afterwards, on waking in the morning, he felt his head was relieved from the central pressure which rendered him so miserable; he thought his death was at hand, of which this returning sense of health and comfort was the forerunner, and he awaited its approach with thankfulness and resignation. Finding it did not take place, and the feeling of renovated health continuing, he got up, dressed himself, and, to the surprise of all his friends and acquaintances, seemed a perfectly different man. From a silent melancholy person he became a very loquacious visitor; those who had known him in his youth, said it was his natural disposition, and that he was himself again. This continued for about a year, when an accidental

indiscretion, which he had the misfortune to commit, preyed upon his mind, brought on his former complaint with even redoubled force, sunk him to the lowest abyss of despair, and at last induced him, I fear, to hasten his death by his own hand. If this gentleman had died in poverty, and his body had, for want of friends, been sent to the parish workhouse to be buried, there could be no objection to its being given up for dissection; but having friends, and leaving the means for interment, the seizure of the body, under any laws, would be an act of oppression and injustice to which the public would not submit. It would be an unnecessary irritation of the feelings of the friends of the deceased, in every instance, that could not fail to have the most injurious effect, and would soon cause the abandonment of all legislative interference on the subject.

The bodies of suicides, of persons found drowned, or dead in high-ways or by-ways; in fine, the bodies of all dead persons having no relatives, or known friends to bury them, and who, on the present system, are buried at the expense of counties and parishes, should all be given up for dissection.

The only additional, proper, and reasonable source of supply of bodies for dissection, if more be required, is from among the poor who have no friends to bury them—none whose feelings would be outraged by the knowledge of their being dis-

sected. The Report of the Committee treats this matter in a proper point of view, with one exception. It is, that the bodies of certain poor only should be taken for such purposes, and not of the whole. Poverty is a misfortune which does not place the unfortunate sufferer without the pale of human kindness and feeling; it befalls many, who at former periods of their lives have lived in comfort and respectability, if not in happiness. It may occur that many persons (and I have known several so situated) become chargeable to the public, and die in a workhouse, without friends to bury them, whose feelings for a period before their death would be embittered, by the thought that they were, on that account, to be delivered over for dissection. I have been told, that the giving up the bodies of criminals for dissection is an additional punishment, almost beyond the law, and after death; which I admit most readily: but, I ask in return, whether this proposed dissection of persons who die poor is not also a punishment, if dissection be a punishment, and one of a worse description, because it is for no fault but poverty—in many instances, a virtuous and honourable poverty, the result, perhaps, of unavoidable misfortunes, and of old age, but not of crime. The public good requires it, will be the answer; and I again admit the reply: but justice is to be observed, even in the demands of the public; and where is the justice in taking the body of a poor person, solely because it is the body of a

poor person; whilst the remains of those who die under a criminal sentence, or are deprived of life, as criminals unfit to live, are to be treated with respect? If such a measure be adopted, it will be a monstrous act of injustice to the poor of this country. Some poets, some dramatic writers of our times, have painted the crimes of robbery and murder in such glowing, such seductive colours, as to make their perpetrators almost heroes, and their deaths by the hangman merely an heroic expiation of a trifling error. It yet remains for our legislators, in their places in parliament, in the face of the nation, to inform the public: that the dead bodies of thieves and murderers are to be treated with a respect which is to be denied to those of the labourer and the artisan, guilty of no crime, but that of having died in virtuous and honourable poverty.

It is not then the bodies of all the poor who die in workhouses, that ought to be taken for dissection. A great distinction should be made among them, and every attention should be paid to the wishes of deserving individuals, whenever they are expressed on this subject. There are in all workhouses a number of persons residing temporarily, on their way to other and distant parishes, who, dying accidentally or rapidly under disease, have no knowledge of their approaching dissolution. There are other dissipated and reckless characters maintained in them for years, who care

nothing about it; and there are others again who, distressed or in misery, take refuge in these asylums without a thought on the subject. Whenever a poor person, in a workhouse, saves a sum sufficient to provide for his interment, it should be faithfully applied to that purpose. When a poor person, who has maintained a *respectable* character during life, expresses a wish on the subject to the proper authorities of the workhouse, it ought to be honestly complied with. A certain degree of discretion and power must be conceded on this point, and at first it may be abused; but after a little time, the authorities, who may have been inclined to evade the delivery of the bodies, will gradually yield, when they see the matter legalised, and acted upon generally. Perhaps, too, a greater willingness will arise from the saving resulting therefrom to the parish: and if this did not place things on a proper footing, a return made quarterly would soon prove the fact; and any two or three police magistrates, on an information being lodged, might easily make the evasion of the law clear to the Secretary of State for the Home Department.

The number of bodies said to be required for the schools of anatomy in London alone, may, at first sight, appear so great, as to raise a doubt as to the possibility of supplying them by the means indicated; but a little investigation will show, that a much smaller number will suffice. In a

memorandum given to Mr. Fowell Buxton, and by him transmitted to Mr. Peel, five years ago, I stated that seven hundred bodies, annually, would be an ample supply; and I see no reason now to alter that opinion. In the best time of Mr. Brookes, when his anatomical class was full, and subjects were easily procured, the number dissected in one year never exceeded one hundred. The fact is, students have not time to dissect more than one body in a season, the other various studies required from them rendering it impossible. They cannot in general dissect so much, and few would do more if they could find the time: they might, perhaps, have parts of more bodies, and waste them if they could be procured, readily and cheaply; but they would not bestow upon them that time and labour, which is necessary to make good anatomists. The greater number of students will only take the trouble to acquire just as much knowledge as will enable them to pass an examination, and no more. The dissection of one body, which has been divided into four or five parts, each part being taken up in succession at short intervals, so as to occupy the space of sixteen months, will, with a reasonable degree of previous knowledge, and in many instances without it, make a student a very tolerable anatomist. If two seasons be allotted to this study in London, two bodies will be amply sufficient, unless it is intended that a man should be an

anatomist of the first class, when there should be no limit to his study and to his dissections. The performance of surgical operations need not interfere with the subsequent dissection of the parts; indeed, little advantage will be derived from having performed an operation on a dead body, unless the parts are dissected afterwards, in order that the student may see what he has cut, and what he ought to avoid. If subjects are too easily procured, they will not be sufficiently valued, and this kind of dissection, as well as others more minute, will be neglected. The same thing holds good as to the sum paid for them; too low will be almost as detrimental as too high a price, to minute anatomy. When the price is very high, every part is minutely and most carefully dissected; when too low, it is despised, and thrown away for the slightest cause. To maintain the respectability of the profession, education should not be in any point too cheap, and the current price of thirty years ago, when there was no scarcity, cannot be considered unreasonable at the present time.

If, by the means which I have now pointed out, a regular and sufficient supply of dead bodies, in an authorised manner, were (as I believe it would be) ensured; the advantages resulting to the public would be, the abolition of the practice of stealing dead bodies, and the extinction of the class of resurrection men. It is unnecessary to

write one line on the abolition of the practice of stealing dead bodies. When the public is satisfied that it will be suppressed by the adoption of the plans recommended (but only on their adoption), any prejudice which may remain against them will yield, if it be not entirely removed. Of two evils, the least will be chosen; at present all classes of people suffer. By the adoption of the plans recommended, only those of bad character, or without friends, could be affected; and the better part of the public are little disposed to look to that which it does not feel, and hopes never to suffer. The extinction of the class of resurrection men, and their occupation, becomes every day more necessary. Formerly, there were but two or three such persons, who made a regular trade of stealing dead bodies, and they carried it on with some degree of decency; but this has long ceased. The increasing demand for subjects, and the competition of the teachers themselves, who would each give a guinea or two more than their neighbours, to obtain a first choice, or a preference in the supply, soon induced rogues and thieves of the worst description to become resurrection men, and raised the price of the dead body to a sum incompatible with the safety of the living. The Report of the Committee is very delicate on this point, but it ought to have been more full; the legislative public should

know, that the dealing in dead bodies gives an opportunity of committing murder with impunity. The safe disposal of the body of a murdered person is the most difficult part of the crime to accomplish. The body more often leads to the discovery, and the consequent conviction and punishment of the murderers, than any thing else; but if the ruffians who commit the crime connect themselves with all, or even one of a gang of resurrection men, the body could always be disposed of with perfect safety. Has death taken place by suffocation, or has the throat been cut? They have only to say it is the body of a suicide taken from a burial-ground in the country. The servant of the teacher of anatomy (who is in general one of the same class of persons) is too happy to get it at a cheap rate, to make much inquiry; and if death took place by poisoning, with few or no outward marks of violence, inquiry would not be thought of. The occupation of the resurrection man is a most fertile source of horrible villainy, and the welfare and safety of the public imperiously demand that it should be put down. There is not the slightest difficulty in doing it. Let the regular supply of bodies for dissection be duly organised under proper authorities, and no one would purchase from these persons: on the contrary, they would always be delivered up for punishment; and a residence in

the hulks at hard labour for seven years might probably offer a chance at least of retributive justice*.

In making arrangements for facilitating the study of anatomy in Great Britain, and in comparing it with the manner in which it is cultivated in other countries, and particularly in France, it must be recollected, that it is not permitted to every one on the Continent to open a school of anatomy, when and where he pleases; on the contrary, no one can teach, even in Paris, without the licence of the public authorities, and in the regularly-appointed places; and to these the bodies for dissection are brought, and duly distributed by persons nominated for the purpose. The whole is under a regular system of arrangement, which admits of little deviation from propriety, from the moment the person dies, until the body is delivered over for dissection. Public schools for dissection are not permitted in country towns, unless where

* The proof sheet containing this passage was in the press when the account of the trial and conviction of Burke, at Edinburgh, for the horrible murder of a woman, for the sole purpose of selling her body afterwards for dissection, reached London. It proves all I have said; and it is scarcely necessary to observe, that what has happened in Edinburgh may have occurred in London. My remarks have not originated without some reason, and more than one Member of Parliament can bear testimony to my having spoken more openly to them on the subject.

universities are established; they are allowed in the hospitals, but not in private establishments. In fact, the inclination for teaching rarely exists, unless under such circumstances, and it would not be encouraged if it did. I have no hesitation in saying, that nearly similar regulations are necessary for Great Britain. In London, and in cities possessing universities, and in large towns having hospitals containing one hundred patients at least, schools of anatomy ought to be recognised, after it has been ascertained that the establishments in every part are complete; but it will not be endured that such schools should be established in every town or place which has a physician or surgeon, who may think himself competent to raise such a nuisance, unless that place possesses the means of instruction in every other point. It might seem at first sight desirable, to limit the number of teachers, in each large town, and to permit only one anatomical school, to be attached to the hospital (for the Governors of an hospital will always control any irregularities which may take place); but this is objectionable, because the anatomical teachers are not always hospital physicians and surgeons, and some of the latter gentlemen have objected to anatomy being taught, except in London. The excess of teachers will always cure itself, the expense of teaching, under such circumstances, being greater than the profits.

Whilst, by compliance with an old law, the Council of the College of Surgeons of London restricted the teaching of anatomy and surgery to a few hospital physicians and surgeons, and others selected by them, I always objected to the restriction until it was removed. I have since carefully watched the consequences, and I am satisfied that no harm has been done. So far from having obstructed the views of those who formed the restriction, the removal of it will be the surest means of supporting them; whilst every man feels, at the same time, that no hindrance is given to his pursuits, save that which arises from public opinion, to which he knows he must submit. In saying that elementary schools of anatomy ought to be permitted and recognised in the larger country towns, possessing hospitals capable of accommodating one hundred persons at least, I only do that which I have always done; but I do not recommend the *immediate* adoption of the measure. The new arrangements should first be tried in London, where no one knows or cares what is going on, unless he is interested in it; and should they be found to work well, they may, by degrees, be extended to the country. Two years delay, in order to perfect the system, and to reconcile the public to it in London, where it will not come so immediately under observation, may be the means of firmly establishing it; whilst a precipitate adoption of this, or of any other plan, in every quarter

at the same time, may cause objections to be raised, fatal to its success.

The schools of anatomy in Paris are, under the orders of the administration, charged with the direction of hospitals, which are all supported and regulated by the Government. In London they are all, on the contrary, under the direction of the individuals who contribute to their support. Another source, therefore, for regulating the schools of anatomy and the supply of dead bodies must be sought for in London; and it has been suggested that a director of anatomical studies, or a person under some such title, might be appointed for that purpose. The slightest consideration will suffice to show, that when bodies are to be supplied by, and to, many different people, some regulations must be adopted, and some competent person appointed to see them properly and duly executed. It appears to me, that the Council of the College of Surgeons, which has already the superintendance of the dissection of criminals, is the proper public body to superintend the arrangement, under the Secretary of State for the Home Department; and the Secretary, or other officer the College may appoint, the proper person to carry the immediate regulations into execution.

The following plan is proposed under this system, and I would recommend the supply of dead bodies for public dissection to be derived from the following sources:—

1. All persons hanged, or otherwise executed, and for all offences whatsoever.

2. All persons who die under sentence for criminal offences, whether in the hulks, gaol, penitentiary, or elsewhere.

3. All persons who die in temporary or floating hospitals, in gaol, penitentiary, or other place of detention, or prison, from whatever cause they have been placed there, and who have no friends to bury them.

4. All persons found dead, from whatever causes, in highways, canals, or otherwise, and who, having no friends to bury them, are sent to bone-houses for interment, at the expense of the parish or county.

5. *and lastly.* The poor who die in work-houses, having no friends to bury them, having expressed no wish on the subject, and having no respectable or decent relatives to express it for them, either before or after death.

It is not proposed to interfere by regulations with the bodies of those who die without friends in regularly established hospitals; it being presumed that the surgeons of those institutions will properly apply them in the instruction of the students committed to their charge. In other words, it is not intended that the public schools of anatomy shall interfere with the private or public

instruction delivered by surgeons in their own hospitals.

The means of supply being furnished, the following regulations are proposed, to ensure a fair and regular distribution, which must be enforced, in one way or other, by legal enactment. It being understood that there are no laws on the subject to repeal, save that one, or part of one, which directs murderers to be hanged until dead, "and their bodies to be given over for dissection," and for the reception of which bodies the College of Surgeons is bound, by their charter, to find a proper place, which is at present in the vicinity of Newgate.

Laws proposed to be enacted.

1. Punishing all persons actually engaged in exhumating or stealing a dead body, or of selling it without authority, and who can be proved to have been so engaged after this Session of Parliament. For the first offence, six months to hard labour, and to find two securities, in fifty pounds each, for future good behaviour; to be kept to hard labour until procured. For the second offence, double the punishment. Medical or other persons knowingly receiving such dead bodies, three months to the tread mill, and a fine of one hundred pounds; to be kept to hard labour until paid.

2. Rendering the practice of dissection, and the possessing of dead bodies, legal; and protecting the persons so employed, and their property, by the same laws as protect persons and property generally.

3. Directing the five sources of supply of dead bodies, as at pages 30 and 31.

4. Declaring it to be illegal to require, or to take during life, in any hospital, workhouse, or other place for the reception of sick, or poor people, securities in money or otherwise for the burial of such persons. Penalty, twenty pounds.

5. Declaring it legal, and directing all treasurers governors, trustees, or others in authority, in hospitals or other places; and all vestries, churchwardens, overseers of the poor, and others in authority in the parishes, to give over for dissection to the College of Surgeons, or persons appointed by them, the bodies of all persons who have died, under their care or charge, without the means of burying them, and who have no relatives or persons previously known to have been friends, who are willing to do it; and all other bodies in their charge which come within the meaning of classes four and five, of the means of supply indicated, pages 30 and 31.

6. Appointing the Royal College of Surgeons of London, by their secretary, or other person nominated by them, the proper authority or authorities, to whose order the bodies are to be delivered.

7. The Royal College of Surgeons to report

quarterly, to the Secretary of State for the Home Department, on every point connected with this subject.

8. The funeral service to be read over all bodies (unless forbidden by law), before delivery for dissection.

9. Legalising the sale of a dead body by the friends of the deceased, after it has been viewed in the usual manner by the parish or other authorities.

10. The Council of the Royal College of Surgeons, in making regulations for the proper distribution of the bodies placed at their disposal, to find a proper cemetery in various parish churchyards for the interment of remains after dissection; and the Council of the College to be authorised to make such charge for each body as may be considered proper; subject to the approval of the Secretary of State for the Home Department.

11. All minor regulations of arrangement and detail made by the Council of the Royal College of Surgeons, and approved by the Secretary of State for the Home Department, to be binding on the different persons concerned. Penalty, twenty pounds.

12. Every dispute which may occur, and every offence to which a penalty is attached, to be settled by information laid in the usual manner, before any three police magistrates of the division in which the offence has been committed; and whose decision shall be final.

In order to enable all parties to act with precision, and a due regard to decorum, the following minor arrangements are proposed, under the authority of the Secretary of State, to be varied from time to time, by his sanction.

The Council of the Royal College of Surgeons, having the collection and distribution of all dead bodies intended for dissection, directs,

1. An establishment of men, four or eight in number, to be ready for service every evening in the winter season from six to ten o'clock, and to proceed as directed with a shell (in a manner similar to that at present adopted by undertakers), to the spot where the body is to be found.

2. An establishment of one or two plain hearses, with two horses, a driver, and an attendant, in black (like an undertaker's party), to be ready to go to greater distances.

3. The secretary, or proper officer appointed by the college, gives an order for the delivery of the body, which will be the receipt to the person who delivers it.

4. The servant of the college who receives the body, delivers it again, according to an order received to that effect from the secretary; and the anatomist or gentleman who receives the body from him, gives an acknowledgment, signed by himself or his assistant.

In order to enable the secretary of the college to act with the necessary precision, the keepers of gaols, hulks, and penitentiaries, or other prisons, and the masters or governors of workhouses, and temporary or floating hospitals, should be directed, under certain penalties, to inform the secretary, or officer appointed by the college, when a person dies, who is, by the preceding laws ordered to be given over for dissection; and it will be the duty of the secretary or other officer of the college, to signify in return at what hour the body will be sent for. Printed forms of communication to be furnished by the college, and letters (all paid by the college) to be sent within twenty-four hours. Teachers of anatomy to transmit every Monday morning to the secretary, or proper officer of the college, a return of the number of students wishing to dissect; and of the probable number of bodies required during the week,—at the same time, a return of the number received during the past week, and the sum due for them, at the price fixed. Practitioners, not being teachers, wishing to have a body for dissection, to communicate in a similar manner, their request being submitted for the approval of the president or vice-presidents.

Under regulations something resembling the above, all the schools of anatomy may be amply supplied. No offence to public decency will in any case take place. The public will scarcely be aware of the circumstance, and the feelings of no

one will be injured whose feelings ought to be consulted. I am aware it will be said, that in Paris the bodies of the poor only who die without friends in hospitals, are taken for dissection, and why not follow the same principle in London? The answer is conclusive—they are not in sufficient number. In Paris they are taken by the authorities, according to law, and the poor have no objection to go into hospitals, or to the bodies of their friends being dissected. They rarely think of inquiring after the body of a person who has died in an hospital. In London it is the reverse: there is neither law nor custom in its favour; and until the prejudice shall die away with time, it is proper that the supply be obtained in the least objectionable manner. When the plan has been thoroughly arranged, and found to work well in London, there will be no difficulty in extending it to the larger towns in the country.

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78
The body of the plant is composed of cells, which are arranged in a regular pattern. The cells are separated by thin layers of pectin, which give the plant its firmness and elasticity. The cells are also filled with various substances, such as starch, oil, and resin, which are used for various purposes. The plant is also able to absorb water and nutrients from the soil, and to transport them to the different parts of the plant. This process is called translocation, and it is essential for the plant's survival and growth.

PLATE

Printed by J. Wilson, George-court, Piccadilly.



ADDRESS

OF

EARL STANHOPE,

PRESIDENT

OF

The Medico-Botanical Society.

FOR THE

ANNIVERSARY MEETING.

JANUARY 16, 1831.

London:

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1831.

At a General Meeting of the MEDICO-BOTANICAL SOCIETY OF LONDON, holden on Wednesday, the 2d day of February, 1831.—It was moved by SIR HENRY HALFORD, Bart. F.R.S. F.S.A. President of the Royal College of Physicians, Grand Cross of the Guelphic Order, and Vice-President of this Society, and seconded by the REV. JOHN ALINGTON,

AND RESOLVED UNANIMOUSLY,

THAT the warmest expressions of gratitude, the most sincere thanks of the Society, be offered to our noble President, for his comprehensive Address; and that to enable the Members to profit fully by the advice contained in it, his Lordship be requested to allow the same to be printed for the use of the Society.

HUMPHREY GIBBS, }
GEORGE G. SIGMOND, } *Secretaries.*

London, February 2d, 1831.

ADDRESS
OF
EARL STANHOPE,
PRESIDENT
OF
THE MEDICO-BOTANICAL SOCIETY,
FOR THE
ANNIVERSARY MEETING,
January 16th, 1831.

GENTLEMEN,

THE high and distinguished honor which you have been pleased to confer upon me in again electing me as your President, affords a most gratifying testimonial of your confidence and kindness which I shall ever be anxious to deserve. It is indeed a favor of which I have just reason to be proud, that through your partiality I am allowed to preside over a Society, the pursuits of which are most important in themselves, and may be most beneficial to mankind. Although I cannot pretend to be worthy of that favor, I am, however, much flattered by receiving it, and your kindness, which I have always experienced, will, I trust, support me in the discharge of my duties, and induce you to view with indulgence the imperfections of which I am conscious. Permit me to offer you my warmest and most grateful thanks, and to assure you that my humble

services, feeble and unprofitable as they may be, will continue to be employed with assiduity and zeal in promoting the welfare of this Society, and in advancing, as far as I am able, its laudable and benevolent designs.

Since the last Anniversary various improvements have taken place; amongst others, a Professorship of Chemistry has been established, and we have now the happiness of seeing that situation occupied by a Gentleman whose experience is as extensive as his scientific attainments. It would indeed be superfluous for me on this, or on any other occasion, to expatiate upon the extreme utility and importance of that science, and upon its immediate connexion with the pursuits of this Society; but I may, however, observe, that the preparation, according to pharmaceutical practice of medicinal substances, is not less valuable than a knowledge of their virtues, and is indispensable to their employment. In preserving, and sometimes in extracting the essential qualities of a drug, in ascertaining the forms in which it should be exhibited, the substances with which it may be compounded, or those by which it would be decomposed, the effects which various affinities may produce upon it, and the manner in which its agency may be increased or diminished, Chemistry is absolutely requisite, and should also be employed for investigating, as far as may be in its power, the properties of those vegetables with which we are altogether unacquainted, or of which we have only an inadequate knowledge. I look forward, with eager anticipation, to the period when the resources of this Society would enable it to establish a Laboratory, in which, by a careful analysis, many interesting and important discoveries might be made, and the knowledge of the constituent principles of vege-

tables might be enlarged and perfected. In order that we may learn the virtues of many plants, which are now neglected or despised, we should endeavour to discover the real nature and properties of those substances which are found in them, and of which some, like *Aconitina*, *Esculina*, and others, are, as Dr. de Montmahou informs us, either not employed in Medicine, or not sufficiently known.

Is it to be supposed that those Vegetables are quite insignificant and useless which do not attract our attention by their sensible qualities, and which do not appear to be active in their medicinal effects? If I could presume to offer any opinion upon such a subject, I would remark, that the efficacy of a medicine may depend not only on its potency, but also on its facility of assimilation. We know, for example, that only three grains of Steel are contained in the whole quantity which is consumed of the Waters at Tunbridge Wells by a Patient who takes them during the usual period, and yet the strongest chalybeate medicines which can be administered do not produce the same operation. Nature, which is always admirable, and to our feeble and limited understandings, often incomprehensible in her works, prepares these and other Mineral Waters with a skill which no art can attempt to rival, and shows that their sanative power does not result from the quantity, or from the direct agency of the constituent substances which chemical analysis discovers in them, but from other qualities which hitherto we have been unable to investigate. As the body derives nourishment from the quantity and quality of the food, which is not merely received into the stomach but is converted into chyle, so also the efficacy of medicinal substances, which are employed as alteratives or in the cure of chronic disorders, may arise from their being easily assimilated, and that property may

reasonably be expected to be found more in Vegetables than in Minerals. Even in acute disorders the repetition of a dose may be preferable to one more powerful in its immediate activity; and the principle is often illustrated in nature, that an effect is produced, not by the force but by the frequency with which the cause operates, and could not, in some cases, be produced otherwise with safety. The celebrated Dr. Tronchin, a disciple of Boerhaave, removed with ease and expedition, by administering every half hour a small quantity of coarse Sugar dissolved in tepid water, a visceral obstruction which had continued for many days, and which became very painful and alarming; but if a violent remedy had been employed great injury might have resulted to the patient. As the circulation of the blood and animal heat are gradually to be restored to a frozen limb, which would be destroyed if it were to be suddenly exposed to the warmth of a fire, so, in many cases, would it be imprudent to employ too violent or too immediate a counteraction to the evil which it is intended to remove. The gentle operation of some vegetable medicines, far from being an objection to their use, ought, in some cases, to be considered as a recommendation, and may peculiarly qualify them as alteratives, for which several of those Plants may have been designed which are not much distinguished by their sensible qualities.

Some vegetable substances are as powerful in their operation as any which are furnished by the Mineral Kingdom; but it would be a rash and unfounded conclusion, that those which appear to be feeble are, therefore, of no value. Some of them may have been intended by Providence for external use, and to be employed by the Surgeon more than by the Physician, as Vulneraries, as Styptics, as Emollients, or for other topical applications.

I am informed, that the most grievous malady with which human nature is afflicted—mental derangement—has been effectually cured in a short period of time by Fomentations and Cataplasms of the *GLECHOMA hederacea*, applied to the sutures of the head. Ray mentions the case of a violent and inveterate head-ache, which was entirely removed by drawing into the nostrils the juice of this Plant, upon which he bestows so high an encomium, that he says, "*Medicamentum hoc non satis potest laudari, si res ex usu estimarentur auro æquiparandum.*" This Plant, which is received into the Austrian Pharmacopoeia, but not into that of the Royal College of Physicians, was considered by Dr. Pitcairn to be of extreme efficacy in consumptive cases; and a Syrup of its Juice was recommended by Boerhaave, in the Hooping Cough, in Spitting of Blood, and in Hæmaturia. It appears, therefore, that its qualities should be fully examined, and should be subjected to a chemical analysis, and afterwards to actual trial.

With respect to those plants which, from botanical analogy, are considered to be medicinal, but which, from an imperfect knowledge of their properties, are not employed by the medical practitioner, nor even as popular remedies, their constituent principles can only be ascertained by Chemistry, which ought to commence the investigation, and to precede the trials that might subsequently be made. It would thus be found, whether and in what degree the principles which they contain are similar to those of other Plants, the qualities of which are already known, and consequently whether they might be supposed to produce the like effects; whether they seem to possess more or less activity than those which they resemble; whether they can be extracted with greater

facility or in larger quantities; or whether, on the other hand, they are feeble and blended with other qualities which impair their power, and might be prejudicial to their success. If it were to be shown by analysis, that a Plant possesses, in a powerful degree, and in great abundance, any principle which seems to constitute the sanative quality of another, it might afford an useful substitute, and might be found to be a valuable addition to the *Materia Medica*. In the opposite case I would not, however, draw the contrary conclusion, or condemn, as undeserving of further notice, a Plant which appeared, by analysis, to be only slightly endowed with medicinal qualities, and to be composed principally of substances which, through our ignorance of their nature, are supposed to be insignificant. Chemical Analysis, though its examination may be very accurate and minute, and though it may be conducted with great skill, aided by the advantages of long experience, cannot ascertain, in every case, what are all the constituents of a vegetable substance, nor even in which of them resides its medical virtue. The art of Chemistry, in its present state, and notwithstanding the vast progress which it has made, does not seem to be sufficiently advanced for the purpose; but it is of signal utility in directing our inquiries with a view to those practical trials, the advantages and importance of which cannot be too highly prized.

It affords me the utmost satisfaction to inform you, that another improvement has taken place, which I consider to be of far greater value than any other, and which may prove of inestimable service in promoting the views, in exalting the reputation, in extending the utility of this Society, and in attaining the benefits which it hopes to confer upon mankind. A Medical Committee has been

appointed, and is composed of persons who are highly distinguished in that profession, zealously desirous of advancing your designs, and well qualified for that purpose by their talents and acquirements. By their assistance, and under their auspices, those investigations may be conducted which are most interesting and important—those trials may be instituted which I have so ardently wished and so earnestly recommended—those questions, which would otherwise remain enveloped in obscurity and doubt, may be determined by the test of experience—and, as I see every reason to believe, those discoveries may be made which it is the object of this Society to pursue, and to the prosecution of which the strenuous exertions of its Members should be unceasingly directed. Allow me to congratulate you, most cordially, on the bright prospect which is now before you, and to express my confident expectation that the zeal and talents of the Medical Committee, and the patience with which it will, I have no doubt, persevere in its researches, will be crowned with that success which will be as honorable to its Members as it will prove beneficial to the world. In that success no one will take a deeper interest, or feel more sincere gratification, than the individual who has, through your kindness, been placed in the Chair of this Society, and who will greatly exult in all that can contribute to its welfare, which he has so much at heart, in all that can increase its fame, of which he is justly ambitious, and in all that can enlarge the sphere of its activity, which he is most anxious to extend, from the full conviction that he entertains of its extreme and unparalleled importance. To the success of this Society the assistance of the Medical Profession is essentially and indispensably requisite; and those Members of it who

form the Medical Committee, or who imitate their example, will eminently deserve, and will, I am sure, always receive the gratitude that is due to them, both from us and from the world, for exertions which are so meritorious in themselves, which are so valuable in their design, and which must, in any case, be so interesting in their results.

The Bye-Laws of this Society, which, as experience has shown, required considerable amendment, have been revised by me with great care and caution, and with an earnest desire which has, I trust, been in some degree successful to render them clear, concise, and comprehensive. In this undertaking I derived much assistance from the course adopted in another Society, the objects of which are like our own, of a practical nature, and the Bye-Laws of which have been recently simplified and improved, but could not, in all respects, be followed by ourselves. The amended Collection of our Bye-Laws having been circulated amongst the Members of the Council for their mature consideration, and having been corrected by them, I intend at an early period to submit them to this Society at a Special Meeting, and if they should be sanctioned by its approbation, to have them printed for distribution. The Meetings of the Society will, I trust, acquire much additional interest by a greater variety in our proceedings, which formerly were too much limited to reading the communications that were sent to us, but which will, in future, be greatly improved by the Lectures that will be occasionally delivered by our learned and excellent Professors. The inaugural Lecture of Dr. Clendinning, who is so eminently distinguished by his various acquirements, and who has rendered such important service to the Society by becoming the Professor of Toxicology,

was heard with great admiration by all who were present on that occasion, as well as by myself; and he had the kindness to publish it at the request of the Meeting. It united more curious and interesting facts than I ever remember to have found within the same compass, and I beg leave to offer my thanks to him, and my congratulations to this Society, on the benefits which cannot fail to be derived from his assistance. Our Meetings will also receive many advantages from the observations which may be made by any Member upon a communication that is read, or upon an object that is exhibited. From those advantages we ought not to be precluded by an erroneous interpretation of the present Bye-Laws, and we should rather promote than prevent those discussions that may be useful to the Society, and tend to convey additional information upon any subject to which our attention is directed. It was not, and is not, intended that we should become a sort of Debating Society, to discuss any speculative or doubtful questions; but we ought, on the other hand, to encourage oral as well as written communications, when they may advance the progress of those sciences which we cultivate, or when they may prove interesting or instructive to the Members.

His Majesty, who some years ago had the condescension of inscribing his Name as an Honorary Fellow, has been graciously pleased to confer upon us the honor of becoming, in the place of our late Sovereign, the Patron of this Society. The signal favor which he has thus deigned to show us must excite the utmost gratitude, and will, I trust, animate our exertions in deserving his august protection, and for that purpose, in pursuing with energy and perseverance the objects which we have in view, and which are intended to promote the welfare of mankind.

To our paternal Monarch, who is justly beloved by his subjects, and who has their happiness so much at heart, no tribute could be paid by us which would be so gratifying to him, or so honorable to this Society, as the benefits which its exertions might confer, not only on his own dominions, but also on all those countries to which civilization has yet extended.

After these subjects of congratulation I proceed to one which gives me deep regret, and that feeling will, I am convinced, be shared by every Member of this Society—I allude to the intention of Mr. H. Gibbs, who has, for the last three years, been one of the Secretaries, to resign that situation of which he has discharged the duties in a manner that did great honor to himself and received universal approbation. During that period, I have had the opportunity of witnessing, and I have witnessed with entire satisfaction, the extreme accuracy, the indefatigable activity, the zealous attachment to our interests that he constantly displayed in the office which he so worthily occupied, and which he intends to resign. That resignation will, like all his conduct, be very creditable to him, for it will, as stated in his Letter, arise from his persuasion that the increasing engagements of his own avocation would not allow him in future to devote to the business of this Society as much time and attention as he has hitherto done, and would wish to do as long as he held the office. Though we shall thus be unfortunately deprived of his services, the loss of which you will deplore in common with myself, I trust that we shall still receive the benefit of his assistance, which is very valuable, and of his advice, which has always been found judicious. In the name of this Society, as well as in my own, I beg leave to present to him the warm and cordial thanks which he has so well

deserved for his important services as Secretary, and to assure him of our unceasing gratitude and esteem. His Family has hereditary claims on our attachment, for without mentioning his late Brother, who had very distinguished talents, his Father, our present Treasurer, has, in the exercise of that office, shown so scrupulous a regard to his duties, has watched with so much care and anxiety over the interests which are confided to him, has established such regularity and method in the proceedings, and has laboured with so much zeal to promote our welfare, that his conduct cannot be sufficiently commended.

In noticing the communications with which we have been favoured, it is my duty first to offer the humble tribute of my praise to a most valuable Paper of Dr. Hancock, who does so much honor to this Society, and has so zealously and so successfully devoted himself to its pursuits. It relates to the *Juribali*, as it is called by the Natives, or *Febrifuge Bark Tree* of Pomeroun, which must not be confounded with the *ICICA altissima* of Aublet. The latter is often called by the same name, but the former is distinguished from it by the large size of the *Stipulae*, and also by the scabiness of the *Cuticle*. The *Juribali* belongs to the 8th Class and 1st Order of Linnæus, and to the *Meliaceae* of Jussieu, and is thought by Dr. Hancock, who gives a full botanical description of it, to be a distinct Genus. All the active principles of this Bark, which contains a Resin that is not one of them, are readily soluble in cold as well as in warm water, and are completely disengaged by a small addition of Acid, such as the Sulphuric, Muriatic, or Acetic. More than one-fourth in weight of this Bark is soluble in water, which dissolves only one-sixth, or perhaps not more than one-eighth part of the Peruvian Bark; but the usual dose of the former is

only one-half of the quantity which is administered of the latter. Although the *Juribali* is very potent, bitter, and astringent, in which qualities it is represented to be much superior to the Peruvian Bark, it is, like Rhubarb, cordial or purgative, according to the dose, and possesses the very important property, that it does not produce constipation, or affect the head, but it acts as a powerful diaphoretic, especially if taken warm, when it is the more efficacious, and its merits as a Febrifuge is certainly much enhanced. It will often be found to succeed, after the Peruvian Bark has failed, in curing an intermittent fever; it is much more useful than the other in those fevers which are of a malignant and typhoid nature; and it has also been employed with the most decided advantage in Agues, and in the dangerous remittent Fevers of the Tropics. The learned Author considers the *Juribali* to be more strictly a Febrifuge than the Peruvian Bark, which he thinks is not so useful "to drive away the Fever, as to prevent its recurrence," and the employment of the Peruvian Bark appears to him most equivocal in the ardent typhoid and remittent Fevers, in which there is the most danger, and in which it frequently produces a fatal metastasis upon the brain. He is also of opinion that the *Juribali* "may doubtless be regarded as a general Tonic, and applicable, perhaps, in most cases, as a substitute for the *Cinchona*." The dose is stated by him to be a glassfull, every two or three hours, of an Infusion, which is made of one ounce of the *Juribali* in a quart of hot water. He adds, that it promises to be an useful remedy in Small Pox and Meazles, after due evacuations, and that it is applied externally, either in powder, or in a decoction, and is found to be very beneficial in foul and ill-conditioned ulcers. Dr. Hancock also

mentions another Tree that grows in the interior, and is called by the Natives *Caramata*, or *Anmari*, the Bark of which appears, from many trials, "to be equally safe and efficacious in those dangerous typhoid and remittent Fevers in which the *Cinchona* is useless or pernicious." An Infusion made from a combination of the *Caramata* and the *Juribali* in equal quantities, that is, of half an ounce of each, grossly powdered, in a quart of hot water, kept warm, and administered in a Wine Glassfull every two, four, or six hours, according to the urgency of the case, appeared to operate with uncommon efficacy. For this most important communication, we owe the greatest obligation to Dr. Hancock, whose merits and talents have been, on all occasions, so conspicuous; and I am very desirous of learning, whether those Trees are found in such abundance that their Barks might become an article of commerce, and also, whether their virtues would be preserved after a sea voyage, which, from the example of the Peruvian Bark, there does not seem much reason to doubt, but which will, I hope, be ascertained when he transmits to us, according to his kind promise, a sufficient supply of those Barks for making the requisite trials, and also some botanical specimens of the Trees. The departure of Dr. Hancock for those countries which he so long inhabited, must be much lamented by us; but wherever he may reside, he will carry with him our gratitude and respect, and our ardent wishes for his health and welfare.

We have to thank a very distinguished Member of the Council, Dr. Ryan, for an excellent Paper on the *Secale Cornutum*, or Ergot of Rye, which, in his opinion, does not induce, but only accelerate labour, and has little effect in the early period of gestation. It requires to be admin-

istered with caution, and ought not to be given in preternatural labour, and not till the parturient efforts have continued more than twenty-four hours. An Analysis has been made by Dr. Winkler of this very remarkable substance, but it is not yet determined in which of its properties the active principle resides, and this affords an additional illustration of what I before observed upon the insufficiency of Chemical Analysis, when applied to vegetable matter. I have, however, reason to hope, that more information will be obtained with respect to this substance, and that the nature of its constituent principles may be more fully understood when an Analysis has been made of it by Mr. Battley, who, from his great skill and experience, is so peculiarly qualified to conduct it.

Another proof of the medicinal virtues of many common vegetables is given by Mr. Brown, of Thun, in the Canton of Berne, who informed us that Milk was dispersed by the application of fresh Walnut Leaves. He observed, that when Leaves were brought to litter the Farm Yards, those of the Walnut were carefully separated from the others, as Goats who had eaten them were found to lose their Milk. That fact might have given the first hint for their application, and shows the great advantage of watching all the operations of nature, which in many instances may have led to the employment of popular remedies. Such remedies seem to deserve more attention than they have yet received, and are not hastily to be rejected, because we have not ascertained the *modus operandi*, which is not always apparent. If they have been long employed, which could hardly be the case, unless their effects had been supposed to be beneficial, a full investigation, and accurate trial of them may be considered not only proper and unobjectionable, but even highly requisite.

We have had the pleasure of receiving from Dr. William Hamilton, of Plymouth, some communications on the *BIGNONIA ophthalmica*, and on the milky juice of the *CALOTROPIS gigantea*, which is employed with advantage in ulcers of the Palate and Fauces, and which, diluted with mucilage, is supposed to be useful in Chronic Ophthalmia, and also on the *FEUILLEA cordifolia*, or *Antidote Cocoon*, the seeds of which keep their virtues for two years, and are found to counteract the effects of Vegetable Poisons, whether taken internally, or admitted by wounds into the circulation. The experiment was tried with Dogs, which had taken the *CONIUM maculatum*, the *Nux Vomica*, and the *RHUS Toxicodendron*; and on Cats, which had been wounded with Arrows dipped in the Juice of the *HIPPOMANE Mancinella*, but which were cured by applying a Cataplasm of the Seeds.

This leads me again to bring under your notice the *MIKANIA Guaco*, which I mentioned to you on a former occasion, and which is said to act as a preservative against the bite of Rattle Snakes. It is stated, in a Spanish Paper, of Señor Quijano of Bogota, that it has, in some districts, "been used as a preservative from time immemorial," and that there have, throughout Colombia, been repeated proofs of its efficacy. He mentions a place where, in the course of eleven years, 220 persons were bitten, but of whom only eight died, the others having been cured by the *Guaco*, mixed with Lemon Juice and Salt; and another place where it was supposed that above 200 persons had been bitten in fourteen years, and where, from the employment of this remedy, the accident was fatal only in a single case. He recommends that half an ounce should be taken fasting for two or three days successively;

and it is much to be regretted that he does not inform us what are the proportions of the Lemon Juice and Salt which are to be mixed with it, nor whether its efficacy is increased by that combination; or if not, for what other purpose it is recommended; and upon these points, as well as upon several others, I am anxious to receive full and satisfactory particulars from our Corresponding Members in that quarter of the world. We have also been favored with another communication upon this subject by Mr. Herman, who confirms the other accounts that had reached us of this remedy, the virtues of which, he says, were known to the Indians from the earliest ages. He states, that it acts as a preservative when taken in frequent doses; that it cures, in all instances, the poisonous bites of Vipers, and that it is, in such cases, universally employed by medical practitioners in the tropical regions of South America. He observes, that it is requisite to employ the leaves when fresh; that they are to be bruised and applied to the wound; and that the Juice may be given without any previous preparation, either pure or mixed with a small quantity of warm water. According to his information, the Juice operates as a powerful anodyne, and produces a copious perspiration. He adds, that it is an excellent vermifuge, as well as stomachic and tonic. A decoction of the plant is represented by Lieut. Hardy to be also "most efficacious in inveterate cases of Dysentery," in many places on the north Coast of Spanish America, where that disorder is so prevalent.

The *MIKANIA Guaco* is also considered to be useful in the cure of Hydrophobia, and in this respect it is peculiarly interesting, and might prove of the utmost importance in this Country, which has lately been so much alarmed by that disorder. My learned and revered Friend,

the President of the College of Physicians, has had the kindness, for which my grateful acknowledgments are due to him, of communicating to me a most valuable and excellent Paper upon this subject, which was written by Mr. Caesar Hawkins, and which was read at a Meeting of the College. In that Paper, which appears, in my humble judgment, to deserve particular attention, the Author relates, with great clearness and detail, the case of a Dog, which he saw three weeks after it had been bitten, and three days after symptoms of illness had begun to appear, and when they had "considerably increased." A table spoonfull of the Juice was given to it three times the first day, and four times on the following day, and during that period, that is, during thirty-six hours, "a gradual improvement took place." "The Bark, which is peculiar to rabid Dogs, was not heard after the first dose; the excessive irritability and restlessness under which the Dog laboured were completely subdued." The eyes "resumed much of their natural appearance and expression;" the respiration became "quiet and easy;" the thirst "appeared to be diminished;"—it could again "drink with comparative facility;" the jaw was again "capable of being closed;" the tongue could again be "moved freely;" and the inclination for Food returned. On the following morning, however, all the symptoms had re-appeared with full force, and the Dog died two days afterwards, completely exhausted, and with a gradually increasing paralysis of the whole body. With respect to this trial, the Author observes, "as far, then, as a single experiment can be relied upon, and that too not commenced till the third day of the disease, a favorable report must certainly be given of the *Guaco* as a palliative in *Rabies Canina*;" and after stating that the

symptoms are mitigated also by the *ALISMA Plantago*, by the *SCUTELLARIA*, and especially by the *Belladonna*, he adds, "from neither of them had Mr. Youatt ever witnessed so decided and so long-continued an amendment "as from this new medicine." He also states, "as a "palliative, it was possessed of so much power in the Dog, "that I am anxious to learn its effects, if some more could "be obtained, at an earlier stage of the disorder; for "doubtless it is only at the commencement of the disease "that a cure can ever be expected; and probably it will "always be too late to subdue Hydrophobia, after those "spasms which characterize the disease in man have once "commenced." The circumstance to which the Author here adverts, may of itself explain the failure of the remedy in the case of the Dog, and we ought not to be discouraged from making further trials.

The failure which occurred, however, in a case of Hydrophobia in St. Thomas' Hospital, is still more remarkable. It appears that several ounces were given to the Patient at short intervals by injection, and by the mouth; that some moistened leaves were placed upon the Chest after the Cuticle had been removed by boiling water, and that a considerable quantity of the Extract of *Guaco* was administered. It seemed to calm and to diminish the frequency of the Paroxysms; but it was doubtful whether the effect was not occasioned by a Plaster of *Belladonna*, and partly by keeping the room more quiet; and even during the greatest calmness the sight of a glass of water produced Paroxysms. The Author remarks, with respect to this trial, "certainly the relief which could fairly be "attributed to the *Guaco* was much less than I saw in "another case from the employment of Prussic Acid, in "large doses, at short intervals;" and, as he also states,

much less than he "was led to expect, from its influence "upon the rabid Dog." May I here be allowed to express a doubt whether the *Guaco* had not lost much of its potency by age, and by the effect of the voyage, or whether it may not be more serviceable in the *Rabies Canina* than in Hydrophobia; and in either case it would, in this Country, be far less useful than was hoped?

The Author states, that "every remedy which has "hitherto been known to mitigate the symptoms of Hydrophobia in Man, or of Rabies in Dogs; even the injection of warm water into the veins appears to act as a "Sedative; and this appears to be the effect of the *Guaco* "also in every animal to which I have given it." This agrees with the account given by Mr. Herman, who mentions, that Serpents are thrown into a state of torpor by it, and that one of them was lulled by receiving on its head some saliva impregnated with it.

As to the uses of the *Guaco*, in preventing or in curing the bites of Serpents, Mr. Hawkins allows that he has not obtained "a perfectly satisfactory result;" but he disproves, by a very decisive experiment, the supposition of Baron Humboldt, that the effect was produced by the aversion of that animal to the nauseous smell of the Plant. Mr. Hawkins thinks that the *Guaco* "is utterly useless "as a means of preventing Serpents from biting;" and this opinion, which differs so widely from that entertained respecting it in South America, adds strength to my suspicion, that the qualities and effects of the Juice, such as he received it, are very different from those which belong to it in that Country. Nor does it appear, from his statement of the case in St. Thomas' Hospital, that the medicine acted, as it is said to do in that Country, by producing a copious perspiration.

He observes in regard to the *VERATRUM Sabadilla*, which Lieutenant Hardy had represented as an infallible cure for Hydrophobia, that four times the dose which is said to cure that disorder in Man, was given to a rabid Dog with very slight effect; and, as he says, "far inferior" to the very decided influence produced upon the disease "by the *Guaco*." A doubt may arise here, whether the *VERATRUM Sabadilla* may not be more adapted to the human species, as the *Guaco* may be to the brute creation, and whether experiments ought not to be made with the former in incipient cases of Hydrophobia.

With respect to the *Guaco* itself, a preliminary pharmaceutical inquiry seems desirable to ascertain the proper mode of preserving its virtues, and of conveying it to this country. The Plant might, as Mr. Herman states, be supplied abundantly from Santa Fé, and might be cultivated, successfully, in our East and West India possessions; and I learn from the President of the College of Physicians, for whom I entertain profound veneration as well as the sincerest friendship, that he has reared some Plants from Seeds which were received at the beginning of last year from Sir Robert Ker Porter, and it is found also in the Garden of the Horticultural Society. It is thought by Mr. Herman, that an Extract of the Juice ought to be sent, and I am inclined to concur in that opinion; but I intend, when I shall have obtained satisfactory information upon this point, to procure a quantity of the Plant, or of the most eligible preparation of it, and to present it to the Society for distribution. In the mean time, the Council has desired that a quantity of the leaves of that Plant, which one of our Correspondents had the goodness to send us, may be given, with directions for their use, to any medical practitioner who may

be willing to make a trial of them in a case of Hydrophobia, and to report to us the result. I entreat you to devote particular attention to the employment of this and other vegetable remedies in that dreadful malady, and to submit their virtues to actual trials in such cases. If those trials should be favourable, the discovery would be of incalculable importance, and would, more than any other, establish our claims to that encouragement and support which the extreme utility and public advantage of our pursuits so much deserve.

When Dogs are bitten by one which is, or is supposed to be, in a rabid state, it is usual, and no doubt very proper and advisable, to destroy, or to confine them for the prevention of further mischief; but a very important discovery was made by means of one of them which was imprudently allowed to range at large, and which sought an Antidote by the same instinct that leads them to eat Grass as an Emetic. The fact was remarked by an accident that fortunately supplied the place of the accurate and attentive observation which would otherwise have been necessary, and which would have required great precautions to have guarded against danger. A remedy was thus discovered which is acknowledged to be very useful, and may, perhaps, when properly administered, prove to be efficacious. It appears from the statement of the Chevalier de Swinjin, and it is mentioned by the excellent Röver, in one of his instructive works, that a man in the government of Tula, in Russia, who had climbed upon a tree to escape a Dog which had for some days been in a rabid state, perceived the animal to stop when it reached a marshy spot at a short distance from the tree, and to scratch eagerly with its feet till it had grubbed up a root, which it voraciously devoured. He

remarked that the Dog, in half an hour afterwards, ceased to foam at the mouth, and that its eyes, which had been dull and inflamed, resumed their natural appearance. The Dog came to the tree, recognized the man who was upon it, and was found by him to be perfectly recovered. He went to the marshy spot, took a portion of the Root, and employed this remedy with the greatest success for twenty-five years. This Plant, which is entitled to a most careful examination and to further trials, is a very common aquatic weed, the *ALISMA Plantago*, of which there is an ample description and accurate drawing in the Second Volume of Curtis's *Flora Londinensis*, p. 78. Two or three doses were considered sufficient for a cure, and the Roots were given in powder; but the fresh Roots would, I think, be far preferable, and the Plant might be cultivated for the purpose of having a constant supply of them. May we not suppose that Dogs would be deficient in an instinct of that description if the *Rabies Canina* did not exist among those which appear to live in a state of nature; and were a malady arising altogether from domestic habits, from such unsuitable food, from such exposure to heat, or from such continuance of excessive exertion, as they would shun in their primitive condition?

I would also solicit your attention to the *GENTIANA Chirayita*, as we are informed upon medical authority, "that it has been proved by numerous trials to act as efficaciously in removing visceral obstruction, and in promoting the secretion of bile," as preparations of Mercury, that it will in such cases supersede them, and that it has from time immemorial been esteemed by the natives of Bengal, where diseases of the liver are so frequent and so violent with Europeans. We are told by Dr. W.

Ainslie, in his admirable Work on the *Materia Medica* of the East Indies, that it is "tonic, stomachic, and febrifuge;" and that the Decoction or Infusion of it, taken twice a day in the quantity of a small teacup-full, is found efficacious in combination with the *GUILANDINA bonducella*, in curing intermittent fevers. How far the latter may contribute to the cure of such fevers it is unnecessary for us to inquire; the object being to ascertain what is the action upon the liver of the *GENTIANA Chirayita*. Upon this point I am extremely desirous that we should have the advantage of learning the opinions and observations of Mr. Twining, of Calcutta, who deserves the warmest thanks of this Society for his excellent Paper on the Madar, and who would probably be able to inform us in what cases, and under what symptoms, and in what doses, it is administered; in what forms it is or ought to be exhibited, and what are the effects which it produces; and to furnish also those details which are derived from actual trial and experience, and of which the knowledge is requisite to a correct judgment of the subject. A safe and effectual substitute from the Vegetable Kingdom for those mercurial preparations, which are given in disorders of the liver, appears to me an object of primary importance, and well deserving the researches of this Society. The substitute, wherever it may be discovered, will be of the greatest advantage, and I am not without hopes that it may be found amongst the Plants which are indigenous to this Country.

It may be said that I overrate the value of those Plants, that I assume as an axiom, and without proof, that all of them are useful, and that I expect common weeds to be employed as specifics. We know, however, that

none of them were created without some purposes of utility, that a contrary supposition would be inconsistent with the order of Divine Providence, and that those which are not ornamental or fragrant, must be considered to be in some other mode subservient to the uses of mankind or of the animal creation. Those uses may be either for Food, for the processes required in Arts and Manufactures, or for Medicine; and it may not be unreasonable to conclude, that the latter may be intended when the two former do not apply. That conclusion would be drawn with respect to any particular Plant, either from botanical analogy, or from chemical analysis; and if both the one and the other were satisfactory, the Plant would be considered to be medicinal. As to those plants which are termed weeds, the very circumstances attending some of them, that they are propagated with great facility, like the *LEONTODON Taraxacum*, or that they are eradicated with great difficulty, like the *PLANTAGO*, seem to me to afford indications of their having been designed for very useful and valuable purposes. The former is already known to be an excellent remedy, and if it has not always been duly appreciated, this may perhaps have arisen partly from the season in which it was gathered, partly from the manner in which the Extract was prepared, and partly from inattention to another circumstance mentioned by Mr. Houlton, in a curious Paper, which was read at one of our Meetings, that its virtues are much impaired by severe cold, as was found by him to be the case after last winter.

In order to encourage your inquiries, and more especially, in order to invite your attention to some questions which appear eminently deserving of investigation,

the Council has determined to announce, at each Anniversary, to this Society, and to the Public, the subjects for which the Gold and Silver Medals will be awarded at the next ensuing Anniversary, to any persons, who, before the close of the year, communicate upon them Papers of sufficient merit. The question which the Council has this year selected for the Gold Medal, is one of extreme importance; it must, from many circumstances, excite the strongest interest, and if it were satisfactorily answered, the Author would acquire immortal honor, and would be justly entitled to the thanks, not only of his countrymen, but of all mankind. The question is "*what is the vegetable substance which could be employed with success in the cure of Hydrophobia?*" The inquiries that will be requisite for this subject, may, I hope, lead to a more perfect knowledge of the *ALISMA Plantago*, which, from the facts that I before stated, I am most anxious should be subjected to an accurate analysis, and to numerous practical trials. The Silver Medal will be given for the best Essay "*on the medicinal qualities of any indigenous Plant which is not yet sufficiently known, or on new uses and applications of any other indigenous Plant.*" It is required that these Essays should be sent in the English, French, German, or Latin Language, and those for which a Prize is not awarded, will, according to the wishes of their authors, be either restored to them, or submitted to the Council, in order that they may be read at the Meetings of the Society.

A wide field, which has not yet been adequately explored, is open to your researches, and in every step of your progress, you will be interested by the curiosity of the objects that surround you, and will be animated by the consideration, that your pursuits are not insignificant or

unimportant in their nature, and do not resemble those laborious and unprofitable inquiries of which the difficulty seems to constitute the only merit; but that they are, on the contrary, of the utmost practical utility, and are directed to the benefit of mankind. May you in your progress prosper as you deserve; and as I ardently desire, may you receive the approbation of all those who witness your laudable exertions; and may you attain that success which is confidently anticipated from them, and which is due to industry and talents, when they are usefully employed. The success, which I fervently hope will crown your patience and perseverance—the discovery in the Vegetable Kingdom of an efficacious remedy for any of those disorders which afflict humanity, and which, hitherto, have been found difficult of cure, or have baffled the art of Medicine, would be attended with such a reward as no Society could bestow. It would confer upon its author an imperishable fame, far more honorable than that which is acquired by desolating conquests, extending to all civilized countries, and exciting the gratitude of future generations, as well as of the present age. And last, but not least, amongst these considerations, the author of such a discovery would carry with him to the grave the consolatory reflection, that he had eminently fulfilled his duty, and discharged the solemn obligation imposed upon him by Providence, which has placed us in this world as the common Children of one Parent, for the benefit and assistance of each other.

Medico-Botanical Society of London.

Patron.

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FORT EXETER MEDICAL LIBRARY
MEDICINE AN ART,
AND
ITS TRUTHS TO BE ATTAINED.

BEING
AN ADDRESS

READ ON JANUARY 31, 1848, AT THE OPENING MEETING OF THE

"LIBRARY OF THE EXETER DISPENSARY,"

AND THE

"DEVON AND EXETER PATHOLOGICAL SOCIETY."

BY
THOMAS SHAPTER, M.D.,
PHYSICIAN TO THE DEVON AND EXETER HOSPITAL; THE ST. THOMAS'S
HOSPITAL, NEAR EXETER, FOR LUNATICS; THE EXETER
DISPENSARY, &c. &c.

LONDON:
JOHN CHURCHILL, PRINCES STREET, SOHO.
EXETER: ADAM HOLDEN, FORE STREET.
1848.

TO
WILLIAM HOBSON FURLONG, ESQ., PRESIDENT,
AND
THE GOVERNORS OF THE EXETER DISPENSARY,
THESE FEW PAGES
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AS A PUBLIC ACKNOWLEDGMENT OF THEIR LIBERALITY
IN DEVOTING TO THE USE OF
THE MEDICAL PROFESSION OF THIS CITY AND NEIGHBOURHOOD,
THE CAPACIOUS AND HANDSOME ROOM
NOW ENTITLED
"THE LIBRARY OF THE EXETER DISPENSARY."

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CONTENTS.

- Introduction*, p. 1.—Library, p. 1.—Pathological Society, p. 2.—**MEDICINE AN ART**, p. 2.—**FALLACIES**, p. 10.
- I. **Medicine conjectural**, p. 10.—Disease defined, p. 11.—Remedies and their application, p. 12.—Conjecture appreciated, p. 13.
- II. **Medicine solely dependent on experience**, p. 14.—Fact and theory defined, p. 16.—Experience defined, p. 19.—Its value stated, p. 19.—**ERRORS**, p. 20.—Medicine without principles, p. 20.—Of no avail, p. 21.—Numerical mode, p. 21.—Symptoms solely depended on, p. 21.—Morbid anatomy, p. 22.—Pathological conditions of disease ill-defined, p. 22.
- THE ART OF MEDICINE**, how to be appreciated, p. 23.—The inductive process applied, p. 23.—Hypothesis, p. 24.—Truth in Medicine to be attained, p. 26.—Examples, p. 26.
- CONCLUSION**, p. 30.

MEDICINE AN ART,

&c.

It will be in the recollection of many whom I now address, that the establishing a medical library, and a place of literary resort for the professional men of this locality, has been, on several occasions, contemplated, and, on more than one, attempted. If apparent difficulties have too often dulled the former anticipation, those which were real and substantial have embarrassed and eventually concluded the latter attempt. Upon these difficulties there remains now no further necessity for enlarging—they are entirely surmounted by the free occupation of this handsome, I may almost say, magnificent apartment, so liberally granted to our use by the Governors of this Institution.

Meeting for the first time in this room, it appears a not inapt occasion to speak somewhat of the advantages and opportunities thereby afforded. May we not fairly hope, that in due time, by becoming the depositary of a valuable medical library, and by being the means of associating together, for useful professional purposes, the medical men of this city and neighbourhood, it may prove not only of advantage to the medical men themselves, but to that art, which it is their duty, not only to practise, but to study and to understand. To those who now hear me it would be useless to dwell upon the advantages of the accumulating together, in a library such as this, the recorded experience of the eminent and zealous in the various walks of medical literature. I shall, therefore, pass on to some brief notice of the

second purpose to which this room is to be devoted—a purpose certainly not the less useful, perhaps practically the more so, of the two, viz. the chronicling, investigating the true nature of, and following out, from their origin to their close, the accidental and prevailing diseases submitted to personal notice.

When we look back to even a few years, how much that is interesting in the epidemic character of disease has passed away from recollection. In the hurry and active turmoil of professional life, the observation of one day intrudes itself upon the observation of the preceding, so that, after the lapse of a short period, connected accounts of diseases, unless perchance recorded at the time, become difficult to obtain. I trust that a main feature of the Devon and Exeter Pathological Society will be to obviate this difficulty, and that within the walls of this Institution (than which none can be more appropriate*) there will be produced and recorded, while observation is fresh, and therefore more likely to be accurate, the passing characters of prevailing disease; so that, by noting simultaneously the external surrounding influences, a just appreciation of the local physical conditions affecting and determining the characters of these diseases will be induced.

Such are the specific and ostensible objects professed by the societies which are now assembled. But is their limit hereby determined? May we not justly anticipate, from the accumulated observations of our predecessors, and those made by ourselves, and from the opportunities, by open discussion, of the better collegating these observations into general truths, that we here possess the elements and the means, if rightly used, of advancing, and aiding to perfect, that divine art, the prosecuting of which it has pleased Providence should be a portion of our appointed task.

The term "ART," as applied to medicine, has here been used. I am well aware that there are those who state, and have

* During the last year, 2,416 patients were admitted to the Exeter Dispensary, making a total of 42,728 since its first establishment in March, 1818.

produced much elaborate reasoning to prove, that medicine is a "Science," as contradistinguished from an "Art." Minute discussion on this question need not here be entertained, as my present object, which is to show the proper manner in which medicine should be studied, is uninfluenced thereby,—the same principles of investigation, and the same rules of reasoning being applicable to either. I shall, therefore, only refer to such definitions and illustrations as may bring the question plainly and clearly before us; from these it will at once be seen that dispute in this matter has originated in a great measure from terms being misunderstood.

The definitions of Professor Whewell are simple and concise :

"Art and Science differ, the object of science is knowledge, the objects of art are works. In art, truth is a *means to an end*; in science, it is the *only end*. Hence the practical arts are not to be classed amongst the sciences."*

If the above definitions, and the distinctions they imply, be borne in mind, we see that medicine, which implies the application of certain means to remedy certain departures, in the human body, from that state which is commonly termed health, is an "ART,"—a "PRACTICAL ART"—inasmuch as its object is a something to be done.

Medicine, then, being ranked amongst the "Practical Arts," it becomes obvious that its truths can only be attained by a strict accordance with the rules of art. These, we shall find, are not different from those which are essential to science,—there must be the same accumulation of observations, whether they be experimental or recorded from experience, the same true appreciation of the phenomena thus observed, and the same processes of induction therefrom.

The observations, whence are chiefly gleaned the truths of medicine, are derived, in great measure, from several sciences, the names of which are familiar to us. They are, chiefly, Anatomy and Physiology, Animal Chemistry, Morbid Anatomy, Pathology, and Therapeutics; these are essentially sciences,—knowledge is their object, it is their only end. Ob-

* Philosophy of the Inductive Sciences, p. xli.

servations having been thus obtained, it is then requisite by a process of induction, and successive generalizations, to establish those truths of art, without which art is no art; the latter must be careful, critical, and perhaps laborious,—while the former must be accurate and extensive.

Before the application of these principles to the art of medicine is proceeded with, brief allusion to some fallacies which have prevailed, and greatly to the detriment of its true study, may not be unprofitable; of these the chief are, “that medicine is a conjectural art,” and “that it is dependent for its truths solely on observation, without the aid of induction.”

To speak first of the fallacy which styles medicine a “conjectural art.” Those who affirm this proposition not only infer, but state, that the best practitioner is he who guesses best. It being a solecism, and a contradiction in terms, to say that an art is conjectural, we have, consequently, to examine if medicine be founded and perfected in conjecture, and is therefore to be deemed without the catalogue of the arts; and, further, if he, whose rules of practice are based solely on conjecture, be the best practitioner.

The true meaning of the term “conjectural,” as here used, is “guessing,” “judging by guess;” the technical meaning may be stated thus,—the exhibition, in disease, of remedial means, without a knowledge of the disease to which they are applied, or the effects of these means when applied.

Medicine, whether it be conjectural or whether it be an art, is, as before defined, the application of means to remedy certain states of the body which are technically called “disease.” Now, if a knowledge of disease, or of the means whereby it is to be remedied, were not requisite, medicine would be, on the one hand, independent of disease, and, on the other, of the means applicable to its counteraction;—which is absurd.

It being, therefore, necessary to the art medicine that disease, and the means whereby disease is counteracted, should be understood, we will briefly examine into the meaning of these terms.

Disease is the designation given to a certain condition of the body and its functions, (evinced by signs which are technically called symptoms,) implying that such condition is different from that other which is termed health. Inasmuch, then, as health is the natural and primary condition, and disease is the departure therefrom, it follows that disease is the effect of something preceding it, and on which its existence depends. It should be here particularly borne in mind, that though the proof of an event to us always depends either upon the testimony of others, or the evidence of our own senses, the *certainty* of events in themselves arises from their natural connexion with their proper causes.

We have, then, a CAUSE producing certain changes in the body; an EFFECT, the changes so produced; and SYMPTOMS, certain phenomena whereby these changes are rendered evident to our senses.

If, then, these circumstances be carefully regarded, we shall find they are indissolubly connected, and that in order to understand and fully appreciate them a wide range of satisfied investigation is implied. There must be an accurate understanding of the condition antecedent to disease,—that is, of health; then of the cause disturbing this condition; then of the precise condition which results therefrom; and finally, a just appreciation of the signs whereby this condition is rendered evident to ourselves.

To place this in a narrower compass, it is obvious that any given condition of the animal body must be preceded, as likewise succeeded, by other conditions of the same body. Let us suppose, for the sake of argument, that the given condition is disease, the preceding a state of health, the succeeding death; it is certain that the thorough comprehension of the condition of health, with due appreciation of the disturbing causes producing the given state of disease, and the progress of these resulting in death, must be founded on a series of observations and established by a collocation and generalization thereof, and an induction therefrom.

So much for disease. The next question which presents

itself for consideration is the means whereby disease is counteracted, and this comprises what is commonly understood by the term "remedy,"—remedies being the causes of certain effects in the human body, whereby disease is obviated or diverted.

Thus far we have to deal with science, strictly so called,—the study of health being Physiology, the study of disease Pathology, the study of remedies Therapeutics, we now come to the province of medicine,—to medicine as an "Art,"—to the application of means to counteract certain effects, which are the departure from health,—in other words, the Art of Medicine is the application of Therapeutics to Pathology. For this, it is not only necessary, on the one hand, that the precise state of the disease should be appreciated, but likewise the course such disease will take; that is, to predicate what will happen as a consequence of the present condition, and the successive action of its morbid causes. This also assumes a very wide extent of previous observation, arranged, theorised, and established: it is that knowledge of symptoms and the consequences which they precede, which is technically called "Prognosis."

On the other hand, it is necessary to estimate what will be the effect under existing circumstances of the means used to counteract the present and probable consequences of the diseased state. This important portion of the art of medicine is comprised under the terms "indication of cure," and "treatment of disease."

If the above requirements for the art of medicine be considered, we see that a very vast amount of knowledge is implied:—that we know the cause, and the nature of the effect it has produced; that we have accurately determined, from the signs, its seat, its degree, and in a great measure its nature also; that we have, from all the circumstances considered, separately and in a comparative view, determined the issue; and are now qualified, by means of proper remedies, either to promote that issue, if there be a prospect of its being favourable, or to prevent it, if we perceive that it will be otherwise.

Here, then, we have a regular chain of connexion betwixt cause, sign, effect, prognostic, and indication of cure; for a dis-

ease must be known before it can be cured, and we must foresee consequences before we can prevent them. (Makittrick, p. 23.)

Now all this implies knowledge guided by reason, while conjecture implies ignorance, suggested may be by that faith which commences where reason ends. It likewise establishes medicine to be an art, and as such amenable to, and regulated by, all the rules and principles of art, while conjecture neither suggests nor is bound by any such rules or principles. Medicine is therefore not conjectural.

Doubtless many who apply this term to medicine, if they were to analyse their own thoughts and views, would find that these really were in accordance with the definitions of art, and that this term is merely used by them to indicate that many of the truths of medicine have not been attained. It is, however, of the utmost importance to establish *clearly* to the minds of all, that, inasmuch as disease is the consequence of natural causes, so must its alleviation be guided by natural principles, and consequently that the art of medicine is only true and certain as it is in accordance with these principles.

This being ascertained, the opinion can no longer prevail, (which assuredly it might, and justly so, if conjecture were our only guide,) that the accumulation of facts is useless, and the generalisations of reason thrown away. Viewed as a certain art, we possess the assurance that our labours are not in vain, that though from our blindness we may not always perceive truth, yet we are surrounded by it, and that, by seeking, it may be found; for mental eyesight is like that of the body, its cultivation makes evident that which otherwise is confusion and darkness.*

While thus controverting the statement that medicine has for her only guide conjecture, it must not be concluded that conjecture has not its uses. In medicine it bears its fruits, as it does in the arts and sciences generally. A probable and well founded conjecture, *philosophically*, may suggest such further

* Vide "The Use of the Body in Relation to the Mind." By G. Moore, M.D.

inquiry and improvement as may establish a truth,—*practically*, in the absence of such established truth, it has a value.

The next fallacy to which I propose referring, is that the art of medicine is dependent solely and exclusively on experience.

So strongly does this fallacy prevail, that we find not only the art thus appreciated by the general public, but likewise by a numerous class of the members of the profession—so much so, that the boast is not unfrequent of being a “Practical man,” meaning thereby a special regard for experience, whether general or personal, to the exclusion of all inductive philosophy. In the vulgar appropriation of this term, its definition is, however, still further narrowed, and the “Practical man” is he who, adopting personal experience, excludes that which is general.

Those holding this view are ever boastful of their “Facts,” “Fact” is their watchword. The sentiment, *Quod vidi credo*, if not often expressed, is, at any rate, freely applied,—meaning thereby a belief in all that the senses, uncorrected by reason or philosophy, convey to the mind, and a disbelief in all that is not so presented to them.

An examination of this position will undoubtedly show that such a dogma is not only diametrically opposite to the principles on which the sources of truth are founded, but leads to a belief in much that is not true, and to a disbelief in much that is.

In order plainly to set forth this question, the true force of the term “Experience,” and of the “Facts” which it is its object to observe and record, should be established.

First, what is a “fact?” This to the unthinking will seem so obvious, and so immediately allowed, that to answer it would be puerile. A little reflection will, however, show that even a fact may be difficult of being appreciated, and is often composed of such complex ideas as to render it impossible for the man, who condemns his neighbour’s theories, to show that his own facts are more substantial. That facts may be difficult of appreciation a familiar illustration will prove. A person having no previous

knowledge of the incontrovertibility of one metal into another, and as equally ignorant of the arts of the conjurer, sees a shilling apparently converted into a guinea, will he not naturally from this assert that such is possible, and that such a person has the power of producing such a change; nay, more—that he himself had seen it, and knew it as a fact.

Very slender inquiries will, to the most superficial, soon render evident, that, in order to arrive at a true appreciation of what is fact, in so difficult an art as medicine, and to protect us against the errors to which the imperfections of our senses too readily render us liable, a certain amount of previous observation, combined with a mental process, is absolutely necessary; and, moreover, inasmuch as the principles of the art of medicine are primarily dependent on its facts, their nature and origin should be fully appreciated.

The facts on which depends the art of medicine will be found referable to two classes, the primary and the secondary, neither of which from their nature can be demonstrated, they being essentially based on observation, and only to be proved by induction and analysis. The primary facts owe their origin solely to a perception and colligation of ideas, and are in reality nothing more nor less than *instances* resulting from a generalization of these ideas; while the secondary are due to the colligation and generalization of facts previously ascertained. Thus new ideas and new facts, which assume all the importance of simple truths, are superinduced, and in which we recognise what is commonly understood by the term theory. So that in reality the distinction between fact and theory is only relative. Events and phenomena, considered as particulars which may be colligated by induction are “facts;” considered as generalities, already obtained by colligation of other facts, they are “theories.”*

This may be illustrated by the investigations of Sir George Baker on the cause of the Devonshire colic. After excluding all irrelevant and doubtful matter, he found that those who were attacked by this disease were cyder drinkers; he further found that the cyder was then very generally made in leaden presses,

* Vide Whewell, vol. ii. p. 259.

and that these presses were rapidly dissolved by the action of the cyder; he further found that the cyder contained a very appreciable amount of lead; having generalised all these various facts, he arrived at one simple ultimate truth, viz. that the Devonshire colic was produced by the absorption of lead. Now this to Sir George Baker was a "fact," to us it remains a "theory," that the absorption of lead will produce the Devonshire colic.

Such, then, are "facts," and such is their identity with "theory." Any conclusion which falls short of their certainty is merely hypothesis or coincidence; nevertheless nothing is more frequent than to hear both the one and the other quoted as established and recognised facts. To observe coincidences is most useful, and to indulge in hypothesis is not less so, for while the former leads to the latter, the latter often supplies the true bond of connexion between them, and thus truth is induced. They are not, however, facts; the error of those who so commonly quote them as such, is simply this, that instead of using a process of induction, which is necessary, to originate a fact or a truth, they resort to a process of deduction which is not applicable thereto, and which involves the axiom that the premises shall contain the terms of the conclusion. The result is obviously an absurdity, where this latter is fact, while the premiss itself is only an hypothesis or a coincidence, and these probably resulting from erroneous perceptions or ideas. Errors in theory, and consequently in practice, have largely resulted in the force of this not having been understood,—such, for example, are many of the theories connected with fever. One assumes it to be entirely dependent on an atony of the extreme vessels, a mere vague conception, but upon this premiss he has induced the nature and treatment of the disease; another has deduced its nature and treatment from assuming that its origin is due to inflammation of the membranes of the brain; and a third to an inflammation of the bowels and stomach. Statements originating, may be, in many *instances*, but still not induced or generalised from a series of well-reasoned facts. Now here the logical deductions may have been most accurate and correct, nevertheless the result is worthless, inasmuch as the premiss, instead of being

sufficient, has solely enunciated the occurrence of certain phenomena. These truly, if sufficiently numerous, might have permitted an induction, and even perhaps, through this medium, have authorized the assumption of a "fact;" for induction first fairly develops and lays down the premiss, then logic deduces the conclusion. Were the truth of this position seriously borne in mind, how many of the mists that surround us would be dispelled; how seldom should we hear quoted as fact the crudest hypothesis, and as truth the most naked "non sequitur."

We will briefly illustrate these observations. It is often stated that a given disease is cured by the administration of a particular medicine. Here four facts are implied: 1st, the fact of a disease; 2ndly, the administration of a particular medicine; 3rdly, the cure of the disease; and 4thly, upon these three facts are colligated another, viz., that the third is dependent on the second. For the sake of argument, we will allow the three first positions, and then we may examine as to the fourth, and we shall perchance find, that this so frequent fact is resolvable into mere coincidence or hypothesis;—for example, when it has simply occurred that there was a disease, a medicine was given, and then a cure of the disease; now here the third is at once seen to be merely a concurrent term, and may be entirely independent of the second, therefore from such data it may be erroneous that the cure was dependent on the administration of the medicine. Hence it is not a fact, but merely a coincidence. Again; the medicine has been given in many cases of disease, and in all recovery ensued, but inasmuch as it is not shown that in other cases in which the medicine was not given, recovery did not ensue, it cannot be stated, as a fact, that the medicine cured the disease. It certainly amounts, however, to more than a coincidence, it is an hypothesis. Again; cure ensued in all the cases of disease in which the medicine was given, and in no case in which it was not given. Here there is so conclusive a chain of circumstantial evidence, that it passes beyond hypothesis, and if worked out by induction assumes the position of a fact.

Further to illustrate the position in medicine of Theory and

Fact, we may suppose the disease to be fever, and dependent on peccant matters in the alimentary canal, and that it is necessary to the cure of the fever to get rid of these, and that this can only be done by a given medicine—an aperient. Supposing all this effected, it may then be assumed as a fact, that the fever was cured by the clearing away from the alimentary canal of injurious matters, and also, as a fact, that the aperient was the means whereby the peccant matters were cleared away.

From the above, the art of medicine is at once seen to be entirely dependent for its facts on a true appreciation of its phenomena. It therefore becomes absolutely necessary that the "facts" or "truths," for the terms are synonymous, which are to form the basis of our art, should be clear, rigorously applied, and of all things *appropriate*; moreover, they must be referred solely to conceptions of the intellect, (Whewell, p. 197, vol. ii.) A want of attention to these two latter conditions has been from the earliest to the present times, a fruitful source of embarrassment and error.

The mode in which "facts" in medicine are established, is precisely that pursued in the courts of judicature in this country. In the first place, ideas are colligated into instances, from which springs an hypothesis,—in ordinary language, from certain circumstances a crime is supposed to have been committed, and an individual is suspected of being its perpetrator; on the assertion of this hypothesis, or crime with which he is charged, issue is joined. Then great precision in the examination of the instances is sought for with a most careful exclusion of what is inapplicable, so that by degrees a series of "facts" become established. These, however complicated they may be, are generalised into the simple fact or truth which is enunciated by the verdict of the jury, and which verdict is philosophically, as well as legally, understood to have all the characteristics of recognised truth and established fact.

Yet further to pursue the identity in method; after the fact is thus ascertained, then comes the theory with its practical deductions,—a crime has been committed, the course to be pur-

sued must now be in accordance with the theory for the remedying or punishing such crime.*

Having now set out the nature and value of "fact and theory," we are in a position to examine if the art of medicine be solely dependent on experience for its facts.

If we regard experience as one of the agents of philosophy, we shall find that it simply implies "previous observation;" now no previous observation (however it may induce to the belief of a general truth) will establish an universal or even a necessary fact.

A proposition may have been found to have been true in any given number of instances,—it does not, however, follow that the next instance which shall occur may not be an exception to this rule. Thus five hundred cases of fever may not have died, the next case may, so that the experience of the five hundred cases does not show that any subsequent one may not prove fatal.

Moreover, experience must be limited, and can bear no proportion to the cases in which it has not been made, and, therefore, however similar and circumstantial it may have been in the instances observed, it cannot affirm its propositions to be necessary. For example, we know by experience that ague may be produced by residing in a marshy country, but we do not thereby know that it will necessarily be so produced; here experience entirely fails us, and notwithstanding the number of cases of ague that have been observed, nothing but an hypothesis is eliminated.

We must further learn to discriminate between propositions which are necessary, and those extracted solely by experience. Thus experience teaches us that mercury will salivate, but it does not teach us that it *must* do so; nay, more, it cannot inform us *why* it does so. Experience may teach us that a poison is deadly, but it does not inform us *why* it enjoys this property.

"Experience can observe and record what has happened, but

* It is not impossible that the philosophic mind of the great Bacon was somewhat influenced by his professional avocations, and thus directed to those great principles which are developed in the "Novum Organum."

she cannot find, in any case, or in any accumulation of cases, any reason for what *must* happen. She may see objects side by side, but she cannot see a reason why they must ever be side by side. She finds certain events to occur in succession, but the succession supplies, in its occurrence, no reason for its recurrence. She contemplates external objects, but she cannot detect any internal bond which indissolubly connects the future with the past, the possible with the real. To learn a proposition by experience, and to see it to be necessarily true, are altogether different processes of thought." (Whewell, p. 6, vol. i.)

Inasmuch, then, as a proposition founded solely on experience, or, in other words, on previous observation, cannot be received as a truth, and as the art of medicine could not exist as an art without truth, it follows necessarily that it cannot be solely dependent on experience. So that thus to state it is proved to be a fallacy.

We must not, however, forget that experience is one of the most useful handmaids of the art of medicine, and as such, is not only to be regarded for what she may do, but for what she has done, nor is she to be despised, though some of the principles which guided her are now known and proved to be in error. Thus, the observations made on disease previously to the great discovery of Harvey, have their value, and it remains for us properly to appreciate and apply them. A process takes place similar to that which occurs in the individual mind. Many circumstances are observed in youth which in after years are colligated into facts, and may be, inferences were then drawn which subsequent experience may modify or show to be erroneous.

Connected with the two great fallacies that have now been exposed are some practical or lesser errors, to which it may be worth while to devote a passing notice.

First, of that which affirms success in medicine to be due, not to any principles of art, but solely to accident. This is essentially a more naked form of the fallacy that medicine is a conjectural art, and of which we have already so fully treated. We shall, therefore, merely observe that it must be a supposition

originating in the grossest ignorance, which would infer that an art, founded on observation and confirmed by reason, could be attained without acquiring the truths resulting therefrom. It would be as absurd as to suppose a man could be an astronomer who was ignorant of the first principles of mathematics, and had never heard of, nor seen, a planet. Truly, medicines may be given by accident, and by accident rightly given; yet in this case it is most certain they have, though unknowingly, been given in accordance with the principles of art.

Allied to the above error is the appreciation of the Art of medicine at nought. It is obvious that medicines have their application, and, if ill used, are potent means for injury; therefore, they must be, if properly applied, agents for good. This sneer, for it is nothing more, must be passed on to a misapplication and not to an application of the art.

Connected with the fallacy that medicine is dependent solely for its truths on experience, is the error, greatly prevailing in the present day, which assumes that the "numerical method," as it is termed, establishes truths in the art of medicine. With this impression the most industrious collecting and arranging of symptoms has ensued, and doubtless with advantage; but towards establishing a "fact" or a "truth," the numerical method entirely fails—it can only affirm *positively*, with regard to the proportion of instances that which was previously stated *generally*. It is an accurate recorder of experience, but is entirely wanting in a main element to establish truth in the art of medicine. The supposed application of the "numerical method" to this end has originated in the fundamental error of its being *inappropriate*, inasmuch as it applies demonstration, which belongs to the pure sciences, to this art, whose truths are solely dependent on induction. It, therefore, does not here establish a single fact beyond its own numerical statement.

The erroneous application of the "numerical method" has greatly tended to confirm the previously too exclusive attention to symptoms, without investigating and determining their origin

or cause. This, with many, has constituted their sole aim and process of inquiry. So largely and extensively has this error prevailed, that in its pursuit much valuable labour has been uselessly expended in vain repetitions of the same observations. Hence, while huge treatises have been written on many of the prevailing and most interesting diseases, nothing beyond the first hasty description is really known of them. Within this category may be included the Asiatic cholera, the influenza, &c.

Another error is the extravagant appreciation of the revelations of morbid anatomy. There are those who, largely falling into this error, have recognised in the appearances after death, the cause not only of the death itself, but of all preceding disorder; while, probably, the preceding disorder has been the cause of the appearances thus laid bare. The longest established and most serious illustration of this, is the too familiar one of consumption; the extreme condition of the lung has absorbed attention to the exclusion of the constitutional disorder which has preceded it.

Another, and not infrequent error of pathological observation, has been to consider as belonging and essential to the history of a disease all the lesions which may have been observed in all the various and differing cases of such disease as may have occurred; thus, that which is only concomitant, is mixed up with, or even mistaken for, that which is essential, and consequently is assumed to be characteristic while it is only accidental; thus the pathological condition of a fever has been made to comprise almost every lesion to which the human frame is liable, instead of excluding all lesions but such as were universally or generally observed.

We have now seen that the art of medicine is beset with various fallacies and errors, tending to clothe it with an uncertainty which, as an art, does not belong to it. This great principle may, however, be relied upon, that in the art of medicine there is a right and a wrong way; this, to be avoided, as rendering

it useless, or enduing it with danger, that to be embraced, as resolving it into a real and certain utility. It must therefore be of paramount consideration to ascertain what constitutes this "right way;" and consequently the principles on which it is to be eliminated and substantiated should be clearly defined and understood. In the first place, it must be determined in what the art of medicine consists. It consists, as before shown, in common with the other arts and sciences, of truths observed and colligated from ideal conceptions. We must therefore inquire whence these are obtained, and by what means they are eliminated and established. In a previous part of this address so much has been said on these very questions, that there can be no need of now enlarging to any extent upon them. We shall, therefore, only briefly state with regard to the latter, that it consists in what has been termed "Induction," a mental process which is usually and justly spoken of as the genuine source of all our real general knowledge respecting the external world, (Whewell, p. 212, vol. ii.) and which comprises too mental operations, viz. the explication of the conceptions of our own minds, and the colligation of observed facts, by the aid of such conceptions—these are inseparably connected with each other, and when united and employed in collecting knowledge from the phenomena which the world presents to us, constitute the process of induction. With regard to the former, that is, the conceptions which form the basis of our ideas, and from which the facts or truths are colligated and induced, they must be derived essentially from the phenomena of disease itself, inasmuch as they are limited to those only that are *appropriate*; it being an axiom "that each science has for its basis a different class of ideas, and the steps which constitute the progress of one science can never be made by employing the ideas of another kind of science. (Whewell, p. 164, vol. ii.)

Doubtless, in order to appreciate the phenomena of disease, and to correct the ideas originated thereby, it is extremely useful, nay, practically speaking, necessary that the collateral sciences, such as anatomy, physiology, chemistry, &c., should be studied and comprehended, yet not one of these sciences could

originate, or, by any possible means afford, data for colligating one single fact or truth belonging to the art of medicine. For example, the blood is composed of at least forty elements, and any considerable deviation from their normal proportion must of course be so far productive of morbid change. Nevertheless the mere knowledge of the composition of this fluid, without any knowledge of its abnormal condition, would never lead to a single conclusion on disease, or towards the art of medicine.*

It therefore becomes evident that the only true source, whence the truths which constitute the art of medicine can be derived, must be from a careful, accurate, and clear conception of the phenomena derived from the observation of disease itself, and of its conduct under the circumstances, whether natural or remedial, to which it is subjected; and, secondly, from a colligation and generalization, by a process of induction, of these phenomena into truths.

In thus asserting the use, or rather the necessity of induction, in order to establish the truths of the art of medicine, the value of hypothesis must not be lost sight of,—hypothesis not only suggests truth, but is useful by shortening the intellectual process; it is thus a great adjunct in establishing the known from the unknown. Nevertheless its propositions must not be confounded with those of induction, nor can they be allowed without sufficient observations, without these the natural process of discovery is reversed, and error assumes the place of right. Had the force of this been fully borne in mind, so many of the crudest conjectures would not have been stated as hypotheses, nor so many hypotheses as facts. We should not have had the world of medical literature convulsed for centuries with the fruitless disputes of the Galenists and the chemists, nor subsequently with those of the iatro-mathematicians—nor would volumes have been written on the “archæus” of Van Helmont, or the “anima” of Stahl, &c. &c.

Doubtless these various hypotheses mainly originated in a laudable desire to explain the causes and rationale of the nu-

* Vide Dr. Moore “On the Use of the Body in Relation to the Mind,” p. 119.

merous phenomena exhibited by disease; but, being erroneous so far from doing this, it has been left for subsequent investigators to waste much time in unmasking and clearing away the difficulties thus caused: whereas a far less extended series of observations colligated into a few truths, would have done more to establish the art of medicine, than all the lumber thus laboriously collected together.

Not that the present day is deficient in these errors: we have the puerilities of homœopathy, and the sexual excitement and even blasphemies, of mesmerism, quoted as part of medical art; nor does chloroform, the utility of which as a panacea for all human suffering is now so universally talked of and accredited, enjoy as yet a much higher place in the category of scientific research. With the exception of the series of experiments, carefully made and observed by Mr. T. Wakley, and from which he has induced some fair and highly philosophical generalizations, nothing but a tiresome repetition of “instances,” similar to those first promulgated by Dr. Simpson, has issued from the press, viz. that on being inhaled by certain individuals, it temporarily robs the senses of their power, and arrests the healthy action of perception.

Doubtless chloroform may have its applications, but looking at two cases which have come under my own observation, and which singularly bear out the conclusions of Mr. Wakley, I feel somewhat assured that, ere long, it will be much limited in its employment, if not placed in the same category as its predecessor in the same field. Of sulphuric æther, a few short months since, no less marvellous and indisputable things were said; and scarcely had the disuse of it been ensured by a series of distressing calamities resulting from its exhibition, ere its successor enjoys the reputation it had lost.*

* Connected with the administration of chloroform, I may mention how unfairly the public and the profession are dealt with generally in respect to medical experience. A short time since I saw a note addressed to a public journalist to this effect. That as the inhalation had proved unsuccessful, the case would not be reported, but that the first successful one should be. How can the art of medicine progress when its sons thus lend themselves to confirming a proposition by withholding that which may probably disprove it.

Instead of this loose mode of accumulating unprofitable observations, or of deducing conclusions from hasty hypotheses; the art of medicine should be pursued in accordance with philosophical principles; we might then hope ere long to see it on an equality with those other inductive arts and sciences which have, by these Baconian means, and only by these means, acquired a not unworthy place by the side of the pure and demonstrable sciences.

It would be a profitable task to follow out the history of medicine after the manner in which Professor Whewell has traced the history of the inductive sciences; many errors which have been assumed as truths would then be banished, while many undoubted truths would become established, and thus separated from further question.

May be some, who now hear me, may think this Utopian; they may probably deem it next to impossible to apply principles so accurate to so complicated a series of ideas as are originated by the various phenomena of disease; that from amidst them it would be in vain to look for general, much less, for universal, truths. Has not the same been thought and said in the infancy of all science? How much mysterious ignorance was entertained before the simple truth that the earth moves round the sun was ascertained, and now that this is generally known, how little can we participate in the difficulties that occurred before it was proved. Its now apparent simplicity only creates wonder that it ever should have been doubted. But amongst all the difficulties attendant on the art of medicine, are we without truths? Most assuredly not, some simple truths have been ascertained, and they are beautiful and conclusive examples of the success of an application of the inductive process of reasoning.

The first example to which I shall allude, originated in the accurate observation and philosophic mind of one of the most honoured names in our profession, one of whom it may be the boast of this city that he was born, and practised, within her walls. Dr. Blackall was the first to point out the erroneousness of the then existing mode of regarding dropsies as separate and distinct diseases, according as they affected different organs.

He advanced, however, a much higher step towards elucidating their origin and nature, when, from a series of observations, he generalised the fact that there existed distinct dropsies, indicated by the urine being albuminous or otherwise. The elimination of this fact in medicine disposed to subsequent inquiry. Dr. Bright found that when the urine was albuminous, the kidneys themselves were diseased, and presenting varieties of a condition to which he gave the name of "tubercular degeneration," and to which he attributed the condition of the urine in question. Subsequent observers, (differing somewhat amongst themselves as to the exact nature of the morbid changes in the kidney,) agree that the free circulation of the blood through its texture is interrupted, and that, without reference to the cause producing it, there is a state of congestion in the organ itself. Hence this truth has been eliminated, that the presence of albumen in the urine is due to such condition of the kidney as impedes a free circulation of the blood.

The investigations necessary to establish one truth generally develop others, so those pursued, while tracing the source of albuminous urine to its true cause, have produced some important truths regarding urea. It was observed, that in advanced stages of albuminuria there was great tendency to oppression of the brain, and that, often, death was the result; it was also found, there was, even at this advanced stage of the disease, a greater or less deficiency of urea voided by the urine; it was also found that in other affections in which the ordinary amount of urea was not excreted, the same character of head oppression occurred. Chemistry also detected in these cases that the amount of urea in the blood was excessive. After colligating these various facts the truth has been superinduced, "that the presence of an undue proportion of urea in the blood acts as a poisonous agent on the brain, and, as such, is capable of destroying life."

To quote still from investigations on the urine; that singular and most interesting disease, termed "diabetes mellitus," having been observed, it was at first considered that the large amount of sugar daily separated from the system was due entirely to

some disorder in the kidney. It was subsequently found, however, that in those cases saccharine matter was excreted in other ways; and experiment showed the blood to be largely impregnated with it. Therefore it was at once rendered evident that the presence of sugar in the urine was not due to disease in the kidney; and as much of the food taken in consists of starch, and as the elements of starch are convertible into those of sugar, and as the resolution and assimilation of starch takes place in the stomach and intestines; it follows that the presence of sugar in the urine is due to some error in the functions of these assimilating organs.

The cause of scurvy offers a peculiarly interesting example, not only from the simplicity of the truth eliminated, but from the value of the results deduced therefrom. Lind, considering the peculiarities of the circumstances, situation, and way of life, of those afflicted by this disease gradually evolved this fact,—that scurvy was due to a deficiency of certain acid principles in the food taken in. From this and other observations the theory became established, that unless the food of man contain some of these acid juices, his system will perish for the want of them. A further generalization of facts enables the statement of a yet more simple and comprehensive truth. That if the food be deficient in *any* of the elements *necessary* to maintain life, however plentiful the food may be, disease, and eventually death, will ensue.

Palsy of the face is not an unfrequent occurrence; it is seen both connected and unconnected with palsies of other parts of the body—frequently with the former, which ever indicates the existence of disease within the skull, and consequently danger, while experience has conducted to the hypothesis that when not accompanied with other palsies, it is not dangerous in its indications. This hypothesis becomes a truth, by an induction from other facts. The muscles of the face are supplied from the fifth pair of nerves, and by the portio dura of the seventh; the former is distributed over the temporal, masseter, and some smaller muscles, and is a nerve of sensation and motion; the latter is only a nerve of motion, and is distributed over the superficial muscles gene-

rally. Now by a careful attention to the indications rendered by these facts, we are enabled to fix the seat of the disorder as without the skull, and therefore to affirm it not of dangerous origin.

The Devonshire colic, as before shown, is due to the absorption of lead into the system. Lead is known to be insoluble, and found to be inert, when combined with sulphuric acid. The exhibition of this acid, or of such salts, as would afford it to the lead, was inferred would be a remedy in the disease, and so experience has proved it. Again, the colic and obstructed bowels, partly characteristic of the Devonshire colic, were found to be due to spasms of the intestines, opium relieves spasm, hence its administration in this disorder is accompanied by that relief from the bowels which purgatives by themselves could not promote. Now here we have two simple practical truths established, and through the aid of the inductive process of reasoning.

The application of bark and arsenic in intermittent fever has become practically established by a long series of observation; while by a process of induction the curative powers of these remedies, in some other affections, has shown, what was before not suspected, that these latter are modifications of that class of disorders of which the former is the type.

I shall not multiply these examples,—they are sufficient to show that, by a careful and patient observation, and by colligating and generalizing the results of appropriate ideal conceptions, simple facts and comprehensive truths are to be arrived at, and that from these may be deduced practical conclusions of the utmost value and importance. To adopt the words of Dr. Barlow, in the very admirable address* delivered by him before the Hunterian Society, “I do not hesitate to express my conviction that we are, *at this time more especially*, in need of some such simple and incontrovertible maxim, not only as a rule of philosophising, but as a principle of action. It cannot have escaped the notice of any observant member, either of our own body or of the community at large, that there is in the minds of

* Vide Medical Gazette, May 1 847.

a portion of the public a want of confidence in the principles upon which medical practice is based, or rather a doubt, if not a disbelief, of its being based upon any fixed principles at all: and I cannot divest myself of the opinion, that this feeling has gathered strength from a suspicion that there lurks in our own mind some hardly repressed misgiving as to the stability of the ground upon which we are standing. Now it is, if I mistake not, to this suspicion on the part of the the extra professional public, and to this want of confidence on our own, that we must ascribe much of the vigour of the rampant quackeries of the day. Let it, however, be seen that we profess as the fundamental principle, both of our doctrine and practice, a belief in the uniformity of the operations of nature, and in our duty to generalise *only* upon a patient observation of them; and then these quackeries must lose their hold, not only upon every philosophic, but upon every truthful and humble mind. I do not mean to assert that they will thus be exterminated, or that new ones will not arise. I believe that in one form or another they will be continually springing up, as among the necessary consequences of that moral evil which exists in the world, and that the contest between them, and the unpretending exercise of those powers, avowedly limited, which we have acquired, and hope to increase by patient observation of the order of nature, is analogous to the great struggle between moral good and evil, which is to go on as long as the world shall last,—if it be not identical with it."

I have now brought this address to a close. I fear it may be thought by many who have heard me, that I have spoken too confidently of the advantages and certainty to be derived to the art of medicine from a strict application of the "Inductive Process." I feel assured, however, that a calm consideration of the results derived to science generally, through its means, will induce the conviction that it may prove the most effectual, if not the only faithful shield against the illusive charms of false theories and insufficient hypotheses; that through its aid error will become apparent, and the vast amount of prejudices we are

constantly imbibing, from the earliest to the closing period of our professional life, be dispelled before the truths thus developed,—so that the art of medicine, no longer fettered by the spells of conjecture and unassisted experience, will thus assert her dignity and true position.

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LETTER

TO

HENRY WARBURTON, ESQ.

CHAIRMAN OF A COMMITTEE

OF THE

HOUSE OF COMMONS,

APPOINTED TO INQUIRE INTO THE STATE

OF THE

MEDICAL PROFESSION.

EDINBURGH:

PRINTED BY A. BALFOUR & CO.

M.DCCC.XXXIV.

LETTER, &c.

Sir,

Holding as I do the only Professorship of Military Surgery in this country, and being of opinion that the nature and objects of the Course of Lectures which I have annually delivered in this University for ten years past, is but imperfectly known either to the profession or to the public, I deem it my duty to lay before your Committee the following Queries, with the annexed answers, from some of my professional brethren in the Army, the Navy, and the Honourable East India Company's Service.

These Queries I have submitted, exclusively, to gentlemen of standing and experience in the above departments of the public service, who are enabled, from personal attendance on my Lectures, to speak to their nature and objects, and only to a few of these to whom I had immediate and easy access. I have added some extracts from the periodical journals, in support of the utility of such a course of instruction, and am in possession of the strongest expressions of approbation of this course from Baron Larrey, from Sir James M'Grigor, and from Sir William Burnett.

In relation to the class of Military Surgery, Sir James M'Grigor thus speaks in his evidence before the Royal Commission for visiting the Universities of Scotland. "In so far as the public service is concerned,

4
the Army, the Navy, and the Service of the Honourable East India Company, I think it has been a most beneficial addition to the Chairs of the Medical School at Edinburgh. Besides wounds, and what is termed Military Surgery, the economy of hospitals and of hospital arrangements, is in this school taught by a gentleman who has served much in the field and in various climates. At the end of the last war, upwards of 300 medical officers of the Army were placed on half-pay, and it is within my knowledge that many of them profited greatly by attendance on this class before they returned to employment on full pay."

As the opinions of the heads of the Medical Departments of the Army and Navy are easily accessible to the Committee, I forbear troubling you with farther details, and will only state, that by a recent intimation, the Director-General has enjoined attendance upon the class of Military Surgery, on those young gentlemen educating at this University for the Medical Department of the Army; that the Physician of the Navy has given to candidates for his Department the option of attending this class in lieu of part of the surgical attendance required of them; and that the Royal College of Surgeons of Edinburgh had previously given the same option to candidates for their Diploma.

Under these circumstances, I would most humbly submit to the Committee the propriety of giving a similar option to all students educating for the general practice of the profession, and also of establishing similar courses of instruction in the other great schools of medicine, by which it appears to me that the public may be materially benefited; in the first place, by giving to the Army and Navy Surgeons facilities and encouragement to preserve, to record, and to make

5
known the results of that valuable experience which in the course of service they necessarily acquire; and in the second place, by having always at command a body of professional men, who, without prejudice to their qualifications as general practitioners, may be more particularly instructed in the duties devolving upon medical officers in the public service, and thus competent to act upon every emergency.

I have the honour to be,

SIR,

Your most obedient humble servant,

GEO. BALLINGALL, M.D.

Regius Professor of Military Surgery.

University of Edinburgh, 25th February, 1834.

QUERIES addressed to HENRY MARSHALL, Esq., Deputy-Inspector General of Army Hospitals, and to Dr. BADENACH, Surgeon to the Forces, by SIR GEORGE BALLINGALL, Professor of Military Surgery in the University of Edinburgh.

1. Q. ARE you acquainted with the nature and objects of the course of lectures which is annually delivered upon Military Surgery in the University of Edinburgh?

A. We are acquainted with the nature and objects of this course of lectures as annually delivered in the University of Edinburgh, having not only attended the lectures of the Professor, but perused the volume he has lately published, entitled, "Outlines of the Course," &c.

2. Q. What is your opinion in regard to the utility of a course of lectures on Military Surgery to young gentlemen intended

for the medical departments of the Army, the Navy, and the East India Company's service?

A. We have a very high opinion of the utility of a course of lectures of this kind. A student who has attended a course of lectures on Military Hygiene and Military Medicine is prepared to avail himself with great benefit of the practical advantages of experience, by which means he will be much sooner able to assume in an efficient manner the medical charge of a body of men, than if he had not received such instructions.

3. Q. What is your opinion respecting the plan of the course of lectures in question, and can you suggest any means by which it may be improved? On this latter subject state your sentiments candidly and fully, and add what topics you think should be particularly discussed in a course of lectures on Military Surgery.

A. The plan of the course is in many respects excellent, and well adapted for instructing students with regard to the duties of medical officers in the public service. A course of lectures on Military Surgery, is, as we have already observed, extremely useful, inasmuch as it supplies that information which is peculiarly required by medical officers, and which can be but imperfectly communicated in a course of lectures, either on the practice of Medicine or Surgery. Among the many important topics which require to be considered in a course of lectures of this kind, the following seem to demand especial attention:—

1. The selection of recruits for the army or navy.
2. The means of preserving the health of soldiers and sailors under all circumstances, and in all situations to which they are liable.
3. The establishment, economy, and discipline of hospitals.
4. Military punishments, both coercive and corporal.
5. The peculiarities of gun-shot wounds.
6. Feigned disabilities.
7. The causes which permanently disable men for the public service.
8. The subject of climates in as far as regards health—Geographical distribution of diseases—Medical Topography—Causes of endemic diseases.
9. Intertropical diseases.
10. Returns of sick, reports, military statistics.

11. Instructions to young medical officers regarding their general conduct, especially in relation to their superiors, their equals, inferiors, and patients.

*H. MARSHALL, Deputy Inspector General of Hospitals.
ROBERT BADENACH, M.D. Surgeon to the Forces.
Edinburgh Castle, 15th February, 1834.*

The same Queries were submitted to Dr. WHITE, Deputy Inspector General of Hospitals, and answered as follows:

1. I have attended Sir George Ballingall's Lectures on Military Surgery, the principal object of which is to fit young medical gentlemen for the Army, Navy, and the East India Company's service.

2. A young man who carefully attends this course of lectures, may receive much valuable instruction with respect to the character and habits of soldiers and sailors,—on the examination of recruits,—the fitness or unfitness of men for future service,—on feigned diseases,—the transport of the sick and wounded,—the means of keeping the troops healthy in tropical climates,—the proper medical treatment,—the economy and discipline of hospitals,—and much other information, so that he is enabled thereby to become at once a more efficient medical officer than he can well be expected to be from attending a course of surgical lectures as usually delivered.

3. The plan of the course of lectures appears to me to be excellent, and so complete, that I have nothing to suggest with respect to them which I would consider as an improvement.

*A. WHITE, M.D.
Deputy Inspector General of Hospitals.
3, West Circus Place, Edinburgh, Feb. 14, 1834.*

The same Queries were submitted to Dr. EASTON on the Half-Pay of the 15th Hussars, and answered as follows:

1. I am well acquainted with the nature and objects of the course of lectures delivered in the University of Edinburgh on Military Surgery, having attended a regular course of these lectures, and from residing in Edinburgh have had frequent opportunities of visiting that class.

2. The utility of this course of lectures to young gentlemen intended for the medical department of the Army, Navy, and Honourable East India Company's service must appear evi-

dent to every medical officer who has had an opportunity of being present with a large army on actual service, or long harassing marches in a tropical climate; he must feel how deficient he was in performing the duty that was required from him in those arduous situations without a knowledge of Military Surgery.

The various topics discussed by the learned Professor in these lectures in regard to preserving the health of soldiers and seamen, diet, clothing, and exercise of troops, accommodation of troops in camp and barracks, site, construction and ventilation of hospitals, means of transporting sick and wounded, &c. &c. form an essential part of the education of those who are destined for the public service.

3. I have only to state, in answer to the third Query, that it is my opinion that the plan of the course of Lectures on Military Surgery is well adapted for conveying important knowledge to those gentlemen intended for the service in question, and it is so ably conducted by its present Professor that I have nothing to suggest for improvement.

JOHN EASTON, M. D.

H.P. Surgeon 15th King's Hussars.

Edinburgh, February 13, 1834.

The same Queries were submitted to W. C. CALLOW, Esq., of the 6th or Inniskilling Dragoons, and answered as follows:

1. I am well acquainted with the nature and with the objects of the course of Lectures on Military Surgery, delivered in the University of Edinburgh,—having, with much profit to myself, attended the lectures and demonstrations of the Professor, and reaped very useful information from a volume of "Outlines of the Lectures," recently published.

2. I am thoroughly impressed with the very great utility, and with the importance to the British service, of a course of lectures of this nature, and have no hesitation in stating that a medical student entering His Majesty's service after regular attendance upon these lectures, must carry with him a foreknowledge of the soldier,—the casualties he is liable to,—and the best means to obviate or to cure, which it would require many years of service and laborious research for him otherwise to acquire.

The present Professor, in the clearest manner directs the student to the best manner of treating wounds and disease,—the most improved methods of performing the various opera-

tions,—instructs them in the medical police of camps, cantonments, and quarters,—with the manner to discriminate between the malingering, and the sufferer from disease. The perseverance and research of the Professor has likewise enabled him to collect a mass of valuable facts and results, and so to place them before his auditors, that it is my opinion there are few medical officers, no matter what the length of their service, or the campaigns they have witnessed, but would be highly repaid by an attendance upon this course of lectures; it is therefore equally my opinion, that considerable advantage to the service is afforded by the medical officers within reach of these lectures being able to renew their recollections and increase their information.

3. The plan of these lectures appears well chosen; I am not aware of any important omission; and I am free to declare that I can scarcely conceive them susceptible of improvement under existing circumstances.

W. C. CALLOW,

Surgeon, Inniskilling Dragoons.

Piershill Barracks, 20th February, 1834.

The same Queries were submitted to ALEXANDER COPLAND HUTCHISON, Esq. Surgeon, Royal Navy, formerly Surgeon to the Naval Hospital at Deal, and answered as follows:

1. I am acquainted with the nature and objects of the Course of Lectures annually delivered in the University of Edinburgh, on Naval and Military Surgery, not only by the perusal of your published writings, but by having derived great pleasure and instruction in personally attending the greater part of a course of Lectures several years ago.

2. There can be no doubt of the great utility and advantage of these Lectures to such young gentlemen as are intended for the public service of the State, more especially the Army and Navy; for they inform the student of the best situations for encampments,—for the erection and arrangement of temporary or stationary hospitals, besides innumerable other particulars connected with these departments of the king's service which cannot be taught by a Lecturer on Surgery who has not been, for several years, in actual service at sea or land. Moreover, the habits, modes of living, and acting of the soldiers and seamen are so totally different from men of the same rank in common life, that they may be considered, as far as regards medical and surgical treatment, a distinct class of persons.

3. With regard to the best plan for a course of Military

Surgery, I can offer no suggestion that can in any way improve that which you have delivered for so many years with such credit to yourself and benefit to others. To offer, therefore, any change or alteration in your course would be as likely to impair as to improve the present system; for it has been long and well digested.

A. COPLAND HUTCHISON.

3, Duchess Street, Portland Place, 19th Feb. 1834.

The same Queries were submitted to ALEXANDER COCKBURN, Esq. Surgeon, Royal Navy, Agent for Sick and Wounded Seamen and Marines at the Port of Leith, and answered as follows:

1. I have attended the Course of Lectures on Military Surgery, delivered by Sir George Ballingall; the nature and objects of which are most valuable and interesting to young gentlemen intending to enter the public service, of either Army, Navy, or East India Company.

2. The different topics discussed in this course of Lectures I consider of the utmost consequence to a young gentleman entering the public service, as they illustrate, in a most perspicuous and able manner, every variety of disease and wound to which soldiers and sailors are more especially liable, from climate, and their particular duties; thus rendering him far better qualified for entering the service.

3. I think the plan of the course so exceedingly well arranged, and so comprehensive, that the lectures appear to me most complete.

ALEXANDER COCKBURN, Surgeon, R. N.

4, Forth Street, 17th Feb. 1834.

The same Queries were submitted to ANDREW MORISON, Esq. Surgeon, Royal Navy, and answered as follows:

1. I am,—having attended these Lectures.

2. I have the highest opinion of the utility of such a course of Lectures,—the great variety of wounds and accidents to which soldiers and sailors are liable,—the various diseases,—the effects of climate,—Military and Naval Hygiene, &c. are so fully and ably illustrated by the present Professor, that the student who attends these interesting and useful lectures, en-

tering either the Army, Navy, or East India Company's service, will have the advantage of many years' experience.

3. I think the plan of the course well arranged and complete. The Lectures convey much valuable information, (especially to those designed for the public service,) which cannot be obtained by any other course of Lectures delivered in the University.

ANDREW MORISON, Surgeon, R. N.

3, Crichton Street, 21st Feb. 1834.

The same Queries were submitted to ALLEN M'LAREN, Esq. Surgeon, Royal Navy, and answered as follows:

1. I am,—having attended two courses,—one previous to my entering the navy, and another on my return home, after a period of nineteen years' service.

2. That it is eminently useful, and that it ought to form an essential branch of the education of every young surgeon intended for the public service, as it comprehends many points not included in other courses of surgery, and brings under one view the various duties of a medical officer, who, on entering his official situation, without such information, must find himself woefully ignorant, however well educated he may otherwise be, if placed in a situation where he must act by himself.

3. The plan is now so judicious, that I cannot think that any alteration would improve it.

A. M'LAREN, Surgeon, R. N.

Woodlands, Blairgowrie, 19th February, 1834.

The same Queries were submitted to GEORGE OGILVY, Esq. late Superintending Surgeon at Bombay, and answered as follows:

1. In reply to the First Query, I have the pleasure to state, that I am acquainted with the nature and objects of the course of lectures delivered by Sir George Ballingall, Regius Professor of Military Surgery in the University of Edinburgh, having regularly attended a course of these Lectures, besides an occasional attendance at different times.

2. In reply to the Second Query, I am of opinion, that these Lectures are well calculated for young men qualifying for any of the medical departments of the public service, whether for that of His Majesty, or of the Honourable East India Company. The instructions that are given respecting the means

of preserving the health of troops, in the various situations in which they may be placed,—in camp, and in quarters,—the site and construction of hospitals and barracks; together with their internal economy, arrangements, and discipline, I consider to be particularly valuable, and essential to those on whom such important responsibilities may devolve.

I esteem the Lectures in question, therefore, especially important as they direct the attention of young medical men preparing for the army and navy to such subjects as are more immediately connected with these great branches of the public service.

3. With regard to the third and last Query, I have nothing to suggest. The plan appeared to me good; and I do not recollect the omission of any important subject whatever. My reply to the Second Query points to the topics which, I conceive, should be particularly discussed in a course of military surgery; and it is on account of the instruction and information given on these very points that I deem the course peculiarly important for medical students preparing for the army or the navy.

GEORGE OGILVY,

*Late Superintending Surgeon, and formerly
Secretary to the Medical Board at Bombay.
Edinburgh, 15th Feb. 1834.*

The same Queries were submitted to DAVID BOYD, Esq. Surgeon in the Honourable East India Company's Service, and answered as follows:

1. I attended a complete course of the present Professor's Lectures on Military Surgery in the Edinburgh University last year.

2. I am decidedly of opinion that every young gentleman intended for the Army, Navy, or East India Company's Service, would derive much useful and necessary instruction by a regular attendance on a course of Military Surgery, as delivered under the present experienced Professor, and that he would enter on his professional duties with infinitely greater credit and satisfaction to himself and advantage to the public service, and have no hesitation in stating, that had I had the benefit of such a course previous to commencing my professional career in the army of the East India Company, I should have profited materially by the useful practical information

conveyed as to the mode of conducting the duties of a medical officer both in garrison and in the field.

3. I think the method in which the course is conducted most judicious, and to embrace every topic of practical utility connected with the medical department of the public service. The occasional visits made during the course by the Professor and his pupils to the regimental hospitals in the castle, accompanied by the regimental surgeons, are, in my opinion, of peculiar advantage, by making them in a great degree acquainted with the economy and government of military hospitals, and perhaps a more minute attention to this department of the course might be beneficial. The weekly examinations I particularly approve of, and think them a most essential improvement in medical education, as making a lasting impression on the student, and felt much gratification with the manner in which they were conducted by Sir George Ballingall.

D. BOYD, Surgeon,

*Hon. East India Company's Service.
Edinburgh, 16th Feb. 1834.*

The same Queries were submitted to GEORGE BAILLIE, Esq., Surgeon in the Honourable East India Company's Service, and answered as follows:

1. I am acquainted with the nature and objects of the course of Lectures annually delivered in the University of Edinburgh on Military Surgery, having attended the Lectures of Sir George Ballingall in 1832-33, and also examined the "Outlines of his Course of Lectures," recently published in a thick octavo volume.

2. The utility of a course of lectures of this nature appears to me quite incontrovertible, and that a student who has attended these Lectures on Military Hygiene, Military Surgery and Medicine, would be prepared to avail himself more readily of the practical advantages to be derived from experience in the treatment of various disorders, and consequently be sooner qualified to acquit himself in a creditable and efficient manner of the medical charge of a body of men, than if he had not received such instructions.

3. The plan of Sir George Ballingall's course seems to me peculiarly adapted to the object in view, viz. the instruction of students in the duties of medical officers for the public service—a matter but little adverted to in ordinary courses of Lectures on the practice of medicine and surgery in my day.

I speak, however, with much diffidence on this point, and due deference to the opinion of more competent judges than I can pretend to be, having for some time past been in a very precarious state of health, and unequal to much exertion.

GEORGE BAILLIE, Surgeon,
Hon. East India Company's Service,
Bengal Establishment.

Edinburgh, 16th February, 1834.

OPINION given by several Medical Officers of the Honourable East India Company's Army relative to the Lectures on Military Surgery delivered in the University of Edinburgh in 1827.

We, the undersigned Medical Officers of the Honourable East India Company's Service, do most willingly express our opinion of the great utility of the Lectures on Military Surgery delivered in the University of Edinburgh to those young men educating with a view to our service. Some of us, who have now retired from that service, have to regret that no similar source of instruction existed at the period when we were educated; and others of us, who are about returning to India, have eagerly embraced the opportunity afforded us by Dr. Ballingall of profiting by his experience in the treatment of the diseases incident to European troops in India.

(Signed) ALEX. KENNEDY, M.D., formerly Superintending Surgeon, Madras Establishment.
COLIN ROGERS, M.D., formerly Superintending Surgeon, Madras Establishment.
JOHN MACWHIRTER, M.D., formerly Apothecary-General, Bengal Establishment.
WHITELAW AINSLIE, M.D., formerly Superintending Surgeon of the Madras Establishment.
JAMES HARE, JUN. M.D., Surgeon, and formerly Apothecary-General, Bengal Establishment.
PATRICK HALKET, Surgeon, Bengal Establishment.
THOS. STEWART, M.D., Bombay Establishment.
ALEXANDER HENDERSON, Surgeon, Bombay Establishment.
W. DUFF, Assistant Surgeon, Bengal Establishment.
THOMAS INGLIS, M.D., Bengal Establishment.
Edinburgh, 2d January, 1827.

Extracts from Reviews of Dr. Ballingall's Introductory Lectures to his course of Military Surgery.

"Upon duty in either service, the practice of medicine is the department in which the army or navy surgeon is mostly called upon to exercise his professional skill, even during war, and in peace almost entirely so. During war, however, he has not unfrequently to add to these medical duties the more serious and anxious one of the experienced operating surgeon, and in situations, too, the most unpropitious—very different, indeed, from the accommodation afforded in the theatre of a London or Edinburgh hospital. The military surgeon is frequently called upon to perform some of the most difficult and hazardous operations on the field of battle, possibly under a scorching sun, or exposed to the utmost inclemencies of the weather, to say nothing of the difficulties and danger in transporting those brave men afterwards over bad roads to considerable distances.

"The professional attainments of such young medical gentlemen as are intended for the public service, ought to be of the highest order. The government seeing this, thought proper to establish a Regius Professorship of Military Surgery in the University of Edinburgh; and we may safely say, that no chair in that celebrated school has been more ably filled than that of Military Surgery.

"We say, unhesitatingly, of these Lectures, that they ought to be in the possession of every medical officer in the king's service, for they embrace subjects which never before formed part of a course of surgery in this country.

"The historical notice he has given of the rise and progress of military surgery is interesting, nor are we aware that the same kind of information is to be found elsewhere; neither ought the author's judicious remarks on the site of camps and hospitals, and on the transport of the sick and wounded, to be passed unnoticed."—*London Medical Gazette*, vol. vi. p. 950.

"We congratulate the army on the publication of these Lectures, which contain an outline of the measures which ought to be adopted with the view of promoting the health and efficiency of an army. A complete code of instruction on this

branch of the duty of a medical officer would embrace the following leading topics:—General principles of the recruiting of an army, including the period of engagements, &c. &c.—Minimum and maximum age of recruits:—The qualities of recruits required for different branches of the service, as the infantry, cavalry or artillery:—Medical inspection of recruits:—The peculiar attentions which should be devoted to the care of recruits:—The provisioning of troops. This is a very important subject, and deserves the most careful consideration; it ought, of course, to embrace fully, and in detail, every essential fact in regard to the quantity and quality of rations suitable in different climates: as also the hours of repast, and the best mode of dressing the rations, and cooking utensils. The clothing of soldiers, in as far as health, comfort, and convenience are concerned; connected with this topic is personal cleanliness, a measure intimately related to health. The construction of barracks—barrack equipment—hospitals—hospital equipment—general principles of military discipline—punishments—duty—amusements—marching—means of preserving health in the field—encampments—bivouacs—the embarkation of troops—the influence of climate upon the health of soldiers, and the best means of preventing hurtful consequences—the duty of discharging soldiers on account of disabilities, and of assisting in awarding to individuals a recompense in proportion to the claims they may have upon the country.

“Dr. Ballingall’s work embraces a great number of the topics which we have enumerated; and we trust he will find an opportunity of further extending it, and of discussing some of the subjects, merely glanced at for the present, more in detail. Dr. Ballingall will recollect, that he fills the only chair of military surgery in this country, and that to him particularly the army have a right to look for instruction upon the means of preserving the health of soldiers. His talents, his industry, his success as an author, and, perhaps above all, his experience of the duties of a medical officer, in a tropical as well as in a temperate climate, eminently qualify him for the task. His present work does him infinite credit; it is full of important facts and observations, with which not only medical, but all classes of officers of the army ought to be intimately acquainted. We are aware that some individuals, even of the medical profession, endeavour to undervalue the importance of Lectures on Military Surgery, and the means of preserving the health of soldiers; the best conclusion we can come to on this point is to infer, that they never had any

practical acquaintance with this subject respecting which they venture to give an opinion.

“The Doctor evinces an intimate practical acquaintance with the subjects discussed in these Lectures, as well as with the best authors who have written upon the means of preserving the health of soldiers. Our limits will not permit us to extend our remarks upon this valuable publication; we shall therefore conclude by observing, that it ought to be in the possession of every medical officer of the army, and that commanding officers should be intimately acquainted with its pages.”—*United Service Journal*, vol. ii. pp. 733 and 737.

Extracts from Reviews of Sir George Ballingall’s “Outlines of Military Surgery.”

“The idea of a school of Military Surgery appears to have occurred with great force to the original mind of the late Mr. John Bell of this city. Zealously devoted, for a whole lifetime, to the study of surgery, and especially to the operative department, that gentleman, with his characteristic enthusiasm and desire for improvement, repaired to Yarmouth, in the autumn of 1797, to witness, in the Naval Hospital there, the treatment of the wounded seamen after the battle of Camperdown. It is probable that Mr. Bell saw much adventitious, as well as necessary suffering, in these men; for he expresses himself as if he saw great room for improvement in the education of the persons intrusted with the care of the wounded. The general result of this visit was, the conviction in the mind of Mr. Bell of the necessity for the establishment of a general school of military surgery, in which officers destined for the public service in the army or navy might be taught all those principles and rules which might afterwards enable them to perform their duties in a manner satisfactory to themselves and useful to their country. He therefore addressed to Earl Spencer, then First Lord of the Admiralty, a memoir, dated from Yarmouth, 1798, in which he explains the reasons requiring the institution of *one great school of military surgery*, shows how beneficial it might be expected to be, and explains the duties which he conceives belong to the Professor of military surgery.

"Of the result of Mr. Bell's suggestions to government we are not informed; and several years of naval and military warlike operations, with the single exception of the short-lived peace of Amiens, elapsed, with the usual proportion of sickness and mortality, bloodshed and slaughter, without any other step being taken to qualify the surgeons of the army and navy for their specific duties, than what was afforded to the civil practitioner. Of these even, it may be remarked, from the limited qualifications then prescribed, with the great number of medical officers required, the supply was rather stinted and penurious. At length, in the year 1806, when Lord Grenville was in office, it was deemed expedient to institute a professorship of Military Surgery in the University of Edinburgh. * * *

"On the resignation of Dr. Thomson, in the year 1822, the professorship of Military Surgery was conferred on the author of the present volume, who forthwith proceeded, in the winter of 1823-4, to deliver a course of lectures. Dr. Ballingall had at first to contend with great difficulties, in consequence of a very general impression, that lectures on military surgery were superfluous, if not useless; that all the necessary information was communicated by the teachers of surgery generally; and that, even if instructions of this kind were requisite in time of war, the existence and prospect of a long period of peace held out little inducement to spend, in the acquisition of details which might never be requisite, time and money, which were urgently required for other professional studies.

"These considerations contributed to keep the chair long in the back-ground; and to a teacher of less perseverance and assiduity, might have formed insurmountable impediments. By persevering, however, in delivering annual courses of lectures,—by showing his capacity for the task—by collecting, digesting and publishing, whatever information was pertinent to the duty of the medical officer,—and, above all, by making the course one not of military surgery, but military medicine and surgery, in the most comprehensive sense of the term, Sir George Ballingall has succeeded in obtaining for his department of professional study a degree of consideration which it probably never would have acquired by any other mode. In 1829, a favourable change of public opinion was evinced by the Royal College of Surgeons of Edinburgh, who had already prescribed two courses of surgery, allowing students to attend lectures on military surgery in place of one of these; and last season, the heads of the medical departments of the

army and navy signified their desire, that the course of military surgery in the University of Edinburgh should be allowed to stand for six of the twelve months' study of surgery prescribed to candidates for admission into either of these divisions of the public service.

"In this manner, it may be observed, that the chair of Military Surgery in the University of Edinburgh, which has been the earliest establishment of the kind in Europe, may at length become the model of similar establishments in different countries. War, and all its demoralizing and expensive consequences, are doubtless conditions not to be desired; and, if it were possible to cease to cultivate the military art, it would be infinitely to the advantage both of nations and individuals. Such anticipations, however, it is scarcely permitted us to entertain, in the present state of the habitable globe. War is a necessary evil; and it becomes both nations and individuals to be prepared against its casualties and calamities. If one institution is more necessary than any other, it is that, the object of which is to diminish the number, and mitigate the severity, of the various evils necessarily attendant on those engaged in military and naval duties."—*Edinburgh Medical and Surgical Journal*, No. 117.

"Surgery has been greatly improved within a brief period by the writings of the medical officers of the army and navy; and those entering both these branches of the public service possess sources of information which had not existed even twenty years ago. So great was the demand for military and naval surgeons during the late wars, that young men were sent out as medical officers who were as incompetent as it was possible for them to be. When they commenced duty they were incapable of performing the simplest operation, venesection excepted, and their incompetence led to the most fatal consequences in numberless cases. After the peace of 1815, the senior surgeons of both army and navy made such representations to the heads of their respective departments, as led to a total change in the education of future military and naval surgeons. The course of education was so much enlarged, that the highest testimonial of competency was required for the subordinate situations of the medical department.

"Military and naval surgery was now enriched by the works of Baron Larrey, Dr. Hennen, Mr. Samuel Cooper, Mr. Guthrie, Mr. Hutchison and Mr. Hammick, and by various

essays contributed by Sir James M'Grigor, Sir William Burnett, Dr. Vetch, Sir Andrew Halliday, Mr. Bacot, Mr. Marshall, Mr. Murray, Mr. Dease, Mr. Lindsay and many others. These writers communicated a fund of the most useful information, a great part of which was new, as it never had been noticed in the best standard works on surgery. Cooper's Surgical Dictionary, Hennen's Military Surgery, Guthrie on Gun-shot Wounds, and Hutchison's Naval Surgery deservedly rank as works of authority and reference. In the production before us, the author has analyzed the labours of his predecessors,—he has laid all under contribution. He has collected and arranged the whole of the established facts,—he has added the results of his own experience, and executed a system of military and naval surgery of inestimable value to those engaged in the practice of that branch of the healing art.

"Some persons assert, that there is no difference between Civil and Military Surgery; and this must be granted so far as operations are concerned; but there is a vast deal of important information contained in the latter which is not in the former. In the works on surgery there is no allusion to the examination of recruits, the diet, clothing, and exercise of troops, their accommodation in camp, barracks and billets, diseases in camps, garrisons, and hospitals, transportation of the sick and wounded, diseases of troops on foreign stations, punishments, feigned and fictitious diseases, medicine chests, surgical instruments, &c. &c. The medical directors of the army and navy boards have therefore very properly recognised one course of Military Surgery as a part of the course of education of surgeons for the services over which they preside. It is a remarkable fact, that there is no Professor of Military Surgery in the numerous medical schools of London or Dublin."—*London Medical and Surgical Journal for October 1833.*

*Presented to the Library of the
Office of the Army by Mr Carmichael
27 July*



MEDICAL REFORM.

SPEECH

DELIVERED AT THE FIRST ANNIVERSARY MEETING

OF THE

MEDICAL ASSOCIATION OF IRELAND,

HELD IN DUBLIN, 27TH MAY, 1843.

BY

RICHARD CARMICHAEL, ESQ.

PRESIDENT OF THE ASSOCIATION.

GENTLEMEN,

I feel most happy to meet you again in the great cause of Medical Reform, in which, deeply as our interests are concerned, those of society are so still more. All in which we are personally interested, is the promotion of the respectability of our profession, which of late years, notwithstanding its increased utility, has retrograded in no slight degree in public estimation. But the community at large are much more deeply concerned than we are, in the result of our exertions (hear, hear.) We only look to the preservation of character, and our rank in society, but they have to look to the preservation not only of health but of life. We do not now meet as last year, to consider the necessity of Reform—that necessity is now universally admitted. Our object, therefore, in assembling, is to agree upon the principles upon which Reform ought to be based, and to consider the best means of afterwards accomplishing our object. Already have upwards of fifty petitions from this, as well as various other associations of our brethren in England and Scotland, been presented to Parliament,* which, proceeding from such great masses of enlightened and well-educated men, neither the legislature nor the government can overlook. The voice of such men must be heard and listened to with attention. The people have not, as yet, come forward to petition Parliament on a subject, in which their interests are truly

* On the 16th of June they amounted to eighty-nine.

more deeply concerned than ours; but ere long they will be awakened from this apathy to a just sense of the advantage of having none but well educated practitioners, to whom they may, with confidence, entrust the care of their health and lives—men whose competence for this important duty has been ascertained, and tested by the most trying and searching examinations. That men incompetent to the performance of this duty, who call themselves physicians and surgeons, are every where to be met with, is obvious to every one, and is beyond the necessity of proof. But it could not be otherwise, since there are eighteen chartered Corporations or Colleges in the united empire, empowered to grant licenses to practice; which, instead of competing with each other, to supply for the public service, the most highly qualified and well-informed practitioners, on the contrary, exert a miserable rivalry, only in the accumulation of money. For, in proportion to the number of candidates upon whom any College confers its diploma, so much the greater number of fees it obtains, and, consequently, the public is inundated with incompetent and half-educated men. This statement may by many be esteemed exaggerated or untrue; but in its support, I shall adduce a fact which is well known to many around me. The Irish College of Surgeons maintained for many years a high character for the rigour of its examinations, which caused its diploma to be everywhere respected. But of late years it has been induced to swerve from the high tone it had adopted, and lower its examination to the level of other Colleges, otherwise it would scarcely have a candidate for its diploma—*Ab uno disce omnes* (hear.) We may, therefore, infer what the result must be, when eighteen licensing bodies thus contend, as in a Dutch auction, to sell their honours to the lowest bidder in point of qualification; and this sufficiently accounts for the crowded and wretched state of the medical profession, and the number of ill-informed and half-educated practitioners everywhere to be met with. This state of the profession calls loudly for legislative interference, to prevent a continuance of the evils which must in consequence be inflicted on society (hear, hear.)

I see by the papers, that on the 16th of June, Mr. Warburton will move for leave to bring in a Bill for Medical Reform in England, Scotland, and Ireland, and then move that it be referred to a Select Committee. I trust that it will embrace all the great principles of reform advocated by our Association. But if it does not lay the axe to the root of the evil, and deprive the several corporate bodies in existence of the licensing power, who thus, in the abandonment of all principle, shamelessly sell their honours to the highest bidder for money, and lowest in point of competence, they may as well allow the present system of misrule and abuses to remain unmolested (hear, hear.) The healing art is an exception to Adam Smith's axiom—that it is unwise, by either encouragement or

restrictions, to interfere with the open market; and why it should be an exception is obvious, for this reason, that the people are not judges of the qualification of a medical man—therefore the necessity that a paternal Government, which watches over the health of the people, should take special care to provide them with well-educated practitioners in medicine, leaving *them* the market open, when the selection can only fall on a *matériel* of good quality (applause.)—Of the three plans of Medical Reform laid before you in a late No. of the PRESS, (LXXI.) the first plan, in my apprehension, is incomparably the best. By it, physic and surgery should, in education, be combined, and pharmacy encouraged as a science distinct from both. There should be but three licensing bodies—one in each capital of the empire—who should, by frequent communications, preserve uniformity of education and equality of examination. By this arrangement, the standard of qualification may be brought to the highest pitch compatible with the wants and interest of the public; and it is only in this way that the ranks of a profession, at present crowded to excess, and sadly interfering with each other, can, *even in prospect*, be legitimately thinned (hear, hear.) The license thus obtained would permit the possessor of it to practise either physic or surgery, or both, in every part of the empire. In large cities and communities, individuals may find it their interest to restrict their practice to one or other of these divisions of the healing art. In small towns, on the contrary, the same individual may be called upon to practise both branches, for which, under the proposed reform, he would be amply qualified. In villages and remote districts, it may be necessary for the interests of the people that the same individual should also be permitted to practise pharmacy. But to entitle any person to perform duties, which, under other circumstances, should be kept separate and distinct, he should obtain a particular licence for the purpose, after having undergone the examination requisite to every branch in which he means to practise. Such person would, in fact, represent the general practitioner of the present time (hear, hear.)—The interests of society require that the practice of medicine and pharmacy should be kept as distinct as possible; and, therefore, it is proposed to establish, in addition to the Colleges of Medicine, three great Colleges of Pharmacy, one in each metropolis, and that no person shall be entitled to *read or charge* for medicine who does not receive his diploma from one of these Colleges (hear, hear.) These institutions will be the means of improving the practice of pharmacy in these countries, where the time of apothecaries, at present, is chiefly engaged in visiting patients. They will also encourage the intimate study of chemistry, botany, and a more accurate pharmacy; and, consequently, a race of scientific apothecaries will arise that may soon rival in attainments their brethren on the continent, who have contributed more than any other class of men to the advancement of those collateral sciences connected with medicine

(applause.) All who are anxious for Medical Reform, under any of the schemes which will be submitted to your consideration, agree in the principle that the apothecary or the individual who vends medicine, is to be interdicted from prescribing it, with the exception of those who are specially licensed to act as general practitioners in villages or remote rural districts (hear.) Practitioners in medicine cannot be prevented, for obvious reasons, from supplying their patients with medicines, if they please; but they should not be entitled to charge for them, it being one of the most important and leading objects of Medical Reform to separate pharmacy from the practice of medicine. These great fundamental principles are not intended to apply to men already in practice, or to interfere in the slightest degree with what may be esteemed vested rights. They are merely to apply to the rising generation of practitioners (hear hear.) The outline of reform, such as I have stated, was agreed upon at Liverpool, last July, at a meeting of the Provincial Medical men of England, at which were Delegates from this Society, and the British Medical Association, which meets in London, but has branches throughout England and Scotland. The Committee of Delegates, of which I had the honour to be one, represented probably the sentiments of at least six thousand Medical Practitioners of the United Empire. Since that period, the North of England Medical Association, which meets at Newcastle, and the Eastern and Western Associations of Scotland, have added their battalions to the forces already assembled, and fresh conscripts are every day enrolling their names; so that, instead of despairing of the cause of reform, I, for my part, see nothing capable of resisting it. The eighteen licensing corporations will, no doubt, make some show of opposition, *but they are rotten and hollow at the core*, which their own members know full well; and, like rats, consulting their safety by a timely flight, will quit their holds as soon as they feel the insecurity of their position (applause.) It was remarked by one of the delegates, a distinguished member of our profession, that the committee in which we sat, though composed of only eight persons, *was probably the most important meeting of the profession that ever occurred, or is ever likely again to occur, in the British dominions*; for that, representing so large a body, we had agreed upon those sound principles of reform, which were alike honourable to the profession, as they were beneficial to the public: and which must, sooner or later, be adopted, and bind the profession in a firm knot, that will be likely to last for ages to come (applause.) This prophetic sentiment of my learned colleague, in the great cause of Medical Reform, I am rejoiced to perceive, makes that impression upon you which I think bodes well for its fulfilment (hear, hear.) It is scarcely necessary to allude to the vast advantages that must accrue to society from a reform such as this. By it the Government of the country will always have at hand a constituted body, from whose suggestions it may

derive the most important information on all matters connected with the public health, so that—

1st. The causes of pestilential diseases may be prevented or removed before their baneful influence desolates the land; and this reminds me to observe, how much and how shamefully this important and philosophic department of the medical profession has been hitherto neglected in this great and enlightened empire; in which, on account of the extent of its commercial and manufacturing relations, and the density of its population, it ought to have been particularly cultivated.

2dly. By it a constant supply of well-educated men will be furnished for the public service. No second-rate practitioners, with their second-rate qualifications, for the poor, will be permitted. The grocer and the druggist will be prevented from vending medicine, or interfering with the province of the apothecary. No doubt, the apothecaries' company is at present vested with powers to prevent this infraction; but they do not exercise them in the protection of their own body except the complainant enters into engagements to pay the expenses in case of a non-suit—thus saddling an individual with the charges the body at large ought to bear. They might as well be without such powers for the protection of their Corporation. No! Instead of attending to their own department, they prefer expending their income in establishing schools of anatomy and medicine, for the ulterior purpose of infringing on the rights of others. But to return to our subject: the apothecary, thus protected in his just rights on the one hand, will be prevented, under the proposed system, from interfering with the rights of the practitioner in medicine; with the exception, already mentioned, of some in remote rural districts, who will receive a particular licence, in such places only to engage in the practice of medicine.

3dly. When the number of licensing bodies is reduced to three, instead of eighteen, and that the qualification to be permitted to practise shall be raised to a much higher standard than at present, the profession, from this cause alone, will rise in public estimation; for society will no longer be inundated, as it is, by unnecessary and struggling hordes of medical men (hear, hear.) It is not my object to enter into details of improvement which may arise under a new Medical Reform Act; but I cannot refrain from suggesting a mode of testing the qualification of candidates, which may bid defiance to the skill of that most industrious person, technically called a *Grinder*, who has long been in the habit of manufacturing practitioners in medicine, almost with the power and celerity of steam (loud laughter.) The mischievous trade of this well-known personage will be in no slight degree impeded by bringing the candidate immediately before the object upon which his examiner wishes to test his knowledge. Thus, when the examination is on anatomy, let a subject be placed before the candidate, and a knife put into his hand, and let him be desired to display such and such

parts as his examiner may direct. In obeying these directions, such questions will naturally suggest themselves, as will enable the examiner, in ten minutes, to test the candidate's knowledge, better than hours spent in the usual mode, from which much time is lost by the examiner and the examined, were it only in applying different meanings to the words interior, exterior, superior, inferior, and others, usually employed to describe relative points and positions. In the same manner, when chemistry and botany are the subjects of examination, let the substances and specimens be placed before the candidate, and a glance will discover whether he be botanist or chemist; and with respect to the mode of testing his knowledge of the practice of medicine, let him be led into the clinical wards of an hospital, where a very few observations will enable the examiner to ascertain whether the candidate is possessed of that experience and information that would entitle him to become the privileged arbiter of health and sickness, life and death (hear.) It may possibly be objected that a sufficient number of practitioners, under the proposed scheme, will not be supplied for the wants of all classes of society. But I assert that there will be an abundant supply, and that the *res augusta domi* will furnish practitioners to meet the means of remuneration of all those who seek for their assistance (applause.) It is not to be imagined that one of five years' standing will expect to receive the same quantum of remuneration as one of ten years, or one of ten years as one of twenty (hear, hear.) But let these matters be left to the public and the individuals of the profession, and no other interference is required on the part of the licensing bodies than, in commercial language, to supply the market with a sufficiency of sound and well-manufactured materials; and I will venture to say, that the purchasers will not only get far better goods for their money, but infinitely cheaper than those they have been long in the habit of buying (applause.)

Principis obsta is a maxim which, perhaps, more strongly applies to diseases than to any other human concern—hence the utility to the public of first consulting a man of information before the malady gains ground. If the patient places himself, in the first instance, in the hands of an ignorant person, and that he becomes worse, another must soon be consulted, and the choice is usually left to the first, who will take especial care, by dexterous insinuations in favour of one and against another, to select that practitioner who is most likely to protect his reputation and serve his interests. It follows, as a matter of course, that the consultee will evince his gratitude, not only by assuring the patient that everything had been done that human skill could effect, but in other ways unnecessary to mention, and which I am not ambitious to expose (hear, hear.) Let no one be offended by this detail—it is human nature; and the same causes always have, and always will produce the same effects (hear.) The other day, happening to take up a volume of

Swift's Correspondence, I chanced upon a letter of a Miss Kelly to the Dean, dated Bristol, 1733, upwards of a century ago. The passage which struck me runs thus:—"I shall go hence in a week; for Lane (the doctor) only pours down medicines for the sake of the apothecary; and though *he* reaps the benefit of them, I receive none." The lady who makes this sharp observation is a countrywoman of ours. Her letters bear the strongest characters of shrewdness and intelligence—indeed, if she were not a woman of mind, she never would have arrived at the honour of being a correspondent of Swift (hear, hear.) But take away the cause and the effect will cease. Let apothecaries only compound medicines, and practitioners prescribe them—then the latter are not shackled by feelings of either gratitude or selfishness, and are at perfect liberty to order only whatever medicines they please, if any, are necessary for the patient. Well might honest and clear-sighted Abernethy, who was fond of his profession, exclaim—"That medicine was the noblest of professions, but the vilest of trades." We can never prevent altogether the villainous practices of man, but we may diminish their frequency by depriving him of motives (applause.) Now, let the practice of pharmacy be separated from the practice of medicine, and one very influential motive for dishonesty will be removed (hear, hear.) The universal custom of calling on the apothecary to prescribe, and the folly and absurdity of only remunerating him for his medicine, and not for his advice, has induced a habit of inordinate dosing, which is, perhaps, the true reason that the British nation consume more medicine than, perhaps, all the rest of Europe put together. This is so much the case, that wherever our countrymen reside on the Continent, the natives give them the sobriquet of the "*Physic-taking English*." But if this pernicious system were discontinued, physicians and surgeons, not having any particular interest in unnecessarily dosing their patients, and no debt of gratitude to pay to their quondam patrons, (the apothecaries,) the quantity consumed would sink to a level with that of our neighbours.

Homeopaths have, on this account, perhaps, acquired more character in the British dominions than elsewhere. For patients falling into their hands, exhausted and worn down by the quantity of medicine they had previously swallowed, soon begin to revive when nature is allowed to have fair play, assisted by due attention to diet, air, and exercise, to which homeopaths wisely pay the strictest attention; for as to any medicine which they give, it may be aptly compared to a grain of corrosive sublimate, dissolved in the lake of Killarney, of which the patient is prescribed a table-spoon full at regular intervals (hear, hear.) But if Hahnemann did not throw out his tub to the whale he would have no followers. Hence, if the homeopaths would have the prudence to confine their practice to the hysteria of young ladies, and to the hypochondriasis of old gentlemen, and the treatment

of organic affections which cannot be cured, but if let alone do not kill in a hurry, and not at all to interfere with acute diseases, they would be certain of acquiring both fame and fortune in these countries, as long as medicine is practised as a lucrative trade, and not as a rational science: for precisely the same reasons that homœopathsists are so successful, a celebrated practitioner, in a celebrated watering place in England, may boast of his renown. Patients, in general, go to him, fairly run down by the quantity of medicine they have taken; he prescribes early rising—an early dinner on one plain meat—exercise proportioned to the powers of the invalid; which, with the hilarity and freedom from care attendant upon watering places, are soon followed by results the most favourable. The patient attributes his recovery to the medicine he has taken, and the doctor acquires great renown, and something besides, more substantial, for his very judicious management.

There is no thinking or candid man in the circle of our profession, that does not admit the absolute necessity of Medical Reform. At present the public are totally destitute of any protection against the schemes of interested or ignorant pretenders to medical science. Not only the health, but the life, and, as I shall show you, the liberty of every individual in society is at the mercy of the man who chooses to dub himself Doctor (hear.) The testimony of such pretenders is taken every day in courts of justice, on criminal trials affecting the life of the accused, without any proof that the witness has been qualified to act as a medical practitioner; and this same incompetent person may, by his certificate, incarcerate any individual, perhaps for life, in a lunatic asylum. Are not these considerations alone sufficient to show the necessity of some reform, by which the interests of society may be better protected than they are at present? Since, then, reform in the medical profession is universally admitted, let the different plans be fairly and openly canvassed, before any legislative enactment is made; but let not the secret and underhand manoeuvres of interested individuals be permitted to oppose the welfare of the public. Is the great cause of Reform, which would confer incalculable benefits on society, to be cushioned by a few selfish practitioners, who drive a lucrative trade in combination with a few leading apothecaries? It is confidently reported, but I cannot give credit to the statement, that a clique of the latter, in order to discountenance this great national measure, have combined to keep out of practice every medical man who advocates this important object, which they endeavour, of course, to effect by misstatements and insinuations against the professional character of reformers. Now, if patients would ask—Is the gentleman to whom you object opposed to you on the subject of medical reform?—this mal-a-propos question might possibly put to the blush the unworthy traducer. But I do not believe that such a combination, if it exists at all, can be general; for there are

members belonging to this branch of the profession, for whom I feel the highest respect, and who would spurn at such a despicable mode of opposing a great public measure, even though convinced that it would compromise their own interests (hear.) Talent depends upon its own powers, and is fair and open in its conduct: those who want it resort to cunning and underhand dealing—therefore we usually find that stupidity and trickery go hand in hand. But if such a combination exists, do you, my reforming friends, set it at the utmost defiance. When once known and exposed, it is much more likely to injure your opponents than you.

Great exertions, however, have been made, not only to prevent the junior practitioners of the city from joining, but of seducing those away who have actually joined the standard of reform. Some imagine that this opposition to a measure so well calculated to promote the interest of the rising generation of medical men, was excited by the selfish views of a few leading practitioners; who, dreading the consequences of offending a few leading apothecaries, united their forces with those of the latter; and by a secret, well-concerted, and combined movement on those young, raw, and unsteady conscripts, excited such alarm, that many shrunk from their colours in dismay; but a sufficient number of undaunted spirits remained, not only to enable us to hold our ground, but to gain considerably upon that of the enemy, and to advance, in no slight degree, the good cause; and now that I see before me a powerful, fresh, and energetic reinforcement of veterans from the country, I predict that we shall strike terror into the hearts of our opponents, without even the assistance of our friends and auxiliaries in England and Scotland, who are also "up and doing" (hear and applause.) But dismissing all military allusion, may we not be assured that those junior practitioners, (I should not call them all juniors, for some of them have seen half a century,) feel sensibly that they are—I will not say fairly, but foully—thrown out of that respectable share of practice which, from their laborious professional, as well as preliminary education, they had every reason to hope and to expect? Do they not see their places occupied by a description of men who are by no means qualified for the office they so preposterously assume? Do they not see those subtle seniors of the profession, whose counsels they have the weakness to follow, upholding, by every means in their power, their aspiring but inefficient allies in the situations which they ought to possess, heedless alike of the injury thus inflicted on the members of their own profession, and upon society at large? And, lastly, do they not see, that if this baneful system, arising from the most decided selfishness, and a total want of any *esprit de corps*, continues but three years longer, the regularly-educated physician and surgeon will be effectually ousted, in this country at least, from every participation in public confidence and professional emolument. For the apothecary, who in ninety-nine instances out of a hundred has the first possession of the patient, and

possession is admitted to be nine points of the law, will no doubt assume all the airs and importance he can arrogate from having attended courses of lectures on the practice of physic and surgery, at the School of the Hall; and will boast that he is as well qualified as yourselves to manage the most difficult case. Assumptions like those on the one hand, and mistaken notions of economy on the other, will keep the regularly-educated physician and surgeon out of practice, and of course a large portion of the community out of a due share of competent medical assistance. Now, gentlemen, looking at this plain statement of facts, let me ask, if matters be allowed to take their present course, who would have the hardihood or folly to enter into the medical profession, except by commencing his career as an apothecary's shop-boy, and snatching, during seven long years of servitude, such opportunities as may occur to run to the School of Medicine at the Hall, to swallow a few moon-shiny mouthfuls of anatomy, physiology, and the theory of physic and surgery, as may give him a smattering to support his pretensions? None others could have a chance of obtaining even a moderate livelihood, except a few seniors, raised by special favour to the rank of consultees, by maintaining, through thick and thin, the infallibility of the apothecary; and even they will, in a few years, give way to others, who can boast of no other *alms mater* than the Hall, with all its wishy-washy pretence and presumption.

Such, gentlemen, is the pleasing prospect our junior brethren have before them, if reform does not place the profession upon that footing upon which it ought to stand—a profession which was once admired for containing men deeply versed in every branch of human knowledge; but as it now stands, let me ask, what gentleman would permit his son to enter into it, either to starve, or become a general practitioner, by serving seven long years behind an apothecary's counter? Life is too short for such an application of time, that ought to be so much better employed. A knowledge of practical pharmacy is, I know, necessary for those who prescribe medicine; but as much of this knowledge as is necessary for the medical practitioner may be acquired in hospitals. There I myself learned it, and there I exhort my pupils not to fail to acquire this necessary information. Far wiser would it have been for the apothecaries' company to have confined its system of education to a due cultivation of chemistry, botany, and pharmacy. In the study of these three branches, there would have been ample employment for their pupils or apprentices, without engaging them in the attempt to learn anatomy, physic, and surgery, pursuits incompatible with the due cultivation of those branches of knowledge which it is obviously their interest and their duty to acquire. By such an attempt to grasp at all, they lose all; and they will neither make good scientific apothecaries, good practitioners in medicine, or anything good under heaven, that I know of, except good checks upon an over-redundant population.

Gentlemen, we who are anxious to reform the medical profession, are called a *crew* of radical democratic levelling reformers; and the able conductors of the *MEDICAL PRESS* are nicknamed the *press gang* by those senior gentlemen who are unwilling to see the present order of things changed, or to endanger their present comforts (hear, hear.) There is nothing surprising in this; but that their youthful parasites, who enjoy learned leisure, and full time for contemplation, and are likely to enjoy it for a long period, if reform is not forced on their patrons, should join in this cry, appears to me not a little extraordinary. But the fact is, we are much more deserving of the name of *aristocratic* than of democratic reformers (hear, hear.) For our object is to raise the qualification of candidates to the very highest standard, and thus to elevate the profession itself by keeping out of it the tag, rag, and bobtail that, unfortunately for its character, and the interests of society, are, from the abuse of the licensing power in eighteen different corporations, every day making their way into their ranks (applause.)

While I admire the spirit and energy of not a few members of our profession in seeking for reform, I cannot but lament to witness the apathy of too many of our brethren respecting the state of medical practice. If no *esprit de corps*, or feeling of honourable professional pride can excite them, perhaps self-interest may; and let them recollect the advantages that must arise from union, which, even imperfect as it is at present, has already effected much; but, when better organized, must advance the interests of the profession, not only collectively, but individually (applause.) On various occasions, when practitioners in the country have been injuriously treated by constituted authorities, such as grand juries or the officers of courts of justice, we the Central Committee of this Association, have deputed some of our members to represent the grievances of individuals, thus assailed, to the government, and we feel it but due to Lord Morpeth, and to the late much-lamented Mr. Drummond, to state, that our representations were always listened to with respect and attention, and the mode of redress canvassed in the most fair and liberal manner, so as to evince considerable anxiety on the part of our rulers to redress our complaints (hear, hear, and applause.) By the advice of Mr. Drummond, we laid a representation, lately, before the twelve judges, stating the little recompense which medical men received for the great inconvenience and losses they suffer from attendance upon criminal prosecutions, at a distance, (in some counties of twenty or thirty miles) from their homes and field of practice. To this letter addressed to the Chief Justice, we have not as yet, however, received a reply.

Gentlemen, before I conclude, I beg to suggest that, having filled the honourable situation of your President at two successive meetings, it is now time for me to retire, and make room for such other member of our profession as possesses your confidence, and whom you may be desirous of placing in this most distinguished and honourable

post (no, no, no.) But, believe me, I am not weary of serving you (applause.) In such a case, my anxiety, my ambition, my devotedness, are unending and inexhaustible; and, in restoring the trust into your hands, I cannot too strongly acknowledge the debt of gratitude I feel for the honour you have conferred upon me.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 11.—Council met.

The following letter from the President was read:—

MY DEAR SIR,—I regret that a severe rheumatic attack prevents me from attending the meeting of Council this day, at which I anticipated the pleasure of seeing Dr. Nugent, on his way from London, who, I understand by a note from Dr. Maunsell, has much information to communicate respecting the progress of reform, and of the provisions of the bill which Mr. Warburton proposes to introduce into Parliament.

As this is the critical juncture, when the sinews of war are most required, I shall immediately lodge, as my subscription, FIVE HUNDRED POUNDS, in the hands of Dr. McDonnell, our excellent and unflinching Treasurer, to be used as far as is necessary in advancing the great national object of Medical Reform. It is my intention, *Deo volente*, as soon as I can make the necessary arrangements, to go to London to watch the progress of the bill, and to give such information and advice to our Parliamentary advocates as may tend to forward this great measure—knowing that our opponents will be on the alert; but I fear most those false friends of reform, who, now that we have made such advances, will join our standard; and, under the pretence of forwarding this great measure, propose such clauses as may neutralize our efforts. These are the persons whose movements are to be closely watched.—Believe me to be, with best wishes for the success of our undertaking, your's very truly,

RICHARD CARMICHAEL.

To Dr. Jacob, &c. &c., Secretary pro. tem.

It was resolved—That a deputation of the Council do wait on Mr. Carmichael, to express to him, on behalf of the Association, their deep feeling of gratitude for this additional proof of his anxious desire to forward the interest of the profession at large, and this body in particular.

MONDAY, JUNE 15.—The deputation appointed to wait on the President reported that they had presented an address to him, and received an answer; of which address and answer the following are copies:—

ADDRESS ON BEHALF OF THE MEDICAL ASSOCIATION OF IRELAND.

Presented by the Council to their President, RICHARD CARMICHAEL, Esq., M.R.I.A., corresponding Member of the Royal Academy of Medicine of France, Consulting Surgeon of the Richmond Surgical Hospital, &c. &c.

SIR,—In obedience to the direction of the Council representing the Medical Association of Ireland, we, a deputation discharging a duty most agreeable to us, have to offer, on behalf of that body, their most heartfelt thanks for your magnificent and unexampled subscription of Five Hundred Pounds.

This additional instance of your generous and disinterested efforts to promote the welfare of our profession, and of your entire devotion to the cause of Medical Reform, was not necessary to prove, that in elect-

ing you their President, the Association made a choice of which they may be justly proud.

We are also directed to inform you, that the Council gladly accept your almost equally generous offer of proceeding to London as their representative, and will avail themselves of your invaluable services, whenever circumstances call for so great a sacrifice on your part.

The trust you have reposed in the Association, by placing so large a sum at their disposal for advancing the great cause of Medical Reform, shall be discharged with the most sacred regard to its application for the attainment of that most desirable object.

JAMES O'BEIRNE, Chairman.
A. JACOB, Sec. pro tem.

Dublin, June 14, 1840.

ANSWER.

GENTLEMEN,—When I proffered my subscription, I never dreamed of being honoured with an address from my fellow-labourers in the same field, as anxious as myself to promote the welfare of the profession; and I feel, from the earnestness and devotion with which you apply yourselves to the great object of Medical Reform, that there is not one among you who is not ready to make any sacrifice, however great, for the acquisition of so invaluable a blessing.

The very circumstance of your joining such an Association in its earliest infancy, the objects of which are opposed to the sordid interests of all those who thrive on the present state of misrule, mismanagement, and debasement of our common profession, proves not only your disinterested advocacy, but your daring, and moral courage, in setting at defiance persons who supposed, and perhaps still suppose, that they possess the power to crush you.

Having been in practice a greater length of time, and being longer established on this vantage ground than any of you, I may smile at the open or clandestine malice of our opponents. But you, however recent your enrolment, have evinced equal determination with a veteran like myself; and have, therefore, proved yourselves to be more devoted adherents than I have been to the great cause of Medical Reform.

Though our Association is not more than one year in existence, it has already evinced such Herculean powers as may well bid defiance to every effort of our now impotent enemies. Even in this one year it has accomplished more for the benefit of our profession than existing colleges and corporations have achieved in a century; and I anticipate that our labours will, ere long, be crowned with victory by the bill adopting our great principles of reform, which will presently be introduced into Parliament.

Our objects are neither narrow nor selfish. We do not combine merely for ourselves, nor even for our own profession; but with views of far greater magnitude and importance, we combine for the benefit of the entire empire. There is no portion of the British community—no region, however distant, under British sway, that will not be benefited for ages to come by our triumph in this struggle. But our own country will, in particular, feel the benefits of this most desirable regeneration: for by it not only a supply of highly-qualified practitioners will be furnished for the wants of the public—wants of the most vital and momentous character—but a class of well-educated gentlemen, of liberal principles, more free than the generality of mankind from party and sectarian prejudices, will be scattered over the face of the country, who cannot fail by their intercourse with the people in their domiciliary visits, to impart a portion of the information and principles which they possess, and thus favour in the highest degree the improvement of the moral and social condition of the people of Ireland.

RICHARD CARMICHAEL.

RESOLUTIONS

AGREED TO AT THE ANNIVERSARY MEETING OF THE MEDICAL ASSOCIATION OF IRELAND, HELD ON THE 27TH MAY, 1840.

I.—That this Association, in its collective capacity, is unconnected with any College, Corporation, or Body, and that it is designed to advance the interests of no party whatsoever, but solely and singly to promote the welfare of the public and of the members of the medical profession, without any difference or distinction.

II.—That the permanent continuance of a body capable of advising and protecting medical men in the discharge of their duties and maintenance of their rights, suited to watch over professional interests, and to be the means of communicating between the profession and the government, is highly desirable.

III.—That we constitute the Council of this Association as the organ of communication, on all matters concerning the interests of the medical profession, between its members and the government.

IV.—That a General Meeting of the Association shall be held upon the last Wednesday in May, in each year, when a President, Secretary, Treasurer, and Council shall be elected for the ensuing year.

That at every such Annual General Meeting the name of a member shall be returned from the members of the Association in each county, or riding, or large town, to act as Secretary for such district, through whom the names and subscriptions of persons desirous of becoming Members of the Association, shall be transmitted to the Central Council, and whose duty it shall be to keep a list of the Members of the Association resident within his district, and to summon Meetings of said Members whenever directed by the Central Council, or required to do so by a Requisition signed by one-fourth of the whole number of such resident Members.

That such Secretaries of Districts shall be, ex-officio, Members of the Central Council.

V.—That the Subscription to the Central Association shall, in future, be Ten Shillings yearly.

VI.—That the objects of the Association are—

1. To form a society for the protection of Medical Practitioners in all their just and legal rights;
2. To seek for a Legislative enactment giving a permanent constitution to the Profession, and directing a competent and uniform standard of Education, and an equality of privileges for all persons who shall, in future, be permitted to practise Medicine throughout the Empire and—

3. To secure for the public, in future, the services of a scientific Apothecary, who shall be protected in the exercise of his Profession, and not engage in the Practice of Medicine.

VII.—That the Council be directed to prepare a Petition to Parliament, for the enactment of a measure, which shall provide for the regulation and control of the Medical Charities; also praying that adequate funds shall be provided for their support.

VIII.—That the Council be directed to prepare Petitions to Parliament for suitable remuneration to medical men when called upon to perform public services in courts of Justice.

IX.—That the Council be instructed to prepare Petitions to Parliament, praying for attention to the neglected subject of Medical Police, and for encouragement to medical men disposed to engage in the investigation of all matters concerning the public health; and that copies of these different Petitions shall be forwarded to each Local Secretary, in order to procure signatures in all parts of Ireland.

X.—That the following plan of General Medical Reform shall be supported by this Association:—

The establishment, by law, of one Faculty, having three branches, one in each of the capitals of the Empire; such Faculty to include all Practitioners in Medicine, both Physicians and Surgeons: each Branch to be

governed by a Representative Council, elected periodically by, and out of, the whole body of the Faculty in each Kingdom. The Councils to have the power of making regulations for the government of the Profession, and also of admitting Members: no person being permitted to practise without being examined and licensed as a Member of the Faculty. The regulations of the three Councils to be similar and uniform, general conferences being, from time to time, held in order to preserve uniformity. This 'One Faculty' plan contemplates the establishment of a class of scientific Apothecaries to be examined and licensed as such under the direction of the Councils; also, that no Practitioner "shall be permitted to sell drugs, or to compound medicines, unless prescribed by himself, or by others in consultation with him, and for his own patients, except in rural districts, and by special license." Mr. Donovan's proposal for establishing a College of Pharmacy, might, with some modifications, be made to coincide with this portion of the 'One Faculty' plan. Institutions for teaching not to be connected with the licensing body of the faculty.

XI.—That the Secretary, with Dr. Nugent, Dr. Healy, and Dr. Dunn, be a deputation to wait on Mr. Warburton, and other members of the legislature, to explain the views of this Association respecting Medical Reform.

XII.—That Richard Carmichael, Esq., shall be President, that John Macdonnell, M.D., shall be Treasurer, and Henry Maunsell, M.D., Secretary for the ensuing year.

XIII.—That James O'Bohne, M.D., Arthur Jacob, M.D., Sir James Murray, M.D., Francis White, Esq., Professors Hargrave, Williams, Porter, and Benson, O'Bryen Bellingham, M.D., Hamilton Labatt, Esq., Richard Tuoohill, M.D., S. Walker, M.D., Dundalk; Robert Barlow, M.D., Mullingar; John Morrison, M.D., Newry; John Colvan, M.D., Armagh; Henry McCormac, M.D., Belfast; Robert Case, Esq., Kilkenny; Richard Maffett, M.D., Glaslough; Joseph Ferrusson, M.D., Mullingar; Richard Cranfield, M.D., Ennisceorthy; J. Waters, M.D., Roscrea; M. D. Nugent, M.D., Cork; R. Corbett, M.D., Innishannon; Edward Jago, M.D., Kinsale; John Lynch, M.D., Charleville; John Purcell, M.D., Carrick-on-Suir; John Wilkinson, Esq., Limerick; William Bell, M.D., Clonmel; John Jacob, M.D., Maryboro'; Dr. W. Murphy, Cork; together with the Local Secretaries, shall be Members of the Council for the ensuing year, with power to add to their numbers.

R. CARMICHAEL, Chairman.
H. MAUNSELL, Secretary.

It was then Resolved.—That the marked thanks of the Association are due to the President, R. Carmichael, for his fearless and independent advocacy of the rights of the Profession during the past year.

It was also Resolved.—That the thanks of the Association were due to the talented and fearless Editors of the DUBLIN MEDICAL PRESS, for their unceasing efforts to promote the welfare of the Profession.

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Mr James Mc Grijou Part 1
with the highest sense of respect
from the author -

Mr Libary

Recd
2/10/45

Chatham



On Medical Reform,

by

Lucius. Dr Lewis



REMARKS

ON

MEDICAL REFORM,

AND ON

SIR JAMES GRAHAM'S MEDICAL BILL,

BY

LUCIUS,

LATE CENSOR, IN A ROYAL COLLEGE OF PHYSICIANS.

"I am not here speaking of the private police of a Corporation, or the little arts of a craft. I am treating of the duties of a liberal profession, whose object is the health, and life of mankind."

"The true dignity of physic is to be maintained by the superior learning and abilities of those who profess it."—GREGORY.

SECOND EDITION.

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1845.

MEDICAL REFORM

TO
SIR JAMES CLARK, BART., M. D., F. R. S.,
PHYSICIAN IN ORDINARY TO THE QUEEN, AND TO HIS ROYAL
HIGHNESS PRINCE ALBERT.

Sir James,

Your accurate knowledge of the subject discussed, no less than your exalted position, as a skilful and scientific physician, naturally suggest you, as the particular member of the Medical profession, under whose auspices, I desire this Brochure to issue from the press: the subject of which it treats is one of National importance, and, as graphically expressed by a writer, whose pen has materially swayed public opinion, in the present crisis, "generations of Medical men have passed away, and will again, without witnessing an epoch so fraught with influence." The profession's weal or woe—and with it, the welfare of the public, in points of great and permanent importance, are quivering in the balance, and depend, at this moment, on a vote of the House of Commons, or it may be on the department of the mass of the general practitioners of England!

Permit me, Sir James, to inscribe with your name, the following pages, in which are embodied my humble efforts to do good service to the community, and to a profession, which it has been the pride and pleasure of my life to study, and to practise—and to add that I have the honour to be with the highest sense of respect, your fellow labourer in the field of medical science.

LUCIUS.

PREFACE.

The following pages contain the substance of a series of letters published in the Standard, during the late Parliamentary recess, with such reflections as recent events have suggested. The subject is one to which the writer's attention has been long devoted, in active life, under circumstances, and in situations, both in England and Scotland, peculiarly favourable to the formation of a correct judgment. In retirement, he has, dispassionately, watched the medical agitation that has been going on, during the last ten months. Annexed is faithfully reported the result of his observation, which is respectfully submitted to the consideration of those, whose duty, as legislators, it now is, to improve the very defective laws which regulate medical affairs—a duty fraught with importance to Millions of all ages, sexes, and conditions. The author has reason to suppose, that a previous edition of this Brochure has contributed to correct misapprehensions, and to remove prejudices, which existed, as to the probable effect that will be produced on the interests of the public, and of the profession, by the operation of the Medical Bill, and he has been advised by friends, to attach his name to the present edition. A sincere desire to allow his production to be judged, solely, by its intrinsic value induces him to remain, *incognito*.

June 5th, 1845.

MEDICAL REFORM.

SECTION FIRST.

Question proposed, and a brief sketch of the origin and progress of the Medical profession in modern Europe.

THE question under consideration is, whether or not the bill prepared and lately brought into the House of Commons, by Sir James Graham and Mr. Manners Sutton, "for the better regulation of medical practice throughout the United Kingdom," will accomplish the important objects contemplated.

That the matter, *sub judice*, be rightly understood, it is requisite to discuss it, in a spirit widely different from that which actuates those who are, from time to time, expressing their opinions on the subject, and misleading the public through the medium of the Times newspaper, and other factious publications.

A brief sketch of the rise and progress of the profession in modern Europe, and of the condition in which it exists, in the present day, in the United Kingdom, will tend to facilitate my present design, which is, in the first place, to demonstrate that parliamentary interference is necessary, to amend the state of the medical profession; and in the second, to inquire if the fundamental principles of Sir James Graham's bill be sound—and if, as an enactment, it would be one, by which the public, and the profession, generally, will be benefited; and our medical institutions rendered subservient to the legitimate purposes for which they were called into existence.

The first establishments in which medicine was taught, after the revival of learning, were ecclesiastical, and the monks were the first physicians. When manual assistance was required, they sent their servants, who were also their barbers, to officiate—hence arose the

barber surgeons, a class of practitioners afterwards sufficiently celebrated.

A useful body of Jewish physicians, who possessed high reputation appeared, at the period referred to, but the monks, through their interest with the Court of Rome, obtained formal excommunication against all who committed themselves to their care.

It requires no argument to prove that medicine could not be successfully cultivated as a science, nor practised as an art, by the priesthood, who had other duties to perform, and in whom the medical character was merely adventitious and subordinate. Monkish cupidity, however, continued to engross the whole of the medical practice for a long time, notwithstanding edicts issued by Roman pontiffs, for the purpose of compelling ecclesiastics to confine their attention to their clerical functions.

Such was the condition of medical affairs, when the French court established a College of Surgery, between the members of which, and the clerical physicians, as well as between the former and the barber surgeons there were constant struggles for ascendancy; with the latter, however, the members of the Parisian college were, ultimately, obliged to unite. After the great event of the 16th century, clerical physicians were no longer known in England, as a distinct class. Linaere, the favourite physician of Henry the Eighth, in 1523, obtained the charter by which the London College of Physicians was incorporated.

The Edinburgh Royal College of Physicians was incorporated in 1681, during the reign of Charles the second.

No college of surgeons was founded in Britain until the reign of George III., although corporations of barber surgeons previously existed, possessing, political influence, little conducive, however, to the cultivation of surgery, or to the improvement of science.

A Royal College is now established in each division of the United Kingdom to regulate the education of Surgeons, and to superintend the peculiar interests of surgery.

In 1815, the English Apothecaries' Act was passed, which regulates the professional concerns of the general practitioners in England.

There are, in all, at least 18 bodies in the empire endowed with the power of creating doctors in medicine, or of granting licenses to practise; and strange to say, the Archbishop of Canterbury is possessed

of a right to bestow the "*Summi Honores in Medicina*"; a right, however, rarely exercised—there is nevertheless, one distinguished individual in London, at present, who was created Doctor of Medicine by the venerable head of the Church. The selection was most creditable to the Archbishop, and to the gentleman on whom the honour was conferred.

Of these numerous licensing bodies, no two agree in the course of study prescribed, in the strictness of examination, nor in the amount of privilege obtained; and it is impossible to deny that most of them have attempted to procure their own partial ends, and to aggrandise themselves, at the expense of the medical student, and of the public, as time and circumstances favoured such selfish purposes.

It were an invidious and an ungracious task to dwell on the sins of omission and commission of the bodies referred to, in their corporate capacities; but it is impossible, faithfully to discharge the duty I have undertaken, without adverting to a point so vitally important to the right comprehension of the subject.

To begin with the Universities. At Oxford and Cambridge there are not competent schools of physic; nor, until lately, did these noble universities, so deservedly distinguished as seats of learning, require from candidates for medical degrees, a course of education, at all in conformity with the experience and improvements of modern times, in medical science; and, even now, their *medical curricula* are very defective.

The University of London is of recent date. The standard of education which it has imposed on candidates for medical honours is high, and the opportunities students enjoy of improving themselves in the practice of physic and surgery are, unquestionably, great. Sufficient time, however, has not yet elapsed, to enable us to form an accurate estimate of the benefit that will result from the foundation of an establishment in the metropolis of the British dominions, possessed of the power to grant medical degrees—a professor of one of its Colleges has, lately, published, a letter on the subject of Medical Reform, which, methinks affords no good augury of future enviable distinction either for himself, or his College. To that individual, I would, in the spirit of christian benevolence, say "scorn to depress a competitor by ungenerous means—strive to surpass your rival only

by excelling him, so shall your contest for superiority be crowned with honour, if not with success." And I would in the same spirit, remind certain Colleagues of the professor alluded to, that to *Edinburgh*, and to *Edinburgh* teachers, they are, in a great measure, indebted for their respective positions in a *London* College—*verbum sat sapienti*.

The medical school of the University of Dublin, is said by Mr. Wakely, M. P., and Editor of the *Lancet*, to be in a state of "gradual decline."

Edinburgh for nearly a century past, has been held in high estimation for its medical school, by all competent and impartial judges of medical affairs. The method of teaching, by lectures and examinations is most excellent, and the students enjoy ample and peculiar opportunities for the acquisition of practical knowledge. From no university in Europe has so large a body of eminent medical practitioners emanated: many of the most distinguished physicians who practised in England, in the metropolis and in the provinces, during the last sixty years, were Graduates, or *Alumni*, of the University of Edinburgh. The same may be said of the Army, the Navy, and East India Company's Service—at this moment, the names of Clark, Holland, Bright, Chambers, Prout, Forbes, Locock, Elliotson, Gregory, Marshall Hall, and other physicians of European reputation, who reside in London, whilst those of Blackall, Hastings, Conolly, and Shapter *inter alios*, in the provinces, bear testimony to the same fact. The University of Edinburgh, never was better appointed, than at this moment, with professors capable of teaching every department of medical science. A very slight improvement only, and a more liberal *preliminary* education, of the kind so successfully practised at Oxford and Cambridge, would render its medical curriculum, perfect—and one which might serve as a model for the changes imperatively required, elsewhere.

At Glasgow the course of education prescribed for the candidates for medical degrees is very deficient.

The practice of selling degrees at St Andrew's was, as is well known, shamefully abused, and from it baneful effects have resulted to the profession. Medical diplomas, however, cannot now, be obtained at that university, merely by purchase; but the curriculum of the University of St. Andrew's is far from being perfect, and the mode of

examination is very objectionable.*

It is gratifying to add, that the academical senates of the most remote Colleges in the Queen of England's dominions have shewn a meritorious zeal in extending and improving the medical education of those, who seek from them the highest honours in medicine. The curricula of both King's and Marischal College, Aberdeen, are excellent, and most creditable to that ancient Caledonian seat of learning.

We now proceed to notice, briefly, the Royal Colleges of Physicians and Surgeons, in the British Empire, and the English Apothecaries' Company, and to advert to the effects of their policy, on medical education, and on the practice of physic.

The London College of Physicians, as already mentioned was founded in 1523; its general policy seems always to have been such as to ensure a high degree of learning, rather than to supply the public with medical practitioners proportionate to its necessities.

In speaking of the shortcomings of the London College of Physicians, I shall use the language of an able and candid anonymous writer.

"The London College of Physicians," says he, "deals very differently with candidates for admission, according as they announce their intention of practising in London or the provinces; candidates for provincial practice, or extra licentiates, being permitted to qualify by undergoing a very lenient trial indeed, and paying an inconsiderable fee; while licentiates who aspire to practise in the capital are tried by

* With the intention of supporting the sadly damaged condition of her reputation as a medical degree-conferring Seminary, the *Senatus Academicus* of the University of St. Andrew's, some years ago, published a curriculum, which had it been acted on fairly, might have tended, in some measure, to remove the reproach, which previous delinquency had attached to the very name of a St. Andrew's Doctor. But the nominal curriculum was rendered nugatory, by an unjustifiable supplementary one, welcoming all possessed of the *MEMBER'S* diploma of the London College of Surgeons, or the license of the English Apothecaries Company, as Candidates for such "*SUMMI HONORES IN MEDICINA*," as St. Andrew's confers! The result of such a course may, easily, be conjectured. Since the publication of the first Edition of this Brochure, I have been informed that no less than *twenty-six* Individuals, who intended to try for a Medical degree, at the University of Edinburgh, deterred by ascertaining the nature of the examinations, abandoned their intention of doing so, and went northward to St. Andrew's!—and that, its *Senatus Academicus*, in anticipation of the passing of Sir James Graham's Medical Bill, has advertised the 1st of July, as a day, on which another wholesale creation of Graduates is to take place at St. Andrew's! a striking illustration this, I imagine, of *Corporation auri sacra fames*.

much severer tests, and subjected to higher fines. Whence this difference arises, or why the lives of Her Majesty's liege subjects are to be deemed more precious in the City of London, than throughout the rest of the kingdom, I leave to the College of Physicians to explain."

The Edinburgh Royal College of Physicians is one of the few Medical Institutions, against which no charge of delinquency, as a corporation, ever was, or can be fairly adduced. It has, most disinterestedly, rendered much good service to science, and to the Medical profession. The Pharmacopœias of the Edinburgh College of Physicians published from time to time, have always kept pace with the progress of chemical and pharmaceutical science, and thus tended materially, to improve the practice of Medicine. The last edition which issued from the press, in 1841, is a production of great value, and bears internal evidence of having been composed under the immediate superintendence of the learned and scientific President Dr. Christison, the distinguished professor of *Materia Medica* in the Northern Metropolitan University, author of the matchless work on Poisons, in relation to Medical Jurisprudence, Physiology, and the practice of Physic, and of a Dispensatory, or Commentary on the Pharmacopœias of Great Britain; a work, also, worthy of Dr. Christison's name and high reputation. The Edinburgh College of Physicians has always been active in furthering the cause of Medical education; and ever ready to assist Government with counsel and advice, when Medical truth, in connection with science, or humanity was the subject of investigation. The single complaint brought against this body is, that admission can only be obtained by the suffrages of the fellows, collected by ballot; and that the votes of one third present are sufficient to exclude a candidate. To me it has always appeared an injustice to withhold any professional privileges, from a man, to which he is entitled by his professional attainments—a wrong, however, which has very rarely been perpetrated by the Edinburgh Royal College of Physicians.

I am not sufficiently conversant with the constitution and policy of the Dublin College of Physicians, to enable me to speak, confidently, as to the effects thereof, on medical education, and practice, in Ireland. But this I know, that the Dublin College contains men who,

individually, have done honour to themselves and to their country, as medical practitioners and writers.

The London College of Surgeons has, unquestionably, numbered, and numbers, amongst its Fellows, men of the highest attainments, and of the strictest integrity; but, as a corporation, its proceedings have been, I fear, not without reason, censured. The curriculum and the general policy of the London College of Surgeons, contrast unfavourably with that of Edinburgh—a body which, to its great honour, has done more to improve the general practitioners, to elevate the *status* of that class, and to benefit the public—than any medical corporation that ever existed—a bold assertion this, but a literal truth. A better curriculum, for the general practitioner (the ordinary physician, surgeon, obstetrician, and apothecary, of the great mass of the population,) than that of the Royal College of Surgeons of Edinburgh, can scarcely be devised.*

The Dublin College of Surgeons, corporately, is represented by Mr. Wakley, as in a very unsatisfactory condition.

The Apothecaries' act of 1815, did great injustice to the medical institutions of Scotland and Ireland, and to their graduates and licentiates, by preventing them from settling in England, as general practitioners; as well as to many highly educated and excellent men, who had served in the army and navy during the war, brought to a successful termination, at the moment, almost, when that unfortunate enactment was made, which has too long regulated the professional concerns of the general practitioners in England.

It will, I presume, be admitted that enough and more than enough, has been stated, to shew that the law, in regard to medical education and practice is in a very unsatisfactory and discreditable condition—and to make it evident that reformation is imperatively required.

* See Appendix.

SECTION SECOND.

On the fundamental principles of Sir James Graham's Medical Bill, and the objections that have been urged against it.

THE three great principles of the bill are.—

First. The establishment of a Council of Health and Medical Education, which shall exercise a general superintendence over the medical and surgical education throughout the United Kingdom, and which shall constitute a board in the metropolis, of easy and useful access to the executive government, in all questions affecting the health of the people.

Second. To secure to all *qualified* medical practitioners throughout the empire, equal facility of practice: provision being at the same time made for equality of attainments, so far as that can be accomplished by study and examination.

Third. A registration of all regular practitioners, by which the public may easily ascertain who really are qualified.

A legislative enactment based on these principles, and capable of accomplishing ends so important, will effect almost all that any reasonable reformer, lay or medical, could desire—all that legislation can achieve,—will obviate the enormous defects of our present miserable medical polity, and be of incalculable benefit to the interests of science and humanity.

The objections which have been urged against Sir James Graham's Bill are, that the Council of Health will be a government board, and a despotic body—that, in it, all departments of the profession will not be represented—that neither the public, nor the profession will be protected from the machinations of Quacks and unqualified pretenders—and that the general practitioner will be depressed in the scale of Society.

In a constitutional point of view, the formation of a Council of Health is a matter of national importance; and if constituted of proper elements, it is highly desirable that it should be a *Government* board.

One of the real grievances of our profession is, that government has hitherto cared little for its interests, or for the regulation of its concerns, and now for the first time, since the days of Henry VIII, when an enlightened Minister of the Crown comes forward to improve our condition, and to legislate for the good of the community, he is vilified by the oracles of the *Times* newspaper, and by the Editor of the *Lancet*, the vituperations of which, I am ashamed to say, have been re-echoed by *some* men of the medical profession. Concerning the efforts of the *Times*, and the *Lancet*, their votaries and dupes, to defeat the Medical Bill, more shall be said afterwards.

The want of a Council of Health must have often been felt by the executive. I could refer to more than one occasion, when the interests of humanity would have been greatly furthered by the advice that such a council would, undoubtedly have given to the government. The interests of science and commerce are also deeply involved, and will, assuredly, be essentially promoted by the completion of Sir James Graham's design—a design beyond all doubt, fraught with importance to the best interests of philanthropy, science and commerce.

Before entering on the consideration of the question as to the *despotism* of the Council of Health, it is proper to advert to its constitution, and that will be best done in the words of the 'amended Bill. "And be it enacted, that a Council shall be established, which shall be styled 'The Council of Health;' and that one of Her Majesty's Principal Secretaries of State shall be a Member of the said Council, in right of his office as Secretary of State; and that the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in the University of Cambridge, the Regius Professor of Physic in the University of Dublin, the Regius Professor of Clinical Surgery in the University of Edinburgh, and the Regius Professor of Surgery in the University of Glasgow, shall be Members of the said Council in right of their several Professorships; and that the other Members of the said Council shall be a Member of the Senate of the University of London, to be chosen by the said Senate; One physician and One Surgeon to be chosen by the Colleges of

Physicians and Surgeons of England respectively; One Physician and One Surgeon to be chosen by the Colleges of Physicians and Surgeons of Scotland respectively; One Physician and One Surgeon to be chosen by the Colleges of Physicians and Surgeons of Ireland respectively; Two General Practitioners in Medicine, Surgery and Midwifery of England; and Four other persons whom Her Majesty, with the advice of Her Privy Council, shall deem fit to be Members of the said Council."

Our Universities, those ancient and venerable seats of learning, in which the light of science first dawned, and now shines with resplendent lustre, would as a matter of course, be represented by an appropriate number of their distinguished professors, in a Council of Health formed by a just and clear-headed Minister of the Crown.

The only question is, as to the number of Academical representatives that should sit in the Council of Health.

The number and description, as fixed by the amended Medical Bill, are well adapted to the present condition of medical affairs.

The Colleges of Physicians and Surgeons, Institutions founded by Royal favour, in order to foster the efforts of science, are sources from which a department of the Council of Health, and Medical education is naturally selected. Each College in the United Empire, is therefore, wisely, allowed to send one of its members as a representative, which, as already stated, with four individuals nominated by the Crown, are to constitute the Council of Health and Medical Education.

It is impossible to conceive a Board better calculated by its constitution to answer the purposes for which it is intended. The power being deposited in a body so constituted, that the interests concerned, are represented by departments so balanced, as to counteract each other in any selfish or sinister tendency, should such be displayed.

Self government in the Medical profession, as contended for by certain Medical Reformers, is an impracticable chimera.

The Universities and Colleges of Physicians and Surgeons in the different divisions of the empire, and the English Apothecaries company have, hitherto, been the sources from whence issued edicts, to regulate the study and practice of the various departments of the healing art. A new order of things is now requisite; but, both the

profession and the public would be injured by the democratic form of medical polity, desired by certain medico-political reformers, who would fain dictate to the government, to the profession, and to the public, the terms upon which medicine is to be taught, studied, and practised.

The power with which it is proposed to invest the Council of Health is, certainly, inconsistent with the idea of what revolutionists call self-government in the profession; but that affords no just ground for calling it a despotic body.

Absolute power must always reside somewhere, to direct the studies, and to regulate the privileges of medical practitioners. In future, it will be vested in *one* learned body—a national council, consisting of honourable and independent men, distinguished by their medical knowledge and scientific acquirements, as applicable to the important purposes for which their services are required, instead of being possessed by some twenty irresponsible corporations. The Council of Health, moreover, will be constituted, as has been already shown, so as to be a depository of power, safe as can be contrived by human ingenuity.

The power of enforcing uniformity of qualifications, throughout the kingdom, which the Council will possess, is one of the grounds on which it has been called despotic. Those only, who are ignorant of the state of the case, could have advanced such an objection—uniformity of qualification, so far as it can be accomplished by uniformity of course of study, being one of the two great objects which it is desirable to accomplish, in improving medical education. The two master evils of the present system have arisen from the want of a controlling power of the kind contemplated. Each medical school and licensing body has been prescribing a course of study, and regulations to suit its own purposes, rather than to further the interests of medical students, and the profession, or to promote public welfare.

There is, says the Editor of the *Medical Times*, "no surer test of the general work of the new Bill than its effect on the general practitioner. He is emphatically the *British Doctor*.* The new Bill, in giving us a supervising Council with plenary powers to fix the qualifi-

* If properly qualified. L.

cations each College shall demand—and making that demand equal throughout all—gives us a guarantee that our new men will sustain, worthily, the scientific character of our profession, and that the supply of labourers will bear a better and more reasonable proportion to the work that is to be done. If, as so many tell us, the *res angusta domi*, lie at the bottom of much of the Profession's discontent and uneasiness, this enactment of the Bill, humble and unshowy as it looks, will do more, practically, for the present generation, than a dozen grander schemes of formal revolution."

Medical licensing bodies have also been under-bidding each other, to an outrageous extent. If such under-bidding only related to the amount of fees, as remarked by Sir James Graham, it might be very well; but the general tendency has been to reduce the standard of knowledge required of candidates for medical degrees and licenses—to say nothing of the suspicion entertained, that the examinations have frequently been of a very superficial description.

As a striking proof of the justice of the charge, that licensing bodies have been lowering the standard of medical education, it may be mentioned, that the University of Glasgow, so recently as 1837, required its candidates for medical degrees to study eight departments of medical science only, whilst the *Senatus Academicus* of the University of Edinburgh insisted, imperatively, on fourteen.*

The London College of Surgeons does not require candidates for its diploma to produce any evidence of *preliminary* education! nor is attendance required on medical jurisprudence, clinical medicine, nor even clinical surgery!—whilst the English Apothecaries' company insists on candidates for its license serving an apprenticeship of five years, to an apothecary.

Amongst the capital errors of those, whose inadvertent legislation, in 1815, created the company referred to, was the assumption that its members were competent, to an extent far beyond their ability, to instruct the rising generation of general medical practitioners, in the principles of the Medical profession; and that an apothecary engaged in the laborious and harassing duties of his calling, had either time or inclination to teach apprentices, even that which he himself knew.

* See Appendix.

The effects of a pernicious system of training, based on the Medical Legislation of 1815 has been, and is, wofully perceptible in many towns and villages in England, in the idle habits, and all the physical and moral evils resulting therefrom to the victims of the baneful apprenticeship system, as fixed by the regulations of the English Apothecaries' Company—and even where its effects have been less deplorable, it has presented, and presents, a barrier, almost impassable to the advancement in life, of many a talented youth.

Again—Surgery forms no part of the course of study enjoined by the Apothecaries' Company, so that the general practitioner of England, by the supreme authority which directs his professional education, is not required to study a department of the profession which is necessary to enable him to perform the ordinary duties of a surgeon. It is no answer to this glaring and most extraordinary defect in the English Apothecary's education, to say that he acquires a knowledge of surgery, under the auspices of the master to whom he is apprenticed. That can rarely be the case. It is equally unsatisfactory to assert that surgery must be studied by general practitioners before they pass the "College;" and that most of them do so, before engaging in practice, since it is not imperative on the English practitioner to have a surgical diploma; and, in fact, men there are who practise without it—and are legally entitled so to do, as licentiates of the Apothecaries' Company.

The objection in regard to the control of the Council, over the amount of fees paid for examination and admission into the several Colleges, is captious. The provision referred to is a very proper one, and will protect Students from being the victims of the *auri sacra fames*, by which corporate bodies are too often influenced.

An additional ground of complaint against the Council of Health, in support of the charge that it will be a despotic body, is that the council will have an unlimited power of regulating the particulars of examinations. The words of the proposed enactment for securing efficiency of examination are,—“And be it enacted, that the said council may from time to time require returns to be made in such form, and including such particulars, as they shall think fit, respecting the examinations to be conducted as aforesaid, and it shall be lawful for any secretary of the said council, deputed by the council for that pur-

pose, or for any member of the said council, being in either case a physician, surgeon, or licentiate in medicine and surgery, to be present at any of the said examinations; and if the council shall be of opinion that the regulations prescribed by them for the examination and grant of letters testimonial as physician, surgeon or licentiate, have been infringed, evaded or neglected by any of the said examining bodies, it shall be lawful for the said council to refuse to register upon the testimonials of the body so in default, until the same shall be amended to the satisfaction of the said council."

Suspicion, it is well known, has existed, that there is something rotten in the mode of examination practised by several of the licensing boards, the propriety of superintendence, therefore, is unquestionable.

If there exist any examining board unwilling to stand the test of such scrutiny as that to which, by an improvement of the law, it is about to be subjected, the sooner such a board ceases to exercise its functions, the better it will be for the interests of science, and for the good of the community.

That the President of the Council of Health will be enabled to give the *coup de grace*, to use the words of the *Times*, to any college that does not yield implicit obedience to his decrees, is a count in the indictment against the Home Secretary, as the proposer of a "despotic" Council of Health.

In answer to this petulant objection, I have only to remark, that it will be the bounden duty of the president of the Council to give the *coup de grace* to any college that does not pay implicit obedience to his decrees; decrees which, be it remembered, will be the result of the collective wisdom of a Secretary of State, the representatives of the universities and colleges of the United Kingdom, and of four fit persons, selected for the express purpose of watching over the interests of the medical profession and of the public.

The *Times* perceives an act of despotic power in proposing that it shall be lawful for Her Majesty, at any time, with the advice of her Privy Council, to dismiss any member of the Council of Health, (not *ex officio*) for notorious misbehaviour or unfitness. In refutation of such an objection, it is sufficient to say, that dismissal is the penalty which all of her Majesty's other servants pay, and most properly, for notorious misbehaviour or unfitness for office.

It has presumptuously been made a grave matter of accusation, that the members of the first Council of Health are to be appointed by Her Majesty, with the advice of her Privy Council!

The arguments in support of the objection that the Council of Health and Medical Education will be a despotic body, have been satisfactorily, I presume, shewn to be frivolous and vexatious, or worse.

I now proceed to consider the question, how far penal enactments to restrain unqualified practitioners, should form any part of an enlightened system of medical policy; a subject which, at any time, when reviewing our code of medical laws, it were necessary to take into deliberate consideration; at this crisis infinitely more so, in consequence of the insane clamour which has been raised for *protection* to the Surgeon-Apothecaries of England.

Here again I am happy to have the support of the *Medical Times*, in corroboration of my own views on the subject under consideration. "Penalties are bad enough as *means*, but as an 'object of medical legislation,' Heaven forbid that a British Parliament should ever think of them. We affirm that protection is the very last of our wants. Give us justice, give us fair play, and we shall know how to protect ourselves."

"Protection is for the feeble, the helpless; the strong man, if honest, is independent, and if fairly dealt with, knows how to protect himself."*

In the *Times* it is written, "Sir James Graham has found out a new light of singular brilliancy; it is not his intention to suppress quackery by introducing new statutes; according to him, quackery could not be put down in that manner, and the House of Commons," adds the writer, censoriously, "cheered the announcement." In doing so, the members of the House of Commons evinced a correct understanding of the state of the case, and a just perception of their legislative duty. The Lycurgus of the *Times*, however, and the Solon of the *Lancet* are of a different opinion.

The bill is represented as one, "to make quackery legal, and to inflict a heavy blow and a great discouragement on 30,000 medical men, with whose subsistence it will in many instances most materially

* *Medical Times*, leading article, November 2, 1844.

interfere, we denounce it as a piece of most mischievous legislation." "Again we say, that we leave the interests of existing practitioners to themselves, depending on their taking sufficient pains to inoculate such members of parliament as may fall into their hands, with a proper *virus*" (a very appropriate word) "to prevent the bill ever passing into law."

The Times also gave, much additional bad advice, in reference to the Medical Bill;* and Mr. Wakley, one of the Parliamentary Representatives of Finsbury, transferred the reprehensible lucubrations of the oracles of Printing-House Square, entire, to the pages of his *Lancet*, as the leading article of an Hebdomadal number!—the first that appeared after Sir James Graham introduced his Medical Bill into the House of Commons, on the 7th of August, 1844.

In animadverting on the precious effusions of the *Times*, quoted above, its *Medical* namesake has graphically remarked,—“We have a fancy that the thing which vulgar people (Heaven forgive them!) call “a lie,” and which hardly ceases to be disreputable when politely named “a misapprehension,” is, under ordinary treatment, the least romantic and least elevated of terrestrial entities. In the hands, however, of our gigantic contemporary, the “*Times*,” who is never at his ease except when talking to his civic readers in the style of a cataract, or moving their heavy sensibilities after the fashion of an earthquake, the contemptible “mis-statement” (the humblest use of language) undergoes a startling transformation. Like the toad touched by Ithuriel’s spear, its customary, hesitating, sneaking, cowardly characteristics disappear, as if by enchantment, and we have the lie bold and bullying, celestial in altitude as world wide in width, asseverating itself into a sublimity unknown to Longinus, with that high and insolent heedlessness of truth which, throwing the mind topsy-turvy, flings even first principles under suspicion. Yes! rare as, in our days, is Genius,—it may always be found in a lie of the *Times*.”

“One of its recent—albeit smallest—efforts in this way, is contained in a recent article on the New Medical Bill; and, the subject-matter

* Times Newspaper, August 9th or 10th, 1844.

considered, we question if even our contemporary, in so short a space, ever did “*the sublime*” after a handsomer manner.*

“The first daring affirmation, off-handedly thrown to us, is, ‘that the English Medical profession numbers at least thirty thousand members, six hundred of whom may possibly, by a stretch of liberality, be allowed to be physicians or pure surgeons.’ Of course, this free-and-easy assertion has a purpose to serve: the more numerous the medical profession, the less weight will the many gentlemen have, who, much to our contemporary’s surprise, support the Bill: and the *piquancy* of our contemporary’s ‘*fact*’ is, that a tolerably well-known census exists, of no long standing, which gives us, of all grades, less than twenty-four thousand medical men for the three divisions of the empire, of which it distinctly classified three thousand as physicians!

“To the other sweeping assurances of our contemporary, that, with the exception of a portion of six hundred physicians and pure surgeons, the whole profession is against the Bill, we answer with the

* Except perhaps when speaking of the Poor Law of England, which has been the daily theme of unmeasured abuse by the *Times* newspaper, for years past.

Circumstances have rendered it imperative on me, to direct my attention, particularly, to the condition of the poor—and especially to those labouring under disease in the neighbourhood where I reside—I am, consequently, intimately acquainted with the working of the Poor Law of England—and with its practical effects—and competent to speak, as a disinterested witness, on the merits of that enactment. My personal experience, the result of two years strict observation, has forced on my mind the conviction, in opposition to pre-conceived notions engendered, (*horræo referens*) by reading the mis-statements of the *Times*, that the Poor Law of England, and the Poor Law Commissioners, have been most falsely, and maliciously calumniated. It is true, that Boards of Guardians composed, partly at least of narrow-minded, ignorant individuals,—and these in some places led by tricky officials, sometimes turn a deaf ear to the clamorous and bold demands of the importunate pauper,—and are still less disposed to listen to the modest and plaintive entreaty of the timid applicant for relief. But an appeal properly made from a harsh decision of a Board of Guardians, by the most abject individual in England, finds ready access to the Poor Law Commissioners at Somerset House,—or, if need be, to the Secretary of State for the Home Department, is promptly considered and any real grievance speedily redressed, so far as it is in the power of these functionaries to do so.

That the Poor Law is not quite perfect in some parts of its extensive machinery I am well aware. But these imperfections are not to be remedied by the totally unjustifiable system of warfare carried on by the *Times*—the unpopularity of the Poor Law depends, in a great measure, on its mal-administration, by subordinate agents.

But it must be conceded by every just judge, competent to form an opinion on the subject, that the Poor Law of England secures to the victims of poverty and disease in the southern division of the kingdom, benefits unknown to the destitute in any other nation in Europe,—or indeed the world.

ready declaration, that the respectable majority of medical men—and we might even go further—give the measure in the words of the more disinterested Chronicle, a cordial though modified support. Meetings have been held in Leeds, Bedford, Birmingham, Chester, Devonport, Sheffield, Bradford, Worcester, Gloucester, York, Newcastle, and Liverpool, and in all these important agricultural or commercial towns, which may so well claim to represent the general feeling of the country, resolutions in modified approval of the bill were passed."

The following communication made by me to the Editor of the *Standard* newspaper, and copied from it into the pages of the *Morning Herald*, November 2nd, 1844, tends to unmask the Machiavelian Tactics of the self-dubbed "leading Journal."

Sir,—It no longer suits the *Times* to report progress in regard to the proceedings of the meetings which are held in the provinces, from time to time, to express the opinion entertained by the profession of Sir James Graham's Medical Bill, in compliance with the wishes of the Hon. Baronet. The comparative taciturnity of that journal on the subject is abundantly expressive of its chagrin at the aspect of matters, in regard to medical reform, immediately, and prospectively; and marks its dissatisfaction with those who have met to consider the provisions of the bill, which, upon all occasions, when the talented and respectable part of the profession were convened to consider its provisions, has, as a whole, been pronounced an excellent bill; and its author has been declared deserving of the best thanks, and the gratitude of the profession, and of the country. The bill, it is true, is by many considered deficient in *one* point, in not proposing to secure sufficient "protection," as it has been called, to the regular practitioner—in not, in other words, proposing to put down quackery by act of parliament, a performance which, Sir James Graham, with many other wise men, imagined it impossible to accomplish.

The *Times*, I have remarked, has become chary of late in reporting the proceedings of Meetings held throughout England, to consider the provisions made by Sir James Graham's bill. It is proper that the country should know, at stated intervals, through the medium of the respectable and trustworthy part of the public press, what the profession are about on a subject which will continue to be one of great public importance, until it be definitely settled by the fiat of parliament.

"It will, in the meantime, afford me pleasure occasionally to furnish for insertion in the columns of the *Standard* a report of the state of professional feeling, so far as I know it personally, or can collect it from authentic sources.

"At a late meeting of the medical profession at Oxford, J. Symonds, Esq., in the chair, the following resolutions were passed:—

"That this meeting recognises the necessity of some legislative enactment 'for the better regulation of medical practice throughout the United Kingdom,' and is, therefore, thankful for the opportunity afforded by Sir James Graham, of examining the details of a bill recently submitted to parliament, and the profession for that purpose.

"That the establishment of a Council of Health and Medical education, if justly constituted; the general registration of all qualified practitioners, if compulsory; the medical examination and certificate by the College of Physicians; and the uniformity of qualifications and fees for testimonials, 'are propositions severally entitled to the approbation and support of the profession.'

"A meeting of the Tower Hamlets Medical Association was lately held in Bishopsgate-street to oppose Sir James Graham's bill. The *Times* devoted an entire column of its paper to a report of the proceedings of that meeting.

"It were an unprofitable waste of my time, and an unjustifiable encroachment on yours, to animadvert elaborately on the 'sayings and doings' of the individuals who met in Bishopsgate-street, to *protect* the medical profession; and to oppose Sir James Graham. But I may be allowed to remark, that the names of none of these medical champions are known to fame.

"The intention of this association is obviously to contribute its mite, in the words of one of its speakers, 'to baffle Sir James Graham.'

"The same orator remarked—'It had been said they had no friends at court; but they had a friend in the House of Commons—Mr. Wakley, the staunch supporter of their privileges and interests, for many years the advocate of their rights and medical reform. Out of the House of Commons they had the leading organ of public opinion, the *Times* newspaper; and why should they despair?'

"Why? for the three following reasons:—

"First. Because they are leagued with Mr. Wakley and the *Times* in attempting to accomplish an illegitimate object.

"Second. Because Mr. Wakley's oft-repeated opinion and recorded sentiments, on the subject referred to, render his influence of little avail in the House of Commons or elsewhere.

"Third. Because the *Times* newspaper is profoundly ignorant of, or grossly misrepresents, the real wants and wishes of the medical profession, and of the public in regard to medical reform. It is a partisan of a party in the profession; and, moreover, displays the rancour of a personal enemy in its opposition to Sir James Graham's bill.

"The speakers at the meeting of the Tower Hamlets Association, in the language of the *Medical Times*, 'went at the bill tooth and nail; the burden of the speeches was protection! protection! protection!'"

As an additional mode of exposing the absurdity of the clamour for legislative protection to the medical profession, I quote remarks written 26 years ago, by one thoroughly conversant with the subject of medical legislation.

"Penal and restrictive enactments having at all times been so much resorted to for regulating political institutions and controlling the community, it may be right to inquire how far they should form any part of an enlarged and enlightened system of medical polity: that they never can have effect where the general concurrence of the public is wanting multiplied experience has proved. Without entering into any deep investigation of the natural rights and liberties of the subject, or the fundamental principles by which the infliction of penalties and impositions of restrictions are in any instance to be justified, I shall briefly remark, that if the legislature provide all due facility for the supply of regular and legalised practitioners, equal to the demand, so as to secure a sufficiency of such accommodation to the public, it has a right afterwards to insist that the denominations by which such regular practitioners are distinguished shall be strictly confined to them, and not usurped by unqualified pretenders. So far the interference of law is but a protection from imposition, not an infringement of right. To attempt to restrain the public from seeking advice in any quarter, or any individual from giving it when applied

to, is absurd, and must ever be nugatory; for the public never will submit to such dictation. No one, however, who is not duly qualified should be allowed to assume a denomination calculated to mislead the public into belief of his competency, or to hold out to any, signals or seducements to lure them to his toils. To this extent may restriction be carried without the slightest trespass on natural rights, or the least risk of impeding the just services of the public; beyond it they can neither prove just nor salutary."

Sir James Graham's Medical Bill, in reference to the point which forms the subject immediately under consideration, is precisely in conformity with the enlightened and constitutional views of the able medical writer whose sentiments I have quoted, and with those of all sound political economists and well informed medical practitioners of this and the last century.

The question as to patent medicines, being a safe or proper source of revenue, is a suitable one for the consideration of a paternal government, and will, I doubt not, ere long, receive it from the imperial parliament of Great Britain. The sensible writer whose observations on penal medical restrictions were quoted, has well said "If a fortunate and meritorious discovery of a useful drug or compound medicine be alleged, let the claimant, who, not content with honourable fame, and the gratification of his own benevolent feelings, seeks the more substantial meed of pecuniary benefit, boldly prefer his claim to the government.—let the merits of his improvement be scrutinised by the medical council of the nation, and its value ascertained,—and let him receive a suitable, and not sparing reward from the liberality of his country. But let not every daring and hardened impostor, who can muster up the cost of procuring a patent, and scar his conscience to the point of sacredly attesting those falsehoods, by which he unblushingly maintains the efficacy of his inert or noxious nostrums, have power to extend his deceptions under the sanction of royal license, or to practice successfully this juggle of the worst kind."

The objection, that the general practitioners will be depressed by the operation of the proposed plan of medical reform, is noticed in the subsequent section.

SECTION THIRD.

General remarks on Sir James Graham's Medical Bill.

Although the *Times*, for sufficient reasons, has ceased to report the proceedings of meetings convened to consider the proceedings of Sir James Graham's Medical Bill, its candid scribe who writes the articles on Medical Reform continues to labour in his meritorious calling. Of this we have a choice specimen in the *Times* of Saturday last,—one admirably calculated to illustrate the *Jim Crow* principles of that self-dubbed-leading organ of public opinion.

We are told, in the precious production referred to, that Sir James Graham's bill is "drawn with a cunning worthy of an Italian politician;" in other words, that it is drawn with exquisite skill. And this, we are told by the *Times*, which was wont to abuse the bill as a contemptible production, and to sneer at its author as a senator "singularly deficient in acquaintance with the condition of the medical profession in this country."

So long as the *Times*, and its democratic coadjutor, imagined it would suit their sinister purposes to represent Sir James Graham as deficient in knowledge of the condition of the medical profession, they audaciously did so, and presumptuously declared the bill to be one characterised by imbecility! The "*leading organ*" having had proof which galled it to the quick, that it would not do to represent Sir James Graham as a man ignorant of the state of the medical profession, nor his bill as a weak one, all at once turns about, "jumps Jim Crow," and asserts that the bill was drawn with the cunning of an Italian politician.

"Oh! what a tangled web we weave,
When first we practice to deceive!"

Sir James Graham's task was an arduous one; his difficulty consisted in correcting the accumulated evils of 300 years erroneous legislation. Even the latest English medical enactments, that of 1815 in particular, proceeded on narrow principles, and their operation instead of being beneficial, proved hurtful, by increasing the obstacles to a general methodical reform, in which the paltry, jarring interests of individuals, and corporations of physicians, surgeons and apothecaries, should be disregarded, and the only rational object of a medical institution—the providing for the wants and security of the public—should be kept steadily in view. That cardinal point Sir James Graham has kept steadily in view; and, it will be allowed by all, not wilfully blind, that he has also paid due regard to existing interests, so far as consistent with his duty to the community. The *salus publica* should be the grand object of legislation.

But what still say the perverse opponents of the amended Medical Bill? that its "scope and tendency are to ruin and degrade the great mass of British Doctors!" The most strenuous efforts have perseveringly been made to convince medical practitioners, that such will be the result of Sir James Graham's Bill, and to persuade Members of Parliament to oppose it, on the same preposterous grounds!

With the confidence of one, who, unbiassed by party or personal considerations, has studied the subject, in all its bearings, for a quarter of a century, I affirm that the reverse will be the direct result; that the reform proposed will secure to the medical profession, and to the public all the benefit which can accrue from an act of the legislature. And I, moreover, maintain that it will greatly elevate the *status* of English general practitioners in the scale of society.

It were idle to expose the futility of the reasoning, if reasoning it can be called, by which the prejudiced opponents of the amended Medical bill infer, that the profession will be injured by its operation.

I would, however, remark, that were a minister of state, backed by parliament, to meditate the ruin and degradation of the "great mass of British doctors," he would fail in an attempt so unworthy of his exalted position—so inconsistent with the duty he is solemnly pledged to perform. An element of power exists in our free country, which, in reference to the matter under consideration, is superior to the power of parliament, potent although it be—the power of the public to form

its own opinion, on the merits of medical practitioners—a prerogative freely exercised, and, generally, correctly—not, at any rate, controllable by parliamentary enactments.

On the unfettered, and unfetterable exercise, of that power—a Briton's birthright—depends the prosperity of "British doctors." But it is monstrous to suppose that her Majesty's acute Home Secretary of State should err, as he has been represented to have erred, by the unscrupulous advocates of a bad cause. So far from having done so, Sir James Graham's bill will confer a boon of inestimable value, on the medical profession, and on the community of Great Britain and Ireland, which will entitle him to a conspicuous niche in the temple of fame, as a medical legislator, when the names of those who would detract from his reputation, are buried in oblivion.

I have said, that the reasoning of those who affect to foresee evil to the medical profession, by the operation of the amended Medical Bill, is futile. Let us examine the facts,—three in number, "strong startling, and clearly before us," they say—

First, "that if the bill become an enactment, the present general practitioner, although a member of the College, will cease to be a surgeon." Secondly, "that he will be allowed to fill no public situation of repute without further collegiate examinations and titles." Thirdly, "that the most distinguished men of their body will, by a necessary action of the bill, be drawn from them to the higher grade of surgeon or physician." It is absurd to suppose that the present respectable member of the London College of Surgeons will cease to be a surgeon, in the ordinary, and true sense of the word, if Sir James Graham's bill pass. It is equally so to imagine that he will not in future, as heretofore, perform all the ordinary and extraordinary functions for which he feels himself competent. The direct result of the bill, however, will be to render the entire body of English general practitioners better qualified for the performance of surgical duties, since neither an adequate preliminary education, nor a knowledge of Surgery are, at present, required by the board, (the Court of Examiners of the Apothecaries' Company) which regulates their course of professional study! And it is a fact, "strong, startling, and clearly before us," that many individuals practise in England, without being possessed of any other licence. The practitioner who, very lately,

gained himself shocking notoriety, by the extraordinary treatment of an obstetrical case, at Costessey is one of the number.*

As to the second fact, that the general practitioner will be allowed to fill no public position of repute, without further collegiate examination and titles, the promulgators of such a fact, misapprehend or misrepresent the scope and tendency of Sir James Graham's bill: qualified general practitioners will be eligible to many public positions of repute, to which the great bulk of them at present aspire, or desire to occupy. If the effect of the bill shall be to increase the chance of preferment, in any way, to the best educated and most talented members of the general practitioners, that, *surely*, were as it ought to be, and the public will gain by the result.

With regard to the third fact, I have only to observe, that the measure is a commendable one, and illustrative of sound legislation, which encourages honourable emulation amongst the members of the medical profession—emulation of a kind conducive to their own, and their country's welfare.

This publication would be incomplete, without adverting to certain meetings which were lately convened in the metropolis, and incorrectly, styled "Medical Protection Societies," &c., many members of which, foolishly, seem to entertain the same indefinite idea of deriving immediate *personal* advantage, from medical reform, that political agitators imagined would result from the Reform Bill, passed—some 14 years ago. The language and deportment of various individuals who figured at these meetings have been sadly inconsistent with their lofty pretensions, and ambitious aspirations! and betray deplorable ignorance of their proper place in the medical profession. These persons are, I trust vainly, attempting, to occupy a position which would be a false one, both for themselves and for society. Their bearing, towards the Right Honourable framer of the Medical bill, and towards a distinguished surgeon of more than European reputation, who at present, occupies the President's chair of the Royal College of Surgeons, affords painful proof, that the *moral* temperament of a portion of the general practitioners of England, as well as that of writers who oppose Sir James Graham's Medical bill, requires amendment.

* *Medical Times*, March 15.

The virulent opposition which the medical bill has encountered, on the south side of the Tweed, evidently results from motives unconnected with the merits of the question, or the welfare of the public.

It may, pertinently, be remarked, that whilst much violent agitation has taken place in England, the Colleges of Physicians and Surgeons, and practitioners of Scotland, and Ireland, and the press, in these divisions of the empire, have acted very differently. Scotland, confidently relying on the Legislature, in its wisdom, acting *pro bono publico*, has, merely, transmitted petitions respectfully suggesting such changes, as seemed necessary. Ireland has performed her part in a manner, equally meritorious.

As an individual, I have no hesitation in recording my deliberately formed opinion, that the Medical Bill, now before the House of Commons, contains conclusive evidence of emanating from a master mind—that the comprehensive system of medical polity it propounds is one founded, for the first time in the history of British medical legislation, on sound fundamental principles,—and that it will accomplish the important objects contemplated.

SECTION FOURTH.

Observations on the present state of professional feeling concerning the Government Medical Bill.

On the evening of Tuesday, February 25th, Sir James Graham, amidst the profound attention of the house, which was very fully attended, introduced the medical bill.

The Honourable Baronet concluded a lucid speech, as follows :

"I have endeavoured to meet fairly the objections of the great body of medical men who have canvassed my measure. I do not complain in the least of the severity of criticism to which it was subjected. I was only anxious to avail myself of the knowledge of the subject which that criticism disclosed. I do now commit the bill to the consideration of the profession and the public. I certainly have taken a calm and dispassionate view of the whole subject, and with only one desire—to promote the interests of the profession and of the public. The labour I have bestowed on it will not be thrown away, in the least degree, if that object shall be gained; and I certainly commit it to the further consideration of the house, and the country, in the confident hope and expectation, that this session will not close, without some measure receiving the sanction of parliament, which shall better regulate medical practice throughout the United Kingdom."

On the question being put, perfect unanimity seemed to prevail. And Mr. Wakley said that he heard the Honourable Baronet with great satisfaction; he really believed that the difficulties which beset the subject would now be amicably and finally settled; and was so satisfied, that Sir James Graham, from the alterations he had proposed, was anxious to conciliate all parties in the profession, that he had only to request, he would not propose the second reading of the bill at an early period, but give time for the most mature consideration of its provisions, by the profession.

Sir James Graham agreed to defer the second reading of the bill until after Easter.

The medical bill was again, *pro forma*, before the House of Commons, in March, but no discussion of its merits took place.

On Wednesday, May 7th.; Sir James Graham, in moving that the Physic and Surgery Bill should be committed, distinctly explained the changes, he proposed to make, in addition to those previously announced—the most important of which was his acquiescence in the wish of a large and respectable body of general practitioners, to incorporate them, as a distinct College; the Company of Apothecaries having agreed to surrender all its existing powers; and in concluding a distinct statement of his whole measures, in all their various and important bearings, said, he had bestowed great attention on this subject; more than on almost any other in the course of his life, and had honestly endeavoured to overcome the extreme difficulty of the question.

Mr. Hawes, the member for Lambeth, who has devoted much time and attention to medical reform; and to whom, next to Sir James Graham, the country is indebted upon that subject, expressed his approval of the bill, and anticipated its success.

Mr. Warburton made some remarks concerning the mode of examining candidates for Degrees, by the medical professors of the University of Edinburgh, which clearly evinced inaccurate knowledge of the proceedings of the Medical Faculty of that University.

Mr. Wakley, to the astonishment of the House, after the statements he made when the bill was brought in, said, he believed that the alterations which the Home Secretary had announced, would be productive of the greatest possible *dissatisfaction*—a statement so inconsistent with the sentiments he uttered when leave was given to bring in the bill, occasioned marked surprise. Mr. Wakley, moreover, expressed himself in such vituperative terms, as to render it necessary for him to apologize to Sir James Graham.

The bill passed through the committee, and was reported to the house, with some verbal alterations. It will be re-committed on Monday, June 9th.

It is no part of my duty, to account for the discrepancy of Mr. Wakley's opinion, in February, and in May, regarding the

merits of the government medical reform bill. I have declared my solemn conviction of its adaptation to the legitimate wants and wishes of the medical profession, and of the public—and I rejoice to add that my sentiments are in accordance with those to whom, in matters connected with medical affairs, we are accustomed to look with respect and deference. The arch enemies, however, of the measure, the Times and the Lancet, true to their original detestation of Sir James Graham's bill, clamour for its rejection; or for it being put off, until another season!

I do not consider it incumbent on me, to prove Mr. Wakley's incompetency for the delicate and arduous duty of medical legislation, otherwise than by his own words and deeds. He has, for upwards of 20 years past, professed himself to be a radical medical reformer; and has grossly abused, by turns, every medical institution established by law in the kingdom. The London and Dublin Colleges, and the English Apothecaries' Company, have been the subjects of his special vituperation. Mr. Wakley has also vilified, in a manner calculated to shock the feelings of all reasonable men, many of the most distinguished members of these institutions, individually. It were a sorry and a sickening task, even to refer to the volumes he has written on this subject—but, with the view of proving the Finsbury representative an unsafe medical reformer, I refer to the leading article of his Lancet, May 19th, 1832, which reports the proceedings of an hospital dinner, in these words:—

“One of those farces denominated the annual hospital dinner was performed on Saturday week, and who, gentle reader, think you, was in the chair? Mr. Pennington, the ex-apothecary of Keppel Street, medical attendant, for many years to all the *rotten-hearted Tories* resident in the north-west district of the metropolis.” The venerable individual referred to, an Octogenarian, presided with great credit to himself, and advantage to his brethren, at the meetings of the Associated General Practitioners, held lately in London, for the purpose of negotiating with the Home Secretary, as to incorporating the general practitioners of England into a distinct College. To Mr. Pennington's (and those who acted with him) moderate counsels, in opposition to the revolutionary efforts of wild and impracticable reformers, is to be attributed the position now occupied

by the Associated General Practitioners, of England—and with that, the prospect of a speedy and satisfactory adjustment of the differences which have so long distracted the profession.

But to return to Mr. Wakley's remarks on medical establishment: "The whole of our medical institutions," said that rampant reformer, "are conducted under Tory forms of government, and not one of them holds out a reward for merit.* The College of Physicians is a Church and King Establishment, the Apothecaries is another of the same stamp, and the College of Surgeons is the worst of the three. We marvel that even Mr. Pennington, Lord Eldon's apothecary, could, in a company of gentlemen consisting principally of medical students, pronounce the words Church and King without a blush—a toast which we suppose is now seldom heard, except within the cloisters of Oxford"—all this, and much more in the same style, *to students!* But it may be said, that thirteen years have elapsed since Mr. Wakley penned the above precious lines; and that, time, and other causes have cooled the warmth of a fervid temperament.

The following letter, *inter alia*, which appeared in the *Lancet* of Dec. 7, 1844, affords proof to the contrary: by whom it was written, or in whose bureau concocted, we are not told, but by inserting it in his periodical, in support of an object that he has much at heart, Mr. Wakley identifies himself with the principles and assertions of the writer. The letter bears evident impress of being the work of one, who can only, ironically, be styled "a man of veracity."

"THE ILLEGAL PRACTITIONERS IN ENGLAND AND WALES."

To the Editor of THE LANCET.

"SIR,—You express surprise and astonishment that the bill of Sir James Graham meets with so much approbation from general practitioners. If you analyse the proceedings of many of the great medical meetings recently held, you will find that the principal speakers, in upholding the principles of the bill, are mere Scotch M.D's, without

* We have been, it appears, labouring under a great mistake in rendering homage to our Callens, our Monroes, our Gregories, our Hunters, our Hallies, our Halfords, our Coopers, our Abercrombles, and the many illustrious men, who, we imagined, graced the medical annals of our country, during the last century,—who occupied the chairs of our Colleges and of our Halls,—and who were honoured, professionally, with the confidence of the Sovereigns of our mighty Empire. LUCIUS.

any qualification at all to practise in England—men who fearlessly and presumptuously usurp the place of the general practitioner; who, under the style and title of physicians, visit patients for five shillings; who see and prescribe for medical and surgical cases alike; who act, in point of law, in England, no better than quacks, and, like quacks, undersell the general practitioner. The bill proposes to legalize their practice in this country; can you wonder, therefore, at the strenuous efforts they make to have the bill in its present detestable shape? It tends to elevate them in the scale of public opinion, without putting them to the inconvenience of obtaining a licence from one or other of the English bodies. I feel convinced of this, that the feelings of the *English* general practitioners are strenuously opposed to the bill; whilst the half-castes, the semi-Scotch and Irish Medici, seek it for their own aggrandizement, to better their breed. You have my best and sincerest wishes for the ultimate success of your efforts to *dawn* this bill in embryo, the most unphilosophic and unjust that could have been presented to the eyes of an enlightened nation.

I remain, Sir, yours obediently,

A. E. P."

"Well spoken advocate of sin and shame,

"Known by thy "blustering——thy name."

Were additional evidence required to prove that Mr. Wakley's temperament renders him an unfit leader in such a crisis as the medical profession is at present involved, it is furnished in the leading article of the *Lancet* of Saturday, May 31, 1845. The man seems influenced by the spirit of desperation; galled, apparently, by the bitterness of disappointed hopes, probably of a most unreasonable description, Mr. Wakley has, since the Medical Bill was last before the House, been endeavouring, most strenuously, to create dissension in the ranks of the general practitioners, by every means which a distempered imagination could suggest; and been urging them to accomplish the object recommended by his reputed correspondent A. E. P., in language which I cannot condescend to repeat.

I have a few words to say concerning the recent oft-repeated twaddle of the *Times*, intended, it appears, as grave advice to the Fellows of the proposed College of General Practitioners, regarding the name, they should select: *Medical Surgeons* is the appellation, which, "ne"

of the Printing-house Square, in the plenitude of "our" wisdom, have fixed on. In another place I have shewn that the public are not now misled by a name; in the selection of a medical attendant. If a man be properly qualified, and correct in his moral and professional deportment, it signifies little by what appellation he is designated, provided it convey the idea of adequate qualification: on this point I may, safely, consider myself better authority than "we" of the *Times*, and I aver that a better name than that of "general practitioners" in medicine, &c., cannot be devised; I have no hesitation in saying that, with the right to assume the title of Doctor, Surgeon, or general Practitioner, it is to me a matter of great indifference by which I am addressed—and if engaged again in the active duties of my profession, it would be to me a subject of serious reflection, whether or not, I should prefer the name of general practitioner, to that of any other.

What else, in reality, was Sir Astley Cooper? or Mr. Abernethy? or Dr. Abercrombie? or Dr. Thompson? it was in consequence of having been such, that the two latter distinguished men, as they advanced in life, were, by common consent, justly pronounced the first practical medical authorities in the Kingdom. It is a mistake to suppose that a general practitioner must, necessarily, perform surgical, obstetrical or pharmaceutical duties. He ought undoubtedly, to be conversant with each, and, *ceteris paribus*, will, be more fit to act as a physician, if he has actually practised the surgical and obstetrical arts; but any member, of the profession, (his qualification for *all* being complete) as he advances in life, is entitled to follow the bent of his own inclination, as to the description of disease he thinks proper to treat. And in reference to the history of medical practitioners, it will be found that the natural tendency of things is to glide into the course referred to.

Now, a parting word to the *Times* and the *Lancet*, *et ad id genus omne*,—whilst, malevolently, essaying to defeat the Government Medical Bill, the demagogues of these factious publications are only labouring in their vocation. Each presides over a press, to the very existence of which, strife and discord are essential elements. On the minds of such men, reason is brought to bear in vain. Sir James Graham will,

doubtless continue to treat them, and their malignant efforts, with scorn and contempt.

Justam et tenacem propositi virum
Non civium ardor prava jubentium,
Non vultus instantis tyranni
Mente quatit solida:—

It is Dugald Stewart, I think, who, in words to the following effect, has said, that the Universities of Oxford and Cambridge may be likened to two noble ships, so safely moored by the strength of their cables, and the weight of their anchors, as scarcely to feel the impulse of the current, in the midst of which they gallantly ride.

The positive determination of those time-hallowed Institutions to retain their antiquated privileges, in connection with medical affairs, is, I conceive, an example of the justness of Mr. Stewart's simile.

With many, who venerate the very atmosphere of the Cam and of the Isis, in which may be said to float knowledge, suitable to every inquiring mind; and where each may imbibe something congenial to its own original conceptions, I regret the determination of the two old English Universities, in reference to the Medical Bill, since, the atmosphere of Oxford and Cambridge is, as yet, but slightly impregnated with elements, essential to the healthy professional condition of the sons of *Æsculapius*.

The arrangements entered into are, however, it appears, the best that *could* be made,—that in regard to the examination of Candidates for medical degrees is a great improvement.

The newspaper press, throughout the Kingdom, with the exception of the *Times* and the *Morning Chronicle*, (the latter has generally taken a moderate view of the subject,) has shewn a marvellous reluctance to discuss this great question.

It only remains for me to repeat that the individuals, to whom in matters connected with the study, and practice of medicine, we are accustomed to look, with feelings of deference and respect, are convinced that the Government Medical Bill, as an enactment, will be one, conducive to the best interests of the public, and of the profession.

The Colleges of Physicians and Surgeons in the different divisions of the Empire are satisfied with its fundamental principles. The

general practitioners in Scotland and Ireland, not fellows of colleges rejoice at the prospect of its becoming the law of the land; and a committee of a very numerous association of English Surgeon-Apothecaries, appointed with full powers, has declared itself satisfied with a Charter of Incorporation, on the terms offered by Sir James Graham.

The respectable part of the medical press, with one accord, has done justice to Sir James Graham's talent as a Medical Legislator; has lauded the temper, moderation and forbearance he has displayed, as a statesman, amidst difficulties and annoyances of a very vexatious description; and has strenuously supported the measures proposed in his Medical Bill.

We may, therefore, confidently anticipate that, sanctioned by the authority of the Imperial Parliament of the British Empire, our Most Gracious Sovereign's Right Hon. Secretary of State for the Home Department will, forthwith, be enabled to enroll the "Bill for Regulating the Profession of Physic and Surgery," as an enactment in the Statute Book of these realms, there to remain, as a lasting monument of his sagacity—and of the wisdom of those who guide the destinies of our Country, in the Forty-fifth year of the Nineteenth Century.

APPENDIX.

Commentary on the Course of Medical Education required by the Statutes of the University of Edinburgh, of Candidates for a Medical Degree, &c.

ALLEGATIONS have been made against the University of Edinburgh, as a School of Medicine, to the effect that her Academic Senate was disposed to fix a low standard of education, and that the Professors were "lax," in their Examinations of Candidates for Medical Degrees.

These allegations have been invested with an importance, to which otherwise they were not entitled, in consequence of an observation made by Mr. WARBURTON, in the House of Commons, on the evening of May 7th; and by the publication of a Letter addressed to the Right Honourable Sir JAMES GRAHAM, by RICHARD QUAIN, F. R. S. Professor of Anatomy, in University College, London. Such imputations are formidable in appearance, from the authority quoted by these Gentlemen as the ground on which they are founded, viz.—the Royal Commission appointed some twenty years ago, to inquire into the condition of the Scotch Universities, "consisting of Scottish Noblemen and Gentlemen, Scottish Physicians occupying a place amongst the foremost of the Profession, and a Professor in a Scotch University." The names of Dr. THOMSON, ABERCROMBIE, and DAVIDSON, are mentioned by Mr. QUAIN, in support of the imputation.

This subject is one on which I am competent to speak with confidence, since the duty of enquiring into the accuracy of a similar charge devolved upon me, nine years since. It is true that at one period, sufficient pains were not taken to secure a *high* degree of literary and scientific knowledge, not necessarily connected with the study of Medicine, and I have recorded my sentiments to that effect, in a publication which was favourably noticed by the public press of the day. But the error was one of the times rather than that of the Senatus and Patrons of the

Edinburgh University has been amended if not entirely corrected. In Mr. QUAIN'S zeal for improvement, why did he not complain of the condition of *Medical Education* at Oxford and Cambridge? where, notwithstanding the most deservedly high reputation of these splendid monuments of our country's literary and scientific character, *Medical Education* is still in a very imperfect state!

With Drs. THOMPSON, ABERCROMBIE, and DAVIDSON, and other Fellows of the Edinburgh Royal College of Physicians, and with the hearty concurrence of the Medical Professors of the University, I was a party to a treaty entered into some years since, in anticipation of that change about to take place in our Medical relations, that will render a proper preliminary education imperative, on all Candidates for Medical Degrees from the University of Edinburgh.

It surely behoved Mr. QUAIN to ascertain the *present* sentiments of "Scottish Physicians occupying a place amongst the foremost of the profession," as well as those of the Medical Professors, at Edinburgh, before bringing forward the names of two of the former, and citing that of a distinguished Physician, now no more, on a point deeply affecting, the interest, and fair fame of the first Medical School in Europe.

Situated, as I am, at the opposite extremity of the Kingdom, I have no means of knowing the opinions of Drs. THOMPSON and DAVIDSON, but it must, I imagine, have astounded these learned gentlemen, to see the use made of their names by the author of the letter, I have taken the liberty to criticise.

As to the Report of the Royal Commission, I have only to say, that it contains statements made on erroneous impressions, concerning the actual proceedings and intentions of the Medical Faculty, as, such of the Noblemen, and Honourable Gentlemen of whom the Commission consisted, as are still alive, will, I doubt not, admit. But farther, I defy any one to prove that either the Members of the Royal Commission, or any "Scottish Physician occupying the foremost place in the profession," ever said that the Professors of the University of Edinburgh, were, in the words of Mr. WARBURTON, "lax" in their examinations, or in those of Mr. QUAIN, that the Royal Commission "pointed out the injurious effects of Professors testing the fitness of their own Pupils to receive Academical Degrees." I have no copy of the Report, within my reach; but according to my recollection, the Commissioners merely ex-

pressed an opinion, to the effect, that, in their judgement, such a mode of examination was not the best that could be devised; but they certainly did not, as might be inferred from Mr. QUAIN'S way of stating the case, accuse the Professors of dereliction of professional, or rather moral duty. The fact is, the question is a difficult one. The Commissioners found it such, and, if my memory deceive me not, acknowledged that they were compelled to leave it, unsettled.

Sir JAMES GRAHAM'S plan of having the Examinations conducted by the Professors, in presence of a competent and disinterested Assessor is the effectual method of obviating the difficulty. Men deeply immersed in the details of practice, whatever may be said to the contrary, are *not* so fit to be Examiners, as Teachers, especially if those Teachers be Physicians of practical experience, which some of the Medical Faculty of the University always have been, and from the very nature of their positions always must be. I may, with propriety, quote the names of CULLEN, MONRO, GREGORY, DUNCAN, and BELL, amongst the departed Physicians and Surgeons; and those of ALISON, CHRISTISON, BALLINGALL, SYME, and SIMPSON, amongst the present distinguished men, who compose the Body referred to, as incontrovertible evidence of the accuracy of my assertion,—men, each and all of them, teachers, and practitioners,—whose names are known and respected, wherever Medicine is practised, or Science is cultivated.

The course of Study insisted on by the Patrons, and Medical Faculty of the University of Edinburgh is excellent, it has been so for many years past; and the examinations are of a very searching kind; the Professors, therefore, have nothing to lose, but much to gain, by the presence of a competent and impartial judge of their proceedings, as examiners.

The following Extract from a Memorial that the Patrons of the University of Edinburgh addressed to LORD JOHN RUSSELL, in 1837, then Secretary of State for the Home Department, substantiates my averment, in regard to the excellence of its Medical Curriculum; whilst it corroborates the statement made in page 20, of this publication as to the comparative value of an Edinburgh and Glasgow Medical Degree. The Curriculum of the London College of Surgeons is also given, that, by the same test, the value of a St. Andrew's Medical Degree may be estimated.

"Your Memorialists and their predecessors have long been impressed with the importance of sustaining the high reputation of the University as a Medical School, by requiring a high standard of education; and with this view, they have from time to time, with the concurrence of the Senatus Academicus, made various additions to the Medical curriculum for the degree of M. D. Within the last twenty years, they have increased the number of imperative classes from seven to fourteen; they have doubled the amount of Hospital attendance, and they have required an additional year's study. They have likewise enforced means of obtaining practical information. In the University of Glasgow, which comes nearer to Edinburgh, both in the value of its degree and in the annual number of its Graduates, than any of the Medical Schools, there are only eight imperative classes, while the attendance required out of the University, in order to acquire a practical knowledge of the Medical profession, is likewise considerably smaller. This will be obvious, from the following comparative view of the curricula of both Universities:

Curriculum for the University Degree of M. D. in Edinburgh.	Curriculum for the University Degree of M. D. in Glasgow.	Curriculum for Diploma of the London Royal College of Surgeons.
1. Anatomy.	1. Anatomy.	1. Anatomy.
2. Chemistry.	2. Chemistry.	2. Practical Anatomy, Demonstrations and Dissections.
3. Institutes of Medicine.	3. Institutes of Medicine.	3. Chemistry.
4. Surgery.	4. Surgery.	4. Practical Chemistry.
5. Practice of Medicine.	5. Practice of Medicine.	5. Surgery, Materia Medica and Pharmacy.
6. Materia Medica.	6. Materia Medica.	7. Practical Pharmacy.
7. Midwifery, and the diseases of Women and Children.	7. Midwifery.	8. Practice of Medicine.
8. Botany.	8. Botany.	9. Midwifery, & Diseases of Women and Children.
9. General Pathology.	9. Attendance at an Infirmary for 12 months.	10. Hospital Attendance, 27 Months.
10. Practical Anatomy.		
11. Clinical Medicine.		
12. Clinical Surgery.		
13. Medical Jurisprudence.		
14. Natural History, including Zoology.		
15. Attendance at an Hospital for 6 months, in addition to, and in a separate year from that which is implied in the attendance on Clinical Medicine. (No. 11.)		
16. Attendance for at least 6 months, as an apprentice or otherwise in compounding Drugs.		
17. Attendance for at least 6 months on the <i>art</i> practice of an Hospital or Dispensary, or that of a Physician, Surgeon, or Member of the London or Dublin Society of Apothecaries.		

"This great difference between the Curricula of the two Universities, has for several years had the effect of inducing a comparatively greater number of Students to take the degree of the Glasgow University in preference to that of Edinburgh, the privileges conferred by both being equal; so that the attendance at Glasgow has increased, while the attendance at Edinburgh has diminished,—which your Memorialists regret to say, has assumed a very serious aspect since November, 1832, as will be seen from the following statement:—

	Number of Students attending the University of Edinburgh.	Number of Graduates in Medicine in the University of Glasgow.
Average of five years, ending with Session commencing in November, 1829,	845	18
Average of five years, ending with Session commencing in November, 1831,	842	35
Year commencing November, 1832,	824	48
Year commencing November, 1833,	718	59
Year commencing November, 1834,	783	78
Year commencing November, 1835,	680	79
Year commencing November, 1836,	623	101

"It appears from the above statement, that since November, 1831, the decrease in attendance at the University of Edinburgh has been from 842 to 623, or 26 per cent., while during the same period the increase in the number of graduates in the University of Glasgow has been from 35 to 101, or nearly 200 per cent.

In the text, page 15, I have endeavoured to do justice to the extraordinary merits of the Edinburgh Royal College of Surgeons, as a Licensing Board. Annexed will be found the Curriculum prescribed by that Body, with some preliminary observations illustrative of the admirable spirit by which it is animated.

"SURGEONS' HALL, EDINBURGH,
1st November, 1844.

"THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH, in revising, from time to time, their regulations respecting the course of study to be followed by Candidates for their Diploma, have been uniformly anxious to extend and improve the education of those who receive that testimonial of qualification, so as more effectually to secure their being competent to perform their professional duties with credit to themselves and advantage to the public."

"It will be obvious to all who consider the extended and complicated nature of Medical Science, that much of the success of the student, in the prosecution of its various branches, must depend upon the previous cultivation of his mental faculties; and that it is consequently of the utmost importance, both as regards the interest of the public, and the future comfort and respectability of the practitioner, that all who apply to the study of Surgery should have previously received a liberal education. The College have enacted some regulations for

securing this object; and they confidently trust that Medical Practitioners in every part of the country will be disposed to second their endeavours, by recommending to the young men who may be placed under their care, or who may apply to them for advice, the study of the *Latin, Greek, French, German, and Italian Languages*; and of *Logic, Mathematics, and Natural Philosophy*; as the best preparative for entering upon a course of medical and surgical education. And they would strongly urge their own Fellows, as well as all other practitioners, not to take any young man as an apprentice until he shall have gone through such a preliminary course.*

COURSE OF STUDY.

1. *Preliminary Instruction*.—Every candidate for the Diploma of the Royal College must, either previously to or during his medical education, have received regular instruction in the *Elements of Mathematics*; and must have subsequently attended a course of *Mechanical Philosophy* of at least three months' duration, and of not fewer than sixty lectures.†

2. *Professional Instruction*.—The Candidate must have been engaged in attending the following *separate and distinct* courses of lectures during a period of three Winter Sessions of six months duration each at least.

	Duration at least
Anatomy, 2 Courses,	Six Months each.
Practical Anatomy,	Twelve Months.
Chemistry, 1 Do.	Six Months.
Practical Chemistry, 1 Do.	} Three Months.
The number of Pupils in each Class being limited to 25,	
Materia Medica and Pharmacy, .. 1 Ditto.	Six Months.
Practical Pharmacy,* 1 Ditto.	Six Months.
Institutions of Medicine or Physiology, 1 Ditto.	Six Months.
Practice of Medicine 1 Ditto.	Six Months.
Clinical Medicine,‡ 1 Ditto.	} Three Months each;
or 2 Courses.	

* This is required of every Candidate who does not produce a Certificate of having been, for the space of at least two years, the *private Pupil or Apprentice* of a regularly licensed Medical Practitioner, keeping a Laboratory for the dispensing of Medicines. It must be attended at the Laboratory of a Surgeon or Apothecary; or of a Chemist and Druggist recognized by the College on special application; or of a Public Hospital or Dispensary; and the Candidate must produce evidence that he has been engaged in compounding and dispensing Medicines.

‡ Clinical Medicine and Clinical Surgery must not be attended at the same time.

Principles and Practice of Surgery, ..	2 Courses,	Six Months each.
Or { Principles and Practice of Surgery, ..	1 Course,	} Six Months each.
	and Military Surgery,†	
Clinical Surgery,‡	1 Course,	} Six Months.
	or 2 Courses,	
		during the period of his attendance at the Hospital where they are delivered.
Midwifery and Diseases of Women and Children,	1 Course,	Three Months.
Medical Jurisprudence,	1 Do.	Three Months.

The Candidate must also have attended, for twenty-one months, a Public General Hospital, containing at least eighty beds.‡

Whilst these pages were passing through the press, I have learned that the Medical Faculties of the University, and King's College, London, have, jointly, presented a Petition to the House of Commons, in reference to the Physic and Surgery Bill, which displays feelings towards the University of Edinburgh, and towards the Royal Colleges of Physicians and Surgeons of that City, very inconsistent with the idea I had formed of the liberality of the Professors of these London establishments. No rational, intelligent man can misunderstand the motives which have prompted the said Petition.

It may, according to the Professors of the London Colleges, be confidently said, that in London, there are materials for constructing ten or twelve such Bodies as the Colleges of Physicians, and Surgeons of Edinburgh. And in every town of England of the same size, in which the population is equal, Colleges might be formed, as well entitled to public confidence, as those of Edinburgh.

The utter absurdity, to say the least of it, of such an assertion, it were a work of supererogation indeed to demonstrate, and I shall only add, that, estimating the value of Colleges by the services they render to the community, and to science, it may fairly be doubted, if in London itself, materials exist, or at least if they could be amalgamated, to construct more than two such Bodies as those in Edinburgh, which the

† The course of Military Surgery must be delivered by a Professor of that branch in a University; or by a Lecturer who, in addition to the other requisite qualifications, has served in the Medical Department of the Army or Navy; and the course must be of at least six months' duration, and comprehend not fewer than sixty lectures.

‡ By this mode of expression the College mean it to be understood that the average number of patients under treatment in such Hospital shall not be less than eighty.

Medical Faculties of King's, and University College, have though proper to disparage.

The truth is, and upon this occasion it is necessary to state it plainly, the ungenerous attack, for it is such, is merely a repetition of one made by certain Members of the Court of Examiners of the London Apothecaries' Company, when it was struggling to establish for itself a name, and a *Status*, in the Medical Commonwealth.

An abridgement of the exposition which refuted the calumnies of those who guided the Counsels of the Apothecaries' Company at the period referred to, is quite sufficient to defeat the joint efforts of the Medical Faculties of the London Colleges, who, at this crisis, evidently desire to aggrandize themselves, at the expence of a Medical School, which, I hesitate not to pronounce amongst the first, if not the very first, in Europe.

"It has been said that Edinburgh has not the means of giving practical instruction, and it is stated that 1000 pupils attend an hospital containing only 250 beds. All the medical students here do not attend the Infirmary during the whole course of their studies. Not more, perhaps, than 350 are attending at the same time, and, besides the Royal Infirmary, containing 380 beds, there are two chartered Dispensaries, affording relief to thousands of patients, in addition to twelve others, less extensive in their operations, one Lying-in-Institution, and four Dispensaries for parturient women. All these are within the reach of the student, and may be attended, on payment of a very moderate fee.

"It is not the extent of the hospital alone, or the number of beds and patients which it contains, that constitutes a good or efficient institution for affording to students the means of instruction in medicine and surgery; neither is it the number of hospitals and dispensaries which any city presents, that renders that city an efficient and useful School of Medicine. It is entirely, we contend, the manner in which the hospital is managed, and the manner in which its medical officers perform the duties of visiting, reporting the cases, and keeping, or seeing kept, the records of the cases, and lastly, conducting the dissections, and applying them to the purposes of clinical instruction, that renders the hospital good, bad, or indifferent, as places of professional education.

"Now, in this point of view, we maintain, without fear of contradiction by the candid, or the dread of refutation by the well-informed, that the

Edinburgh school of medicine affords, and has afforded, means of practical instruction certainly not equalled by any school in these islands, and we even doubt whether by any on the continent. To what, we beg to ask, has the Edinburgh University owed the high position which she has held, and unrivalled celebrity which she enjoys, as a medical school, ever since her foundation? The question is easily answered by those who know her history; but to all others it is incomprehensible. It is simply this. At the time at which the University of Edinburgh came forward to instruct the intending members of the profession in the elements of medical and surgical knowledge, her teachers did not content themselves with giving systematic instructions on the synthetic plan only.

"It is needless to say that the Professors of the Edinburgh University had their reward. They did not proclaim themselves as the only persons capable of legislating on medical education. They did not come forward to depreciate any attempts made by others to propagate correct views of medicine and surgery, or to facilitate the instruction of the young in the knowledge of these useful and honourable arts. They did not attempt, by misrepresentation where they knew, and arrogance and bold assertion, where they were ignorant, to mislead the public and the Legislature upon their own services, or those of others, in the improvement of medical education, and the elevation of the profession as a liberal and scientific body. They proceeded in a quiet, unobtrusive, but persevering manner, in the business of teaching medicine and surgery on the twofold plan of the synthetic and analytic method, by systematic lectures, and by clinical instruction; and in no long time the merits of the method were so fully recognized, that it was imitated and adopted in almost every celebrated medical school in Europe, with the sole and discreditable exception of that city, which the Society of Apothecaries hold up as affording infinitely better means of acquiring practical information than Edinburgh.*

"At the present moment a larger proportion of cases in the Royal Infirmary is made available to the purpose of clinical instruction, conducted regularly and systematically by daily visits, daily reports, epieritical lectures, and demonstrations in morbid anatomy, than in any other

* And the Medical Faculties of University and King's College, now, reiterate the claim! *Lycros.*

hospital in Great Britain of which we are aware. To the purpose of instruction in clinical medicine, eight wards, containing 162 patients, are devoted.

"But it is not in clinical medicine alone that the University of Edinburgh has shown herself foremost, and most anxious to provide ample means of instruction. The medical school of that seminary was not only the first, but, for a long time, the only one in which the principles and practice of surgery were taught by clinical lectures. Lectures on the cases treated and the operations performed, in the surgical wards, were first delivered in the Royal Infirmary by MR. JAMES RUSSELL; and for above thirty years did this indefatigable surgeon continue to deliver two courses of lectures annually, for the benefit of the students attending the surgical wards. In this duty, he began to receive the assistance of the ordinary surgeons, viz. of MR. ALLAN in 1824, and of SIR GEORGE BALLINGALL in 1826—a measure so much the more necessary, that MR. RUSSELL lectured on cases under the management of the other surgeons, and consequently might have felt himself constrained to speak less freely of the practice pursued than he would have done, had the cases been under his own management. Even this system, however, had its advantages. But as these seemed to be counterbalanced by its disadvantages, upon the appointment of MR. SYME, as Professor of Clinical Surgery in 1833, a new method was adopted, in the allotment of separate wards for the cases under the management of that gentleman, and which are made the subject of clinical observation for the graduates, or such of the surgical students as chuse. At the same time the ordinary surgeons were authorized to continue the system of teaching surgery by clinical instruction, for the benefit of the pupils of the College of Surgeons. At the present time, of 103 cases under surgical treatment, from 75 to 80 are selected for the purposes of clinical instruction.

"Can any similar example of energy, zeal, and devotion to the cause of medical education be adduced, either in any of the eight hospitals of London, or in any other hospital in Europe? We believe, that of the circumstances of most of these hospitals we are more or less informed; yet we can mention none which can in this respect be compared with the Royal Infirmary of Edinburgh.

"We could easily, by giving a similar account of the principal Dis-

pensaries in Edinburgh, adduce facts equally conclusive as to the advantages afforded by the Edinburgh Institutions, for improving pupils in the practical knowledge of their profession. On this, however, our limits will not permit us to enter, nor is it necessary.

"There is however another way, by which the reader might be shown the qualifications of practitioners sent to England, from the Edinburgh Medical Schools,—namely, the celebrity acquired by such in the scientific world, and in the field of practice.

"It is well known, that practitioners who studied at Edinburgh, are held in the highest estimation over the whole world, in every rank of the profession. If we look to past times, there never has been a physician of eminence in London, but there has been at the same time one of at least equal eminence in Edinburgh. Now that Baillie has disappeared, the comparison still holds good. In pure surgery we are at length treading close on the heels of our metropolitan brethren.* In general or family practitioners we are still far a-head of them, if we abstract that numerous and important class in England, whose education and spirit constitute them properly a part of ourselves. In all the departments of the public service, the pupils of our schools are foremost in place and in renown."

And as mentioned at page 12 of this publication, the most distinguished London Physicians of the present day, studied at Edinburgh, and, no doubt, *there*, acquired much of that professional knowledge, which enables them to perform their important duties, with so much advantage to the community, and honour to themselves.

* The above was written many years ago. It is not meant as any reflection on the London Surgeons, but the reverse, when I say that, since the period referred to, Edinburgh has equalled, if not excelled London, in pure surgery; and, strange to say, University and King's College are indebted to Edinburgh for three of their present surgical professors! As well known, LISTON, a man of the most consummate skill as a consulting, and dexterity as an operating, surgeon, was bred in Edinburgh, and practised there; until, to enhance its reputation as a surgical school, those interested in the prosperity of the London University College offered him a professorship, in that Seminary, in 1834. They have since placed a second Edinburgh surgeon, in another of its chairs; and King's College, a few years ago, standing in want of a professor to teach the principles and practice of surgery, deemed it expedient to send to Edinburgh for the present possessor of that chair! Moreover, Dr. Tweedie, one of the Faculty of the London University—an examiner of candidates for medical degrees, is an Edinburgh trained man, and a fellow of its College of Surgeons! With a knowledge of these facts, I leave it to those concerned to form an opinion of the propriety of the petition presented to the House of Commons, by University and King's Colleges, London.

The design of the Petition presented to the House of Commons by University and King's College, so far as I have deprecated it, is inconsistent with all sound medical legislation,—the object of which should be, not the aggrandizement of the profession, much less that of any particular School or City,—but the welfare of the public, insisted on by all right-minded Physicians, and patriotic Statesmen.

In conclusion, I beg to quote the following extract, from an introductory lecture, delivered by a late acute physician, at the opening of the Argyle Square Medical School, Edinburgh, in 1836, which contains a much more accurate report of the Medical capabilities of the Northern Metropolis, (which has not inaptly been styled the Modern Athens,) than that made to the House of Commons, by the Medical Faculties of University and King's Colleges.

"Edinburgh has been long and justly celebrated as a seat of learning, but more especially as a Medical School; and while other cities boast of their rich manufactories, Edinburgh proudly claims the credit of being a great manufactory for improving the mind. It affords a remarkable example, rare in these times, of a large city continuing in a state of prosperity, without the aid of ordinary manufactures or commerce.

"As a School of Medicine, Edinburgh need not fear a comparison with other cities; none can boast of a situation so healthy,—of surrounding country of equal beauty, or so rich in botanical or geological productions,—of libraries of equal extent, or museums stored with such an abundant variety of preparations, open at all times to students,—of so large a portion of society devoted to literary or scientific pursuits,—of a more zealous body of teachers, or of courses of lectures of equal extent or duration.

"It may perhaps be said that London excels Edinburgh in the number of its schools and teachers, although it may fall short of it in other respects; but we must look upon London, not as possessing one great School,* every part of which is at once accessible to the student, but as consisting of numerous, and for the most part small schools, so separated from each other, that in as far as regards the student, they might as well be placed at the opposite extremities of the Empire; hence there does not exist among the teachers in London that great degree of wholesome stimulus arising from direct competition which here prevails, and which is productive of such important benefits both to the teacher and the student; neither has the student the same choice of teachers in every department of the profession.

* As that of the University, and the extra-academical School at Edinburgh may be said to be.

The pressure of other business having occasioned delay in bringing forward the Medical Bill, in the House of Commons, I am enabled to add a few remarks on the present state of the case, founded on personal observation made in London, on the 9th and 10th of June. It appears to me that some Hon. Members are too much disposed to be guided by the wishes of their Constituents, in this great national question. I would respectfully remind such Senators, that the *merits* of the question are a better guide than the *wishes* of Constituents, who have acted on the advice given by the *Times*, as to "inoculating such Members as fell in their way with a '*virus*,' to prevent Sir James Graham's Bill from ever becoming law." "*Salus populi lex est suprema*," as insisted on fully, in the foregoing pages.

Mr. Wakley is continuing to labour in *his* calling, and is supported by a party, which, in point of moral and professional influence, is as dust in the balance, when weighed against those to which it is opposed.

The great bulk of the Association of General Practitioners, so far as I can perceive, continue to act a part characterized by prudence and moderation. The Committee seems sensitively alive to the interests of the Association. Too much so, I humbly conceive, in some points, inasmuch as its members appear, occasionally, to lose sight of the primary principle of all legislation, to secure a "*locus standi*," for the Association. Under the management of the former, the interests of the General Practitioners of England will, I conceive, be infinitely more safe than under that of the radical Mr. Wakley, and *his clique*.

Of the various objections made to certain clauses of Sir James Graham's Medical Bill, I only deem it necessary to notice three—

First, clause 16, by which it is proposed "to allow General Practitioners who shall have attained the age of forty years, and who shall have practised medicine for at least twelve years," to be candidates for the highest honours in medicine, without further education than that received to qualify them as General Practitioners. The clause referred to is defended on the ground, (to use the words of a London Surgeon Apothecary of high respectability,) that "*time and bed-side practice are equivalents for the training to which the pure physician is to be subjected*"—that, in fact, in the way referred to, "the General Practitioner gives a *quid pro quo*,"—in other words, that professional experience and age are "equivalents" for scholastic education.

The objection just noticed is, I conceive, a valid one. The mere physician is a character required to support the dignity, and literary reputation of the profession, and to improve its science. Sound and enlightened policy, therefore, requires that his education should be far above that of the General Practitioner, even when that is fixed at a high standard.

The second objection, to which I referred, is in regard to the preliminary examination proposed to be insisted on in *England*, clause 17th of the Bill. I think that objection not one, entitled to much consideration. There is no occasion for a preliminary examination in *Scotland*, as might easily be shewn. But, if the Legislature deem it expedient to put the three divisions of the empire on the same footing, in regard to the matter referred to, the Scotch and Irish Colleges will, I believe, readily agree to such an arrangement.

The third objection I alluded to is *that* made by the chemists and druggists, in a petition to the House of Commons, viz. that, by clause 36 of the Bill, they will be prevented from prescribing, as Apothecaries. Although no advocate for granting monopolising privileges to any branch of the profession, I would be sorry to see that restriction removed, since, in reality, it is one calculated to benefit the poor. No respectable druggist ventures to treat a serious medical case, but mischief, unquestionably, often results from that being done by unscrupulous medicine venders. As a check on such, the provision adverted to, should, I conceive, remain.

The Editor of the *Medical Times* concludes his leading article in last Saturday's number in these words:—

"Let the General Practitioners support his (Sir James Graham's) amendments and he will make small work of Wakley. As well set a brawny pugilist against the accomplished master of the rapier. But will the General Practitioners stand by the Minister? Will they reward the industry—the amenity—the good disposition—the readiness to concede—which, taken altogether, he has largely shown in their service? This is the problem yet to be solved. Our opinion is, that the General Practitioners, feeling that he has come into their terms quite as far as we may reasonably expect that, in *one* law any *successful* legislator can, will rally round him, and—a few details apart—triumphantly carry the Bill."

I repeat my solemn conviction, that for the interest of the public and the rational part of the profession, Sir James Graham ought to do so, whether the General Practitioners rally round him or not. That

a vast majority are disposed to rally round the Minister, however, will, I trust be evident, forthwith.

The idea seems to be gaining ground—and it is encouraged by the enemies of the Bill—that Sir James Graham will "throw up" the cause of Medical Reform in disgust. The Right Honourable Baronet has, doubtless, had too much reason to be shocked with much he has seen, and been compelled to endure from the selfishness, and narrow-minded propensities of members of the medical profession, individually, and corporately, with whom, as a medical reformer, he has had occasion to hold intercourse. But all the most rational and intelligent members of the profession are fully sensible of the obligations they owe to his indefatigable efforts, to improve their condition; and sure am I, that I express their sentiments, when I implore Sir James Graham, not to abandon his position as a leading Medical Legislator. The public and the profession are interested, most deeply in *his* continuing to watch over their concerns.

The great imperfections of our medical polity have been so clearly exposed, that an attempt to improve it must be made. No one in existence is so competent to achieve that *desideratum*, as the Statesman who has devoted much time and attention to the subject. Sir James Graham may with peculiar propriety exclaim to his opponents, in the words of Diogenes Laertius, as translated by Dr. Johnson,

"Begone, ye blockheads, *Heracitus* cries,
And leave my labours to the learn'd and wise."

recd 24/1/48

MEDICAL REFORM.

AN ADDRESS

READ TO

THE HARVEIAN SOCIETY,

AT

THE OPENING OF ITS SEVENTEENTH SESSION,

OCTOBER 2, 1847.

BY

THOMAS HODGKIN, M.D., &c.

ONE OF ITS ANNUAL PRESIDENTS.

LONDON:

PUBLISHED FOR THE HARVEIAN SOCIETY,

BY JOHN CHURCHILL,

PRINCE'S STREET, SOHO.

1847.

ERRATA.

- Page 25, Foot Note, fifth line, for *consequenty*, read *consequently*.
- 27, dele inverted commas from *first* and *twelve* succeeding paragraphs.
- 30, line 5, for *Saturday last*, read *Saturday, November 2, 1844*.
- 41, line 17, for *inbibe*, read *imbibe*.
- 41, line 23, for *arrangement*, read *arrangements*.
- 43, line 2, for *acadmeical*, read *academical*.
- 43, line 25, for *error was*, read *error, one*.
- 50, line 1, for *though*, read *thought*.
- 54, line 5, for *insisted*, read *as insisted*.

MEDICAL REFORM.

It has been a custom in the HARVEIAN SOCIETY, that one of the individuals who through the kindness of his fellow-members has been appointed one of its annual Presidents should, when closing his period of office by taking the Chair at the first Meeting of a new Session, offer a short Address on the advantages which recommend a Society like this, to the favour and active support of the members of our profession. As it now devolves upon me to present you with such an Address, it would ill become my feelings on the occasion, were I to shrink from a task which, to use the words of the late Dr. Thomas Young,—“*postulat et officium meum, et propensa voluntas.*”

The utility and gratification afforded by Meetings like ours are so conspicuous and perceptible, and have so often been made the theme of commendation, that it is not very easy to advance any thing which has not been said and re-said already, or which has not so strongly presented itself to the mind that, when verbally expressed, it has no novelty to recommend it.

Our Meetings afford the opportunity of bringing forward recent and interesting cases. If such cases are of a sporadic and rare character, they are not only placed on record, but their peculiarities become the subject of discussion; analogous cases are related and compared with them; and, if the treatment is uncertain or difficult, the patient, unconsciously to himself, has the advantage of a union of judgment and experience in deliberation upon it. This sort of consultation is of greater interest and importance when the cases brought forward are of a more epidemic character, and indicate the operation of some prevailing cause of disease, or of some wide-spread influence which has given a general susceptibility to disease from ordinary causes. As such epidemics often possess peculiar characters which greatly affect the applicability of depletion, and of the several modes of its employments, or which may either demand or forbid the use of stimulants, it is self-evident that our Meetings, which furnish the opportunity of comparing the results of practice, must be productive of public good, by the

assistance which they afford us in ascertaining and making known such peculiarities.

For the reasons already assigned I should inevitably become tedious, were I to dwell on the exposition of such palpable benefits. I will therefore proceed to a subject of a different character, in reference to which our Meetings may be regarded as having a direct influence upon ourselves, as members of a distinct body or class in society. By the nature of our studies as regards the science of our profession, and by the character of our pursuits as respects the exercise of it as a business of life, we are obviously distinguished from the members of other professions, and from those who exercise other arts. If we have peculiar pleasures derived from the nature of our occupations, we have also peculiar cares, difficulties, and sources of annoyance; and have special need for the maintenance of cordiality and charity amongst ourselves, as professional brethren. Meetings like these, conducted with the harmony which has ever existed among the members of the Harveian Society since I have had the privilege of joining it, tend materially to maintain and promote these amiable feelings, within the limited circle which they include.

But there are occasions on which the members of our profession are called to take a much wider range of view, and to contemplate those objects which interest us as a body, and affect individual members in their relations with each other, or with the community at large. At the very first glance which we take in a view of this kind, we may perceive something like a flaw in the beauty which we should desire to find in it; and the professional unity which we have assumed seems already to be dissolved. There is a stone, sometimes found by those who walk on the shores beneath our chalky cliffs, which presents a perfectly spherical figure. If curiosity tempt the finder to dash it on the ground to see the interior, it splits into fragments having more or less of a regular figure, depending on its radiated structure. This stone, which the vulgar call a thunder-bolt, but which we know to be only one of the various forms of sulphuret of iron, may, if the fragments be carefully collected and put together, resume its original spherical and perfect figure. Thus, the divisions in the medical profession have, as it were, split it into fragments, which in a Society like ours are collected and combined, so

that the whole resumes its natural rotundity and smoothness. Thus brought together, and thus devoid of asperity, let us lay aside metaphor, and reflect a little on the artificial divisions which have been made between us.

We may first notice those primary segments, which the principle of the division of labour has naturally tended to produce, in the multifarious operations of our comprehensive profession. Thus are formed the classes devoted to medicine, to surgery, to obstetric practice, and to that which can scarcely be called a distinct segment, since it seems rather to form a perfect sphere of itself, and comprehends the large and influential body of the General Practitioners. These segments are further subdivided. The Surgeons, for example, may be members of the London College, of the Edinburgh College, or of the Dublin College; or, whilst exercising the office of Surgeon, they may have no other diploma than that of the Apothecaries' Company. Custom and predilection have concurred to bring the majority of the English Surgeons into the subsegment of the London College; but the attraction of cohesion which holds them together has of late been somewhat disturbed, so that certain cracks seem to indicate the existence of further subdivisions. Some are Fellows according to the old mode of creation, some by the good-will and invitation of the Council, some by passing a second examination which they have voluntarily sought, and some by a more comprehensive extension of the privilege granted by the Council. As respects the public in general, and perhaps even a large proportion of the profession also, these distinctions are very little thought of, and very little understood. The wounds of the public are dressed, their fractures are set, their dislocations are reduced, with little if any reference to them. Yet the pages of our professional periodicals have of late years abundantly attested, that these distinctions produce unpleasant feelings in the minds of the individuals who bear them, and that they have rendered the policy of the Council of the College of Surgeons extensively unpopular.

If we turn from the Surgeons to those who are exclusively engaged in the practice of Medicine, we see that they also are a class split by several divisions. There are the old Fellows, who took their station in right of a certain period of connexion

with the Universities of Oxford and Cambridge, and the possession of a recognised acquaintance with the original writings of Hippocrates and Aretæus. With these Fellows *de jure* were associated a few, admitted by special favour, and as the mark of some individual merit or pretension. The large majority practising as Physicians in this country, provided they were not too near the dusky atmosphere of the metropolis, as well as those who were settled in the Colonies, were content with having studied their profession in some of the distinguished medical schools attached to other Universities, and with receiving the Doctor's degree granted by them to such as conformed to their regulations, and stood the test of their examinations. Those, however, who wished to practise within the metropolitan district, after applying to the Oxonian and Cantabrigian Fellows of the College of Physicians, and affording them the proofs that they were as competent to cope with obscurity, and knew as much of the *ars conjecturalis* as themselves, were distinguished by the subordinate denomination of *Permissi*, or Licentiates, and allowed to compete for the individual favours of the Londoners, and also for some of the public appointments. Such distinctions very naturally produced heart-burnings, similar to those which I have mentioned as having of late existed among the Surgeons.

It is not my object to give a narrative of these feuds, the more remarkable of which took place before our time, and, as matter of history, are much more amusing than instructive. I have never understood that they produced any important accessions to our scientific knowledge; although I have heard that the learned Fellows assembled in Warwick Lane once proved the sedative effects of cold water, by copious affusions from a fire-engine on the persons of the too-ardently petitioning Licentiates, and thus anticipated the discoveries and triumphs of our modern hydropathists. The remonstrances of the Licentiates, pressed in a quiet, but steady and persevering manner, together with the growing influence of liberal opinions on public affairs in general, contributed however to the introduction of reforms in this direction within the penetralia of the College of Physicians; which reforms were, I believe, proposed and successfully advocated by Dr. Kidd, Dr. Billing, Dr. Elliotson, Dr. Clendinning, and some other

Fellows, distinguished alike by the extent of their acquirements, and the liberality of their views. A considerable number of those who were neither Graduates of Oxford, nor of Cambridge, nor of Trinity College, Dublin, were admitted to the full title of Fellows; and a still more important step was taken in effecting a change in the laws of the College, by which the distinctions of Licentiates, Inceptor-Candidates, and Candidates, were abolished, so that all the Fellows are now selected from one comprehensive class of Licentiates; and the impartial and well-selected creations of Fellows which have since taken place evince that the change has been, not merely apparent, but real.

We must not, however, regard the College as entitled to unqualified praise; since the change just noticed has been followed by another, which cannot be viewed with indifference or complacency by the older class of Licentiates. The College, which is not a University, which has no power to confer degrees, and which, by its laws and long established custom, required that those who presented themselves for examination in order to obtain the licence should, amongst other qualifications, be furnished with the degree of Doctor of Medicine, legitimately obtained in a recognised University, has departed from this practice, and admitted to the Licentiate, and, by courtesy, to the distinction of Doctor, those who have no academic degree, and whose education may have been received at one of the merely medical schools. Far be it from me to insinuate that, in the exercise of this innovation, the licence of the College has been granted to any unworthy person. The grievance is, that an injurious principle is adopted. Those who thus receive the licence may be qualified to receive the Doctor's degree with the greatest *éclat*; but the examination of the College is not a test of this. Such creation of Licentiates is not merely to some extent an act of injustice to those who received the licence prior to this innovation, but is not fair to the regularly-constituted Universities, and, perhaps, is not strictly honest to the public. That the Fellows of the College would not be insensible to such an innovation, were it to affect themselves, may be inferred from their late Memorial to the Government.

I have now to offer a few remarks on another very large and important segment, in which we have much to admire, and

from which we have much to learn; although I would submit that there are some points in its practices and views which might be advantageously altered. It will be at once understood that I allude to that body which constitutes the great majority of the medical men of this country, and who are engaged in every department of their profession. The Apothecaries' Company may be considered as the common bond of union by which they are legally connected together; seeing that it grants the only licence which every one of them, who has not been so many years in practice as to be almost obsolete, is bound by law to possess. A large proportion of General Practitioners have voluntarily, or by the operation of some local or partial regulations, become Members of the College of Surgeons also; and it is as members of that College that they have been subjected to the injuries and indignities to which I have already alluded, and which I really believe the Council of the College inflicted hastily or inadvertently. Whilst a large number of General Practitioners have thus been made to suffer from their connexion with the College of Surgeons, a connexion which on their part has been voluntary and honourable, they have had nothing to complain of from the heads of the other body which has been mentioned, that is to say, from the Fellows of the College of Physicians. But it remains to be seen what effect will ultimately be produced on the body of General Practitioners, in consequence of many of their number voluntarily seeking the distinction of Licentiates of the College of Physicians, which, with no little injustice to the original Licentiates, has been offered to them by that College.

Although I have noticed the influence of the two Colleges on the great body of General Practitioners, I have said nothing of the official head to which that body is legally united. The Apothecaries' Company, recognised by law, and empowered to grant the only diploma which it is compulsory on the General Practitioner to possess, has done much to entitle itself to the thanks both of the profession, and of the public at large. If I am not mistaken, it was the first mover in that great elevation of the standard of medical education, which has benefitted the most remote and obscure parts of the country, and stimulated all ranks of the profession. Not content

with making the first move, it has, I believe, performed its full part in the progressive advance. Its improved examinations have not only exacted a more general and competent knowledge of those sciences with which it is essential that medical men should be acquainted, but it has produced a greater attention to preliminary education, which exerts so important an influence on our position in society, both as citizens, and as gentlemen. I do not mean to assert that the regulations of the Apothecaries' Company have done all that was required to be done; but I wish to recognise the merit of the Company, in having made an early and important movement in the right direction.

I am fearful of trespassing longer on your attention than is consistent with the object and custom of an Address like this; and yet I am solicitous, with your permission, to avail myself of so favourable an opportunity of laying before my fellow-members of the Harveian Society a few suggestions, in relation to changes which may ere long be effected, seeing that the present is a somewhat critical time, as regards the state of the medical profession in this country. Before I can proceed to the explanation of these suggestions, it seems necessary, however, that I should make some additional remarks respecting the Apothecaries' Company, as the authorised corporation of the majority of those who exercise the medical profession in England. Its origin, in connexion with an art and mystery rather than with a science and profession, and its actual, though limited operations as a trading company, may probably have contributed to prevent its becoming the ultimate object of ambition to the majority of Students and Practitioners. Conventionally, at least, its diploma does not indicate that high standing, either in Surgery or in Medicine, which is often attained by those who practice under its sanction. Hence the frequent voluntary addition of some other diploma. While such has been the estimate of the Apothecaries' diploma, a very important circumstance in relation to it appears to me to have generally escaped attention. The diploma of the Apothecaries' Company is virtually a licence to practice medicine; it also empowers its possessor to prepare and dispense the remedies which are employed; but I do not conceive that it compels him to do so in every, or even in any case. He

may write his prescription, and delegate the preparation to another, of whose qualifications he is supposed to be a judge. The legalized value of the Apothecaries' diploma has, therefore, partially abolished the Charter of the College of Physicians, and rendered its fellowship, or licence, rather a conventional step to a particular line of practice, than a matter of legal necessity. I advert to this fact without any hostile feeling to the College of Physicians, and merely to show that, should any future changes be thought necessary, a very important precedent has already been established.

So many draughts of medical reform have been sketched by the Government of the country, by various associations of medical men, and by individuals who have devoted attention to the subject, that it would be impossible for me to give even a mere outline of them on the present occasion. It is my own decided opinion, that the less we individually feel of legal exactions and restrictions, whether devised by the Government, or suggested by ourselves, the more will our comfort in the exercise of our profession be promoted. I do not mean by this to abolish that useful division of labour which custom has sanctioned; but merely that, the general possession of a sound and practical professional education being by law required from medical men of all ranks, the course thereafter to be pursued by each should be left, as much as possible, to his own choice. Hitherto we have had reason to rejoice that the efforts of the National Institute of General Practitioners, and of some other bodies, have succeeded in preventing the passing of laws for the regulation of the medical profession, by which it would have been rather injured than benefitted. But, whilst recognising the great value of these Associations as protective powers, I confess that I am not without serious apprehensions of the result, when any of them undertakes to propose new laws for our government, lest some unforeseen evil should attend their operation, and lest the individual liberty which we now virtually enjoy should be trampled upon.

The great body of General Practitioners, acting through the Council of the National Institute, has two principal objects in view: first, protection against indignities to which it is exposed from other professional bodies, or from the public;

as likewise, against the encroachments of irregular practice on the part of druggists and empirics;—and, secondly, the elevation of the general character of the body, and the establishment of a principle of self-government; for which purposes the General Practitioners desire to take into their own hands the education, the examination, and the licensing of the future members of their body; and to place their government, legislative and administrative, on a representative and elective principle.

Whilst I cordially wish them success, as respects the promotion of science, and the increase of harmonious co-operation among the members of the medical profession of all classes, I entertain very serious doubts respecting the means by which these ends are sought to be attained. Will the circumstance of membership in the new body of General Practitioners have any effect, in preventing the unequal distribution of honours and favours on the part of the College of Surgeons? Those who possess these distinctions will naturally magnify their importance, whilst the equal value and credit of the General Practitioner's diploma will be similarly applauded by those who have obtained it. The desire of connexion with the College of Surgeons, and the advantages accruing from it, will cease to exist for a large proportion of the profession; yet conformity to established usage, or the bye-laws of Institutions to which they wish to become attached, may still compel many to seek it. The danger of schism will therefore be rather increased than diminished, since the new body will be more obviously a rival to the College than the old Company of Apothecaries has been. I do not think that there is at present any danger of a collision with the College of Physicians, owing to the fact, which I by no means intend to state offensively, that the functions of that body have virtually become a sinecure; being, with the exception of acts affecting the Fellows themselves, almost confined to the exaction of fees. Were it however to become more active, by doing which I am far from thinking that it would increase either the prosperity or the comforts connected with it, it is very probable that it might come into collision with a body such as the General Practitioners propose to constitute.

With respect to protection against quacks and irregular practitioners, I do not see how any new body can effect more

than the Apothecaries' Company, and the College of Physicians are by law qualified to undertake. The difficulty of performance arises not so much from any defect in the law, as from the predilection for quackery which pervades a large portion of the public of all classes. Hence, though the unintentional homicide in a case of extreme mal-practice may be vindictively prosecuted and punished, there is no such sympathy with the medical profession, as would render their protection against the numerous instances of quackery at all popular. The effectual suppression of quackery must, therefore, be brought about by the public mind being enlightened on the subject; and, when this is accomplished, the patient will be as unwilling to trust his life in the hands of an ignorant practitioner, as the sportsman would be to discharge an untried gun-barrel.

The proposal to establish a distinct Medical School, and a distinct system of examination for General Practitioners, appears to be of very questionable utility. The several branches of education are so essentially the same for all classes of the profession, that there does not seem to be any perceptible advantage in such a plan, to counterbalance the probable inconvenience which might arise from there being separate Schools of Anatomy, Physiology, and Chemistry, for the General Practitioner, the Surgeon, and the Physician; and the institution of a distinct Examining Board would confirm the evil, by carrying the peculiarities of Teachers into the class-books and preparations for examination.

There is still another difficulty which presents itself. In order to supply all classes of the public with the means of medical assistance, it is absolutely necessary that some persons, whose resources preclude them from the most expensive and protracted course of education, should devote themselves to the practice of our profession. These persons will necessarily belong to the class of General Practitioners; and the instruction and examination reasonably adapted to their standard must be at variance with that elevation which the Institute is so laudably seeking to promote. If there is to be a common course of instruction and examination, the more ambitious or affluent will go elsewhere for acquirements and distinctions; unless the General Practitioners themselves institute within their College a progressive scale of examinations,

with corresponding distinctive titles; but in either case the desired unity and equality will be lost.

Again, it is no uncommon thing for the General Practitioner, whose assiduity and acquirements have obtained their well-merited rewards in public estimation and an easy independence, to desire to limit his practice to consultation, or to the attendance of select cases. Nothing can be more reasonable than such a wish considered in itself; but it is commonly associated with the desire of obtaining the title of Doctor of Medicine, or some equivalent in connexion with surgery. The degree of Doctor of Medicine is essentially an academic distinction, denoting a protracted course of advanced study; and, although there are many instances in which the degree is not granted on such grounds, the exceptions are to be regarded as cases of forgery, or debased standard, which should not invalidate the principle. That devotion to active practice, which confers invaluable experience and tact, is so different from extended and long-continued academic study, that practitioners who have been solely engaged in it are, as is well known, generally unfitted for the arena of academic competition. To grant the academic title, which implies postponed emolument for the sake of protracted study and increased acquirements, to which study and leisure are essential, on those whom inclination or necessity has induced to choose more early emoluments, and the cares and engagements of practice, is a misnomer, as well as an injustice. I would appeal to the most fortunate and skilful General Practitioner in existence, if he happen to be a father, and have given his son the most liberal professional education which time and affluence could confer, in order that he might obtain his Doctor's degree, whether he would desire, or even consent, to receive the same degree himself, if he could not also stand the test of the like examination, even though he might greatly surpass the young graduate at the bed-side of a patient. The conferring of the academic title on those who have not undergone the examinations for its attainment, should therefore form extremely rare exceptions, and be limited to such individuals as, by their researches or study, have rendered important services to the science or literature of their profession; and in such cases the title would be neither an injustice, nor a misnomer.

The only remaining object of the National Institute which I think it desirable at present to discuss, is the establishment of an elective representative body for the government of the class of General Practitioners. In the high value which I attach to individual liberty, I do not yield to any one; but I am very apprehensive that, in a profession like ours, the most perfect theoretical democracy would practically become a very mischievous oligarchy. Except on occasions of very peculiar interest, the majority of medical men engaged in practice, and especially those who are the most closely and profitably occupied, would either not care to exercise their elective power, or might even have various reasons for not doing so. But the active-minded and imaginative man with very little professional occupation, and a large class of the unsuccessful and disappointed, would always be ready, when elections were to take place, not only to vote, but to canvass. There would be a risk of their becoming very troublesome to their medical brethren, and they would require to be rigidly watched, in order to prevent the carrying of measures which might be either inconvenient or pernicious. I unite with the National Institute in advocating the principle of self-government, and in objecting to any plan which might place authority in the hands of a self-elected board; but I believe that the freedom and interest of any very numerous and widely-scattered class of individuals, such as the medical men of this country, would have its affairs most usefully and most liberally managed by a Council, undergoing periodical changes, and of which a large majority should consist of individuals appointed according to a principle which precludes the possibility of packing, and at the same time ensures a respectability of character, and a long standing in the profession, whilst an efficient minority should be selected by the Council at large, on the ground of superior qualification for office. (See Note I.)

I some time since attempted to sketch a plan of medical reform, which I conceived might attain the principal objects desired by its advocates, and confer an essential benefit on the public, without any violent change in the present constitution of the profession, or in the bodies at present established for the regulation of its affairs. This may be regarded as a concession to conservatism, which it is of practical importance to make. I produced this sketch in the

form of a Letter to my friend Sir James Clark, who had already written on the same subject, and who shared in most of the views which I had taken; and I am gratified to find that the scheme has been approved by many whose judgment I esteem. (See Note II.)

The most important innovation which I have proposed consists in the suggestion of a general State, or Government-Examination, the passing of which should confer the sole legal qualification for practice, and empower the individual to act in any or every department of his profession, either singly or in consultation. Such State-Examination should necessarily be preceded by the passing of some academic test; but the academic distinctions, which should be conferred in Surgery as well as in Medicine, should not be compulsory, and had better follow than precede the passing of the State-Examination. Under the proposed arrangements, the functions of the Colleges of Physicians and Surgeons would be easily defined, with very little alteration of their present state; and the appointment of suitable persons to conduct the State-Examination would be readily effected. (See Note III.)

The great difficulty for which in that scheme I made no provision, was the formation of a College to be composed of General Practitioners. The formation of such a body seems essentially to imply a defection from the two other bodies, since the scientific attainments required must, in kind, be the same as those required from Physicians and Surgeons; and formally to recognise inferiority in degree would be fatal to the honourable distinction to which that body justly aspires. Careful reflection on this subject has led me to the persuasion, that the difficulty may be much more easily overcome than I at first imagined. None of the Colleges would be required to institute examinations of their own, seeing that each would have performed its part in the nomination of the Examiners appointed by the State; and the examination by these functionaries, being subsequent to an academic test, would have settled the question of requirements, which should then form no subject of jealousy between the three Colleges. To the third College, which I will not at present designate by name, might be assigned the nomination of the Examiners in Chemistry, Botany, Pharmacy, and half of those in Materia Medica, and Midwifery. The principal share in

the compilation of the Pharmacopœia, and in the visitation of druggists' shops and warehouses, and of Dispensaries both public and private, should be confided to the same College, which, for various reasons, ought, I am convinced, to comprise, not only General Practitioners, but also Practitioners in Pharmacy only. The latter, although not required to pass the State-Examination for a licence to practice, should be required to submit to so much of the examination as relates to Chemistry, Botany, Materia Medica, and Pharmacy, before becoming duly qualified Chemists and Druggists. The accomplished Pharmacians and practical Chemists, many of whom would be an ornament to any body to which they might be attached, would thus receive a distinction which has long been due to them; whilst the very important business of preparing and dispensing medicines, which, with great risk to the lives and health of the public, has hitherto been left wholly uncontrolled, would be placed under the superintendence of the body best qualified to undertake it. That most difficult practical question,—how the business of the Druggist and that of the Apothecary are to be mutually adjusted, so that they may not interfere with each other,—would be decided by the parties themselves, united in the same Council. The occasional production of a new Pharmacopœia, and the introduction of new formulæ, would also be placed in the hands of those most competent to perform the task.

I anticipate that some General Practitioners may say,—“This plan does not meet our wishes; it does not augment our professional reputation; but connects us more closely with art and commerce.”—To this it may be replied, that the State-Examination and licence would place them on a par with Physicians and Surgeons; that they would have an equal share in conducting and directing this examination; and that their connexion with art and manufacture depends on the inseparable connexion between the particular business in question, and professional and scientific knowledge. The General Practitioners, who are understood to exercise both the art and the profession, constitute the legitimate link, and are the parties on whom, for the good of the public, as well as of medical men themselves, the duties and honours assigned to them may best devolve. Individual distinctions, which, by academic titles and various proofs of proficiency, intimate protracted study or superior

knowledge, would be open to every one, in each division of the profession; but mere enrolment in any very large body could not possibly confer the same amount of honour. Provision should, moreover, be made for those who have passed the State-Examination, to be transferred from any one of the three Colleges to another, when the line of practice in which they are engaged may render it expedient. Some preliminary forms would be necessary, but no additional professional examination should be required.

Gentlemen, I must again crave your excuse, not only for the length of time during which I have trespassed on your attention, but also for having apparently deviated from the legitimate object of such an Address, which is, I understand, to set forth the advantages of an Association like ours; yet I submit that the digression is only apparent, and that the fact of my having brought forward a subject so comprehensive, really tends to show the advantage of these Societies, which both proclaim and preserve the unity and brotherhood of our profession, notwithstanding the distinctions and partitions which, for practical purposes, it has been thought expedient to establish between us. In the scheme which I have ventured to propose I may at least lay claim to impartiality. I commenced my professional studies among the Chemists and Pharmacians; in labours and researches, I have been associated with the Surgeons; and, in the exercise of our art, I have been scrupulously restricted to the practice of medicine; but have nevertheless been entirely unconnected with the councils and politics of any of the three bodies. I have, therefore, but one unbiassed wish for the general prosperity and honourable advancement of the Medical Men of my country, desiring that the words of Homer, from the lips of Helen, may be truly applicable to them:

“Nor dwells on earth a race that may pretend
In healing arts equality with them,
For they are genuine sons of Pæon all.”

NOTES.

NOTE I.

"I would recommend that two-thirds of the Council should consist of such ordinary Members, or Fellows, as would come on by rotation in the order of their standing, without reference to residence, professional distinction, party, or any other less worthy title. They should remain on the Council for a certain period, say four or five years, and come on again in the regular order of rotation. Any Fellow might, however, waive his right to be on the Council after it had come to him in due course. The remaining third should be elected by the Council, after having been proposed and duly announced to its Members individually during a certain period prior to their election. The third part so elected should be chosen from the ordinary Members generally, on grounds of which the Council alone should be the judges. This third would necessarily constitute the working part of the Council, and the mode of their nomination would enable the body to avail itself of the choicest talents of the profession for every important and worthy object. The mode of determining the other two-thirds would, at the same time, secure the existence of a majority of such a character as, if the occasion required, would have it in their power to check any party movement, so as to obviate all jealousy on the part of the body at large, much more effectually than could be done by any elective process, which the scattered Members of the College, widely differing as to their energies, leisure, and interest in the subject, could permanently and generally adopt. These two-thirds would be the honoured guardians of the privileges of their body. They would be regarded as such by their brethren; in return for which honour they could scarcely esteem it a hardship to hold themselves in readiness for any emergency which might occur during their limited period of office."—*Letter from Dr. Hodgkin to Sir James Clark, Bart.*

NOTE II.

"I would propose, in the first place, that there should be a common Examination for the licence to practise, to be submitted to by all, whether their object be to apply themselves more exclusively to Medicine or Surgery, or to combine the two; and that, for the convenience of students, examining boards for granting this licence should sit in London, Edinburgh, and Dublin, giving diplomas on the same terms, and, as far as may be, equalising the severity of their tests. This Examination should be considered as a State, or Legal-Examination, whilst other Examinations are to be regarded as academic.

"Although *bonis fide* degrees in Medicine and Surgery should be attainable only from the recognised Universities of the kingdom, or from such foreign Universities as might by courtesy be allowed to entitle their Gra-

duates to proceed *ad eundem gradum*, the examiners for the licence might, I think, be allowed to receive testimonials of proficiency, tested by examination, from other qualified bodies specially permitted to grant them. I make this proposal merely to avoid the apparent severity of driving all students to some University for academic examination, though I hold it to be very desirable, and even expedient, that they should voluntarily adopt that course."—*Letter from Dr. Hodgkin to Sir James Clark, Bart.*

NOTE III.

The duties of the College of Physicians would consist;

1. In receiving candidates for admission into their body, and ascertaining whether they possess the requisite qualifications of having passed the State-Examination, of being furnished with satisfactory testimonials respecting private character, and equally satisfactory certificates from any other body of which they may have been Members, and from which they may be seeking to be transferred.
2. In taking cognizance of charges against Members, of a nature to affect the reputation of the body.
3. In electing their quota of Examiners for the State-Examination, and taking such part as may belong to the College in the direction and supervision of that Examination.
4. In electing various officers, such as President, Reader of the Harveian Oration, Lecturers, and Registrar.
5. In suggesting suitable individuals for appointments requiring practical or theoretical knowledge, of a nature strictly medical, when such appointments are to be made by the Government; such, for example, as relate to vaccination, insanity, epidemics, and quarantines.
6. In promoting the advancement of medical science, by such means as may legitimately devolve upon a body officially representing an important branch of the medical profession in this country.
7. In taking care of the property, and administering the funds constituting the income of the College, from whatever sources they may be derived.

These various functions would devolve on the Council constituted in the manner pointed out in Note I.

The duties of the College of Surgeons would be similar to those of the College of Physicians, as respects the reception and superintendence of its Members.

1. It would elect its officers; amongst whom would be the Readers of the Hunterian Oration, Lecturers, Curators, and Illustrators of the Hunterian Collection.
2. It would also elect its quota of Examiners for the State-Examination, and superintend the performance of their duties.
3. It would aid the Government in all appointments, and other measures, in which Surgical and Physiological knowledge were more particularly concerned.
4. It should be required to encourage the progress of Surgical and Physiological knowledge, by proposing and awarding prizes, and by stimu-

lating, directing, and rewarding the zeal and industry of intelligent observers, experimenters, and collectors.

5. It would have property and funds placed under its care; the administration of which, in common with the other functions of the College, would devolve on a Council, composed on the same principle as that of the College of Physicians.

The third body, comprising the associated General Practitioners, and the Licentiates in Pharmacy, ought, for the sake of uniformity, to be called a College rather than an Institute.

Its official duties would be strictly analogous to those of the other two Colleges.

1st, As respects the admission and superintendence of its Members.

2dly, In taking part in the State-Examinations. The branches of science, in respect of which it should in this way co-operate, have already been suggested in the course of the Address.

3dly, Botanical lectures and gardens, as likewise pharmaceutical processes, and collections, should be confided to the care of this College.

4thly, In its relations with the Government, it would be the legitimate adviser in whatever relates to the supply of medical and surgical relief to the poor, as well as in all questions in which the chemical and medicinal properties of particular articles may exert an influence on the public health, and demand the consideration and the care of the Government.

5thly, It should have prizes, and other incentives and rewards for merit at its disposal. Thus, in the importance and extent of its duties, this College would be on a par with the other two. Amongst its members would be men of high scientific attainments, more than a few of whom would probably be Graduates in Medicine, Surgery, or Philosophy, or such as have obtained other marks of distinction for their proficiency in some particular branch of science. This would be the case with the Pharmacutists no less than with the General Practitioners; and on this point it will be sufficient to mention the late excellent President of the Pharmaceutical Society, William Allen, who was a worthy colleague of Sir Humphrey Davy, to prove that in England Pharmacutists might join and do honour to a Faculty of Medicine, as well as in Belgium; where, when I visited Brussels, Van den Corput, an enlightened Pharmaceutist, was Dean of that Faculty.

Like the other two Colleges, the third would have its funds and its Council, similarly constituted.

Presented by Dr. John Clark
3/3/43 Staff Surgeon 2^d Class
MEDICAL REFORM



ENGLAND.

BY

A PROVINCIAL PHYSICIAN.

Secutæ leges, etsi aliquando in maleficos ex delicto, sapias tamen disensione ordinum, et apiscendi illicitos honores, aut pellendi claros viros, aliique ob prava, per vim late sunt.

TACRUS.

LONDON:

LONGMAN, ORME, BROWN, GREEN, AND LONGMANS,
1841.



MEDICAL REFORM.

Omnis homines, qui sese student prastare ceteris animalibus, summa ope niti decet, ne vitam SILENTIO transeant.

IN this sentiment the medical reformers seem heartily to concur. For amid the vociferation of the present era, the utmost clamor has been raised by these hygiastic patriots, magnifying their obscurer grievances, to the annoyance of the Commons' House, to the detriment of higher interests, to the castigation of their parliamentary friends. For if these soberer senators venture to resist the pressure from without: to think for themselves: not backing every wildgoose proposal, they are forthwith gratefully and courteously saluted, as "mere mouthing candidates for praise"—"breakers of pledges"—"dishers up of a hash of profession and cajolery."

The Jeremiads of the medical malcontents have been too long believed by silly students and still sillier adults.

The selfish murmur of disappointed practitioners has been mistaken for the sober denunciation of depressed genius and baffled philanthropy.

The medical herd have lent their patulous ears to long-tongued orators, who possess no valid pretension to the character of censors, satirists, instructors, nor sufferers.

*Felicia tempora, quæ vos
Moribus opposuere.*

I speak of the majority—of noisy reformers. There are some of a different complexion. As there never was a cause, which did not marshal two sides of combatant array, although the truth can lie only on one, so in each division, good, well-intentioned men are found. Such is human nature. Whilst I deprecate subversion and selfishness under the name of medical reform, I do not depreciate many honest, quiet advocates, who are not without just respect, in the moral and scientific worlds. I only wish that they had kept better, wiser company: more worthy their deserved reputation.

The aim of the medical reformers is, professedly, “an equality of privilege”—“no favored class”—“an open arena for genius, industry, merit.” But the veritable desire, so far as I can judge of motives, not professed, is assimilated fame, more equal emolument. Obscure persons, impatient of their inferiority, will not readily admit the conviction, that, *on the whole*, rank, wealth, and fame are the product of professional desert. Of intellect; of knowledge; of exertions; of all. Surely the members of a profession, designated learned, should have learnt better the lessons of all history, which teaches that *inequality* is the inevitable destiny of man.

Surely the very students should have been the last to believe that a fluent tongue implies, of necessity, a steady heart; and that the march of improvement is measured by the length of a tavern harangue.

The last to believe that *conciones assiduæ, et datum jus quoque potentissimum quemque vexandi atque ipsa inimicitiarum gloria* implied an era of Utopian medical improvement.

For myself, I could never discover that those infrequenting orators owed their popular influence to superior genius or acquirement. But they affected a sympathy with injured innocence. They condoled with their flattered auditors.

Colligunt discipulos non severitate disciplina, nec ingenii experimento, sed ambitione salutantium, et illecebris adulationis.

In many places, and especially at the first outcry for medical reform, that sentiment was clearly predominant, which, in all times, has festered inferior and baffled competitors—*envy*.

Around the fiend in hideous order sat
Foul bawling Infamy and bold Debate:
Gruff Discontent, through Ignorance misled,
And clam'rous Faction at her Party's head.
Restless Sedition.

GARTH.

The temptation to a movement was strong. Practitioners, unknown to fame or their professional brethren, emerged from their nebulosity: and figured away, as medical reformers, in the full glare of tabernacular gas. Is it marvellous, if these insignificant persons were elated by the drama? that, raised thus unexpectedly in the scale of existence,

*τούτους γ' εὖκ' ἴναι
εὖδ' ἐν οφθαλμοῖσιν αἰδοῦσ' τῶν παλαιῶν ἰατρῶν?*

The envious feeling in the medical reformers is founded on ignorance of self; ignorance of logic. If the great sums annually pocketed by some magnates be deemed misproportional to their merit; it does not follow that more correctly they should enter the coffers of their opponents.

But why should they foster envy? This free country presents no unjust obstacle to the reward of professional skill; to the fair chance of acquiring the few great prizes—from the physician to the man-midwife. If the competitors fail, the fault is their own: or there is no fault at all.

Is the profession overstocked? The members are to blame, for having entered it. Let them not carp at the laws of population!

Again. There are regular ordeals for every student, whatever his ultimate division of labor. Can the dissatisfied with justice object to any of these?

Is the Diploma for Surgery; the Licence for Physic; for Pharmacy unduly inaccessible?

If the London University requires, as has been said, unattainable perfection, the Reformers are the last, who should complain. They have set themselves up as admirable Chrichtons. Let them not belie their self-valuation.

The recent regulation of the Royal College of Physicians leaves every English candidate *now* without the least excuse for medical sedition.

This ancient corporation has contributed, more than any other, not merely to the scientific, but the moral

reputation, the honorable dignity of our art. Never has any Institution been assailed so virulently as the College of Physicians. Never was there a corporation, in any country of the globe, which has so signally maintained its own dignity and the reputation of the healing body at large. Say what we will; read what we may, of the college and its contests, from the days of the accomplished founder, to this; I am bold to affirm that the British faculty owe it a debt of interminable gratitude. The college has succeeded, in a wonderful degree, in maintaining the dignified character of its own members. It has subserved, as a model, the profession at large. We live, it is true, in singular times for England; times distinguished by *iniquitatibus rerum atque hominum ineptiis satis, et plusquam satis*. But I am confident there are still many of our profession, who deeply venerate an institution, which practically has adopted the motto—*ἡνὶ ἀριστέων*. Many, who, loving their profession, love that *collegium medicorum*, which has aggrandized, aye, ennobled that profession. Which has enabled its members to boast that, not *agrotantium solūm lectis adsiderent, sed cum OPTIMATIBUS reipublice amicitiarum necessitudinem, vitæque quotidianæ commercium haberent*. There are those, who may not duly appreciate this sort of benefit. With such I desire no communion.

And what has been the secret of this collegiate influence? Not, as its enemies have asserted, a monopoly of Metropolitan, of Court practice. The cause of its supereminence has been *learning*. *Atque hoc, arbitror, hisce præsertim temporibus, iterum atque*

iterum nobis in mentem revocandum esse, quando Plebeii Philosophi hanc artium nobiliorum principem à doctrinâ severiori segregari posse opinantur.

It is not of the members of this truly English corporation that its enemies can say that *nec doctos nec eductos liberè, illotis manibus, medicinæ altaria tangere ausos esse, et stupore vulgi factos nobiles, rapido cursu pervenisse ad amplitudinem.*

The dogged attempt to abolish the cultivation of classical learning is one of the most formidable signs of the times. The yielding to this attempt by any professional body is most suicidal. Nothing can compensate any community for its loss. Nor can I conceive that the nation, which ennobles the upper classes by the ancient literature: and steadies the lower and all ranks by the Bible, will ever drop into a secondary or subjugate state. And to the students of medicine, particularly—endangered as they are by modern notions of commercial reform—I address the language of that elegant scholar, whose sentiments I have been quoting—

Oro vos et obtestor, ut fixum animo et quasi insculptum habeatis medicinam liberalem unâ cum literis renatam esse, nec nisi cum literis interituram.

HALFORD.

It has been ungratefully charged against the College, that its concessions were not spontaneous; but extorted by public opinion and the pressure of the times. Of this there is neither proof nor probability. But the fact is, that the reasons for exclusion have been much diminished of late years. It is not that this

noble corporation has pusillanimously admitted to its licence men unfit for the donation. But that men, adapted to the collegiate licence, have arisen in greater number and from uncalculated quarters. It would indeed be grievous if this great body were to abandon or lower its scientific, its learned, its moral standard; if any man could boast of its patronage, *prîusquam quid medicum deceat, quid omni ex parte pulchrum sit et HONESTUM, didicerit.*

The only interest in medical reform, which the public or the legislature can feel, is founded on an adequate supply of fit practitioners. So far as the department of the Physician is concerned, it is impossible to deny that *now* England and Wales are amply self-provided with education and diplomata. That if the Legislature must interfere, it should compel every practiser in these regions to be a member of some *English* University or College. But why should it, without more cogent necessity, interfere at all? Least of all should it equalize the privileges of the Universities of the different countries. Their character is fleeting. The Edinburgh of ten years hence may not be the medical school it is to-day. The Dublin of 1900 may be no school at all. The Royal College of Physicians, I sincerely hope, will never spontaneously, nor by any legal compulsion, be placed on terms of *exchange* with any Irish, Scotch, or Foreign Corporation. The true lovers of our profession must love its respectability. About this the public care nothing. Now we have no guarantee of the future

but the history of the past. Can the graduates of Scotland, of whom many are practising as apothecaries: and even selling drugs in public shops, boast that their own elevation, or that of the faculty at large, has been *their* study? The future gradus of our corps in England seems almost wholly dependent on the Royal College in London.

But of Surgery. The doors of the Royal College of Surgeons are open to receive all, for whom the most querulous would dare to claim admission. And the catalogue of names in the Council assures the public, that the possessors of their diplomata must be most useful members of the body social. Names, which *peculiarly adorn* this country, as of practical, manly, heroical chirurgians. This college at present boasts a supereminent honor. Its members, its civil members are all volunteers. No law! No compulsion! For the apothecary there is legal necessity. It is left to the honorable, the gentleman-like feeling to join the Chirurgic body. After all the faults of our professional mass, how grateful it is to see so large a number of young men annually securing the chirurgical diploma, as an elevating distinction: not a legal licence! But your thorough reformer cannot feel the delicacy of this arrangement!

Then, the apothecaries' society has been tested now by the experience of a quarter of a century. It is, with all its faults, a national blessing. I know the

complaint that is uttered against it. That it has *not* protected its members. Not extinguished the Quack. Not brought the druggist to his bearings. But this is not the fault of the Society. Rather of the complainants. The society has done what it could. But this corporation is not a spirit. It does not profess ubiquity. How should governors in London have cognizance of unreported illegalities, perpetrated in distant provinces? Or how should they credit vague, undetailed charges, made by querulous, interested persons?

The Society must have co-operators. It looks to the manly aid of those very persons, who are perpetually assailing the authorities; but do nothing themselves to render authority efficient.

They oppose, they malign, they vilify the governing body; but give no aid with those exertions, without which no body can govern.

They resemble pusillanimous fellows, that call on a small body of police to discomfit a mighty mob, and yet will not act themselves as special constables, nor "help in the King's name."

I cannot but believe that the true grievance of the Medical Reformer is selfish. Lucre, *opes* are his *irritamenta malorum*.

For the pure Physicians, *as a body*; the pure Surgeons murmur not. The Apothecaries are they, who bewail their lot: or lend themselves to mischief-makers, which ululate in their abused name. These deluded gentlemen complain of the druggists; that they prescribe; that they practise. That they abstract unfairly the patients of the apothecary.

But if, of recent years, the druggist has affected the emolument of the medical pharmaceutics, it is not that he has encroached, but that they have become too numerous and too expensive.

Moreover, the apothecary must blame himself, if the physicians' prescripta are carried to the pharmacopolist.

For what has been, often, the fastidious conduct of the apothecary? He has rejected the prescription, declining to dispense, because himself had not been employed in formal consultation.

The apothecary has assumed a loftier rank: and pretended an indifference to retail lucre: and then, when the shopkeeper, with due humility and in simple commerce, obtains the crumbs, which the other has whisked from off his aristocratic table, comes the charge of encroachment and unfair gain.

That the surgeon-apothecary, ennobled by his knife; baptized in blood—should defy the anæmious department, may be very natural. But if *he* declines the ancient subordination, let him cease to vituperate the druggist, who, guiltless of airs, proceeds humbly, in that station of life, in which it hath pleased God to place him.

Still there is the undisputed fact that druggists do act as medical practitioners; many behind their counters; some peripatetically—making their rounds.

Then, what should be done? Against the visiting druggist, enforce the law. Drive back the delinquent to his counter. But behind this domestic intrenchment, no earthly legislation can prevent some partial, innocuous performances in medicine.

Molly Webber feels a pain in her stomach and runs to Mr. Goss's shop for peppermint cordial. What shall prevent this tender-hearted man from asking Molly, if her bowels are open? If not, from prescribing some rhubarb in addition? Mrs. Webber is relieved, as it were by magic: and narrating her happiness to Betty Petherbridge, her neighbour, laboring under similar disquietude, recommends Mr. Goss to her crony. She, likewise, experiences instant comfort. What, now, shall prevent those worthy, grateful souls from lauding to the skies the anodyne Mr. Goss? "Did you ever, Molly Webber?" "No, I never, Betty Petherbridge!"

In these disputations about the druggist: in this *vario rumore custos salutis an mortis exactor*, these gastrodynic women will assuredly invest him with the former character.

The open shop is a part of English institutions, which cannot be surrendered. Plain men, with slight, transient ailments, are loath to knock at the repulsive door of the belackeyed surgeon, when the glazed, colored, inviting shop of the chymist may be entered at the charge-step.

The druggist cannot avoid practising to a certain extent. He is consulted, without, perhaps, the least desire for confidence or prescription. He simply wishes to sell drugs; but what can he do, if he is asked by an unrich customer for medicine?

The shopkeeper may refer him to the neighbouring surgeon-apothecary; a grandee, who perchance keeps his carriage. The vehicle is then at his door. Coachman, footman, armorial bearings. Will John Vin-

nicombe, the complainant, bashful as he is, approach that Podalirian grandeur? The bellyache of John Vinnicombe, if the chymist refuses aid, must be left to nature or the empiric. But the druggist *will* relieve him. Dont tell me that an honest Englishman is to be turned out of a shop, with a fit of the colic, merely because the law says he must be treated by a licentiate. He cannot afford it. He would have to pay the surgeon for those gorgeous arms and equipage.

But, if these uninstructed druggists are detected tampering with grave disorders and with life, *enforce the law*.

The paying public, just above parochial sustenance, just below the charges of the surgeon-apothecary, will, must repair, for ordinary maladies, to the druggist's shop.

Whenever the community feels the serious evil of partial, druggistic prescription, it will be time for disinterested statesmen to interfere.

Interim, I would recommend our parliamentary friends, regardless of urgent clamor, to leave matters to their course; with monkish philosophy

Sinere res vadere ut vadent.

The last men, who ought to murmur, are those practitioners, who, not possessing a surgical diploma, set up their brazen plates of SURGEON, as big as if they were Guthries, Hawkinses or Listons.

Surely, these fine fellows ought not to complain that the pharmacopolist treads on their sensitive heels,

when they are themselves most impertinently aping their betters.

After all, acquirement, industry, benevolence would always secure the apothecaries a decided preference; and if they cannot monopolize every bellyache in the empire, let them acquiesce with *Bucolic* resignation—

Non omnia possumus.

A great evil of medical charities is their tendency to lower an honest, English pride: to dispose to the tolerance of pauperism and parish relief.

Unrich, but manly persons like to pay. To pay what they can. They like not the obligation of charity, private or public. All this, most praiseworthy, class—still, thank heaven, a numerous body—will be robbed of the pleasure and justice of remunerating, if the sub-medical druggists are extinguished. They cannot meet the demand of the costly apothecary. Their hearts die within them at the thought of a public charity. The feelings of this class are too interesting to be neglected by a British senator, whatever contempt of them may be felt by selfish medical practitioners.

The adulteration of their articles is charged, truly, against the druggists. Then, punish them by fair opposition. Let the example of some provincial towns, Exeter, Liverpool, be followed. Let apothecaries' halls be instituted forthwith!

The salary of the medical men, appointed for the poor, is another exasperating topic. They complain

that the Commissioners pay them shamefully, unjustly low.

Then let them refuse the terms.

If the consequence be the employment of inadequate persons, this cannot last long. The evil will redress itself. The treatment of the profession, by the Poor Law Commissioners, deserves the reprehension of all Englishmen. But the remedy must be sought, not at the hands of these stipendiaries. All appeal to these rigid officials seems utterly fruitless. The profession must be true to itself. The Cornish association has decreed that no man shall rejoice in their fraternity, who is sent down by the Commissioners. Let this example be imitated by all associations; by individual practitioners. The profession should reform itself: should discountenance low, irregular fellows. It should revere the ancient landmarks. Let the physician keep himself to medicine. The surgeon be pure, wherever he can; the apothecary remember his subordinate relation.

For the heartburnings in our profession are considerably, mainly due to the amalgamation of distinct departments. The surgeon using a medical degree; aiming at the rank, securing the emolument, occupying the official places of a physician.

The ancient surgeon acted otherwise; conceding to the physician, not encroaching—

ὅτι λόγου, τοῦ μὲν δ' ἰατροῦ—

deferring to the learned, recluser student; claiming for himself the heroism of surgical execution.

This salutary division has been extensively invaded in the army.

Yet what of superexcellent has the medical degree for a regimental surgeon? In military surgery, above all, where the most awful violence and laceration require exquisite anatomy, daring handwork, indomitable self-confidence, what mighty utility in pre-occupant medical science? He, who has toiled for a medical degree, most probably possesses less of chirurgic *power*, than the exclusive, enthusiastic, dare-devil surgeon.

But to this evil I refer with great tenderness, lest I should be deemed disrespectful towards the Director General—a chief, whom I honor, in common with all, who can appreciate great official virtues, long recognized by his admiring fellow-soldiers and his country: and rewarded by his king.

I refer to it only because it may forerun private, *civil* mischief.

The system may tend to abolish a proper sense of divided labor. To excite the ordinary practitioner to be a Jack-of-all-Trades: aiming with shark-like rapacity at the fees of the physician and the bills of the surgeon.

It may create an undue aspiration for degrees. It may indirectly augment those flocks of indigent doctors from the north, who have descended, in some quarters, to half-crown fees.

The morale of our profession has not been improved by the modern voluminous associations. Local societies may be useful. People are known in their neighbourhood. But a gathering from remote regions

may include shabby persons, who, in their vicinity, are shunned.

The profession possesses intrinsic power; let it exert this power. All fiddle-faddle about registration and such tom-fooleries should be abjected in toto.

All palaver about the equal rights of British Universities and schools may be heard, when the characters of these institutions are equal. When Dublin can compete, for general learning, with Oxford: and Edinburgh with Cambridge. When the pecuniary condition of the countries is similar. Why should a Scotch, or foreign physician march unobstructed through the British metropolis: and approach the couch of royalty itself, unless he submit his pretensions to the London ordeal? The talk about equal privilege is very absurd. Privilege implies essential inequality. The world is filled with varied privileges, and the possessors, all, pay for them in some or other manner. Why should medical men desire exemption from an universal law? The demands of the Royal College of Physicians are lofty: not too lofty for the good of the profession: not too exclusive for a fair protection of the members.

Quack medicines are a nuisance intolerable by some reformers. They think that no legislation, which assails not these; their sale and sanction; is worthy a thought.

That nothing can affect this extended evil, while the Imperial Revenue is partially dependent on their taxation.

That, if they were driven from every other muniment, the Irregulars are safe and insolent behind a royal patent.

But, with what grace, let me inquire, can the Profession solicit a denunciation by the legislature, unless they set an example, within their own territory, of renouncing the proprietors of secret remedies? Yet physicians, surgeons, prepare and vend their *nostra*, without reprimand from the bodies, which have furnished their diplomata; without exclusion from our modern associations.

The elevation of the profession, assuredly, is last considered in any association, which recognizes fraternally the venders of articles, manufactured in secret: the proprietors of *nostra*. Which does not renounce every such associate, as a man who is not

satis firmus aduersus pecuniam.

Unless reprehensive discipline be displayed, these societies will do more harm than good. The science, they subserve, will be less than the morale they injure.

I think the *physical* evils of empirical medicines much over-rated. The clamor against them interested. The analysis of modern chemistry has proved the innocuous character of most *nostra*. The great majority are purgative: and as this class of drugs is very needed by the people: and very costly, if purchased from the prescribing apothecary, I can see no reason, why the lieges should not exonerate their intestines, without circuitous and expensive methods. Then, as to the injurious *nostra*, some allowance

should be made, at all events by reformers, for British liberty. Let people go to the — their own way. I suspect that the government would be simpletons, if they surrender *this* considerable revenue.

To those members of Parliament, who more especially represent our profession, I would appeal, that they become somewhat sceptical of their clients. Those senators, doubtless, are desirous of performing their duty. I think that now they may safely leave us to ourselves.

All wise legislation should be considered, so to speak, *historical*. Reference made to habits; to tastes; to national peculiarities. The same code of law would never suit the airy Gaul; and the heavy-bottomed Dutchman. If a committee were preparing constitutions, it should distinguish betwixt Switzerland and Egypt.

But people talk of legislating for the medical body, as if it were homogeneous. Whilst, on the contrary, in this kingdom, it is formed of every variety. It includes the high-bred gentleman, who has been educated in our ancient schools of learning; in the tastes and habitudes of a fastidious gentry and noblesse—the plain, *homebred* person, who was trained to our profession, as to a trade; who went direct from the commercial academy to the apprenticeship—the plebeian, once threadbare, who, by processes almost mendicant, has contrived to obtain a minimum of education—the pure philosopher, about whom no legislation is requisite: unworldly, abstract, enthusi-

astic: who, like Archimedes, occupied with his solution, would run through the street in balnear nudit; or be deaf to the clamor of an assaulted town.

The scheme of "one faculty," of equal studies, is a scheme of equal rank and equal pay. This is its real aim: and it is infantile policy. It affects a maximum of instruction: it will realize a minimum. It pretends to dictate similar preparation—diversified, ulterior practice. If it were feasible, it would be fatal.

The division of labor is essential to our art. Then, in preparing for his distinct department of practice, each student, whatever subjects he may touch in common, dwells on some with peculiar intensity.

But, if the examinations for a licence are to be equal and diffuse; that, which otherwise he would have mastered well, the student will now acquire but partially. He aims to be a Physician, but he must undergo anatomical studies, strict as demanded for the pure Chirurgeon. He intends pure surgery, but he must become an adept in chymical phenomena.

Hence the scholars, under this precious system, will be all equally knowing; that is, equally superficial; equally unfit for their manly, practical career.

I exhort most strenuously all, who love their profession, to eschew medical reform, in the present sense of the word. As a political subject: as to be effected by parliament. I am sure that members of either house may find a better subject for their patriotic energies, than we ought to furnish. Let them aim at *paullo majora*.

For the army, the navy, the poor, who all are imperiously objects of legislation, medical officers should

be selected, who are licensed by *British* standard corporations, now subsistent. The Royal Colleges of Physicians; of Surgeons; the Societies of Pharmacy; the acknowledged Universities.

But let the paying, civil, unofficial lieges select for their medical advisers, whomsoever it may please them.

If fellows arise, scorning decorum; senseless of academic praise, honors, and sigillation, let us leave them to their *certain* emolument.

There are many evils, which legislation cannot reach; there are some which it ought not to prosecute, which should be left to themselves; which work their own cure: or, in God's providence, produce their moral, their punitive results. Sir ——— consulted Saint John Long; and, through the mercy of heaven, survives. The ill-fated Misses ——— underwent his inflictions, and perished. Heaven only knows, why the ladies were taken and the Baronet left.

To those reformers, who are topheavy with vanity, or impelled by selfishness, these remarks: all exhortations to quietude will be useless. To the well-intentioned, credulous members of our profession, I would appeal, that they distrust the present clamor; distrust themselves: and, before they lend their ears, their voices, and their purse, to rash, pragmatic meddlers, ask about all this pother, the sober question—*Cui bono?*

Promiscuous practice, it is said, "must prevail. Men's minds are preparing for it. Intellect marches. We cannot resist the public opinion. The profession is in a transition-state."

All this nonsense is submissively believed by some: it is craftily inculcated by others. By men, who utter a prophecy, in the hope it will complete itself.

But it will turn out a false prediction, if the more respected portion of our corps confront the innovators.

The division of labor—Physic; Surgery; Pharmacy; where it can be maintained, is as useful as it is ancient; as it is *honorable*. An invasion of this principle may be made by selfish persons, who sacrifice their *esprit du corps* and their *caste* together. But these will never be numerous in this noble country. The grasping practiser, who seeks the physician's honorarium and the surgeon's charge, may realize wealth; but he loses his self-complacency; and he finds that the sovereigns, abstracted unfairly from his fellow-practitioners, are a poor compensation for their right-hand of fellowship withheld from himself.

We are told, by the encomiasts of promiscuous practice, to look to France; to Scotland; to America. That, already, even in England, the surgical operator has been appointed to the office of physician, in the Provincial Hospitals.

Then, more imperiously should the dignified portion of the Faculty withdraw from alliance with those irregulars.

We are directed to *France*. Is it come to this, that good old England, steady, thoughtful, must take for an exemplar the *varium et mutabile* of the Gauls?

To Scotland. Let us imitate that most worthy country, when our general condition is similar. When her soil is more fertile, her population more wealthy, her habitudes more costly; her daughters shod, and her sons in breeches, it will be time to talk about Scotland.

To America. Let him, who points to us the western world, migrate thither without delay. He, to say the least of him, can possess no English Idiosyncrasy.

Eri de pides in da...
Spharoc paracurata...
Ostris, alyxion, laryx...
ga, curatilis va alyx...
Mercatoris de...
Pythia. Carm. 3...

FINIS

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CRITICAL EXAMINATION

SIR JAMES GRAHAM'S BILL;

WITH
PRACTICAL VIEWS

Representation, Incorporation, and Organization

MEDICAL PROFESSION.

By JOHN FORBES, M.D. F.R.S. F.G.S.
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS.

*Nihil autem egregium in prima videtur, ut forte ita
dicit, ut in magna ita in parva, et in alienis ita in suis,
SICUTI FORBESIAN—Pars. 2^{da}.*

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A
CRITICAL EXAMINATION
OF
SIR JAMES GRAHAM'S BILL.

THE momentous subject of MEDICAL REFORM, now irresistibly forcing itself on the attention of every member of the profession, seems naturally to present itself for examination under the following heads :

- I. What are the Grievances complained of by the members of the Medical Profession, and for which they are seeking redress under the name of *Medical Reform* ?
- II. Are the Grievances of such a kind as to justify the cry for Reform so generally and so loudly raised ?
- III. Are the Grievances susceptible of redress through the means of Medical Reform, or through any other means ?
- IV. If the Grievances are susceptible of redress, are the means proposed in the Bill of Sir James Graham, or in the various publications on Medical Reform, calculated to yield it ?

In an inquiry like the present, addressed to the members of the medical profession, it would be a work of supererogation, to enter into any detail respecting the nature of their grievances. It is not, therefore, our purpose, on this occasion, to offer any reply to the first two of these questions.

To the third we* shall content ourselves with returning a simple but qualified affirmative. In the long catalogue of real grievances there are, certainly, some which no legal interference can remove ; and there are some things paraded as grievances, which we would demur to admit as such. But we cannot enter into any examination of either of these points at present : they will, however, be incidentally noticed in the course of our inquiry.

To the last of these questions the present article is to be considered as a detailed reply. In drawing it up, we shall have to pass in review and submit to strict and, as we believe, impartial criticism, every propo-

* The fact of this pamphlet having been originally printed as an Article in a Review, will account for the personal pronoun being used throughout in the plural number. J. F.

sition in the Bill, having any important relation to the medical profession. We shall, at the same time, take occasion to consider several other analogous matters of importance, which, although not noticed, or but slightly noticed in the Bill, have been justly regarded as evils calling loudly for reform. Our inquiry will thus come to embrace nearly the whole system of medical polity; including the entire subject of the Organization of the Profession, past, present, and prospective—at least in England. This will be seen by the following Outline of the chief subjects treated of; which we the more willingly introduce here, as the glimpse thereby afforded of the whole inquiry may, by showing beforehand the bearings of the different parts, facilitate the reader's appreciation of each, in the progress of perusal.

- I. Education of Medical Practitioners.
- II. Examination of Medical Practitioners.
- III. Civil Equality of Medical Practitioners.
- IV. Registration and Licensing of Medical Practitioners.
- V. Incorporation of the Medical Profession.
- VI. Representation of the Medical Profession.
- VII. Government of the Medical Profession.
- VIII. Privileges and Protection of the Medical Profession.

I. Of the Bill in relation to the Education of Medical Men.

The essential thing, in regard to the education of medical men, is that it should be *good*: that is, that it should be sufficient, first, to cultivate and improve the intellect, so as to render it capable of receiving and profiting by scientific truths; and, secondly, convey a sufficient amount of medical knowledge to afford a fair warrant that the possessor is qualified to practice medicine, with probable benefit, at least without injury, to the public. In other words, care must be taken that the candidates for medical practice should have obtained—first, a good *general*, or what has been called *preliminary* education; and, secondly, a good *medical* education, before they are licensed to practise any department of the medical art. Now, it must be admitted that Sir James Graham's Bill either provides for directly, or has the means and power of providing for both of these essential requisites. And it further provides, that this education shall be equally good in every part of the empire.

Of course, in making these statements, it is taken for granted that the new body instituted for the government of the profession, the Council of Health and Medical Education, will be so constituted as to be well qualified to judge what is the fitting education for a medical practitioner, and also shall possess the desire to see such an education carried into effect. And when we consider that this is one of the main

objects for which the council is to be established, it seems absurd to conceive that its members, however appointed, should not possess the qualifications and the disposition here assumed. We shall have afterwards to consider in what precise manner this council ought to be formed; we at present assume that it is a body both able and willing to perform its duties.

Nor is this the place to inquire into the expediency or advantage of establishing, more markedly than before, as is done by the Bill, different grades in the profession. Regarding these grades as established, we shall consider education, as provided by the Bill, in relation to each of them.

I. *Licentiate of medicine and surgery, or General Practitioner.* Nothing is fixed in the Bill with regard to the period of study, or course of education for this class of practitioners. One very important point, however, having essential relations to a good education, is determined by it, *viz.* the abolition of apprenticeships. The necessity of serving an apprenticeship interfered, most fatally, with the obtaining of a classical or general education; and the system was otherwise most injurious to the mind of the medical student, by fostering routine and empirical habits of thought and practice, obstructive to the after-reception of knowledge on more scientific and philosophical principles. A large portion of the period formerly devoted to the duties of the apprenticeship may be, and doubtless will be devoted to the acquisition of classical and general knowledge, and yet ample space will be left for the acquisition of medical knowledge.

The age at which the license is attainable is fixed at twenty-one; but it is a question well worth considering, whether this might not be advantageously raised to twenty-two or even to twenty-three. It may, indeed, be argued, (1) that, inasmuch as it is only in actual practice that the niceties of practical tact and skill can be acquired, and, (2) as the great majority of young men, on first entering the profession, will be more or less subordinate to their seniors, as assistants or otherwise,—there is no substantial reason for prolonging the period of probation beyond that fixed in the Bill. These reasons are not satisfactory to us; and we hope the point will be well weighed during the reconsideration of the Bill in committee. The following remarks on this point, by Sir James Clark, are most apposite. They probably indicate the best practical course:

"A youth possessed of the natural talents which qualify him for becoming a medical practitioner may easily acquire the requisite preliminary knowledge, and much more, if his education be well directed, by the time he has reached the eighteenth or nineteenth year of his age. He has still four years to devote exclusively to the study of his profession; for I agree with a late writer on Medical Reform [Sir B. Brodie] that young men are not generally fit to enter on the practice of their profession before twenty-three years of age. At the same time, I admit that fixing a particular age may often be attended with great inconvenience and sometimes injustice to candidates; if, therefore, an age is fixed, it ought, I think, to be a minimum. If a good general education is enforced *before* the student enters on his medical studies, and if his practical knowledge, as well as his scientific acquirements in medicine, are well tested, the age need form no impediment to the candidate's obtaining a license. When a young man has

proved himself to possess a competent knowledge of his profession, he may fairly claim the privilege of exercising it."³

The Council of Health is fully authorized to demand, and doubtless will demand, that this period set apart for the acquisition of general and professional knowledge, shall be really so devoted.

In the first place, by enforcing a registry of students at all the medical schools, it has the means of ascertaining whether the students, previously to entering, possess the necessary amount of preliminary knowledge; and, subsequently, whether the prescribed courses of medical instruction have been really followed.

Secondly, the Council, having power to make such changes as it pleases, in any of the schemes of the course of study required by the colleges empowered to examine candidates for the license (§ 19); also to send its secretary, or any of its members, to attend at such examinations, and see that they are satisfactory, and, if they are found unsatisfactory, "to refuse to register upon the testimonials of the body so in default" (§ 25); and having, moreover, the power of giving or refusing their sanction to all the bye-laws of the colleges—including, of course, those relating to education (§ 22); it is clear that it can enforce such courses of study as it thinks proper. And, as already observed, it would be monstrous to suppose that a Council of Medical Education should sanction aught less than such a course of education—preliminary and professional—as the present state of medical science, and the high character and standing of its professors indicate as proper. It would, however, have been satisfactory to the friends of medical education—the best friends of the profession—if the Bill had contained some more positive enactments as to the period and course of study required of candidates for the license, as in the case of physicians and surgeons. It would also have been agreeable to observe some more efficient arrangement for testing, in all cases, the proficiency of the candidates in classical and general knowledge. If such an arrangement is not introduced into the Bill, we trust, at least, that care will be taken that the College of Health is kept sufficiently awake to its immense importance. For our own parts, we entirely coincide in opinion with Sir B. Brodie and Sir James Clark, in regarding the enforcement of a proper PRELIMINARY EDUCATION, as of equal importance, at least, with that of the strictly professional part of study. Here it was, as already observed, that the system of apprenticeships produced such disastrous effects,—throwing, in innumerable instances, a blight over the whole future intellectual progress of the individual. In reference to this fact, Sir Benjamin Brodie may well say, that "it is very much to the discredit of the great medical institutions in this country, that, except in some few instances, they have not given even an indirect encouragement to the obtaining a good general education, and, in *one instance*, the legislature have actually done their best to throw an impediment in the way."⁴ In Sir James Clark's "Second

³ Second Letter to Sir James Graham, pp. 16-17.

⁴ Introductory Discourse, p. 19. But while thus strongly condemning the system of apprenticeship which has hitherto prevailed, we wish to guard ourselves against being supposed to condemn every system of apprenticeship. On the contrary, we have an equally strong opinion, that no man can be qualified to enter upon practice for himself, who has not served a practical clinical training of some sort, under this or some other

Letter,' the reader will find this question treated of in an admirable manner. We can only find room for one brief extract here, but we earnestly recommend the perusal of the whole section, as a masterly exposition of this all-important subject:

"Had the scientific education of medical men been better attended to, the nation might have been spared the loss of much human life, and the fruitless expenditure of much treasure; and the public health might have attained a much higher standard than it has yet reached. It is from being unacquainted with the common principles of philosophy, and, consequently, unacquainted with the laws by which the various physical agents amidst which we live are regulated, and the effects of these in promoting health and inducing disease, that medical men have failed in some of their highest duties—that they have been less efficient ministers of health and less successful investigators of disease than they would otherwise have proved. It is in the power, as it is unquestionably the duty, of the legislature to put an end to such a state of things; and an excellent occasion now presents itself for improving the education of medical men generally, and, above all, in its most neglected, but not least important department—PRELIMINARY INSTRUCTION." (pp. 17-18.)

We shall hereafter have to consider the merits of the arrangements for examination generally, provided by the Bill. At present we shall only observe, that though we regard them as very defective, and think that they ought to be changed, we cannot bring ourselves to believe that they can fail to be tolerably effective in practice. We are well aware of the fears expressed by some, that the examining bodies, (the Colleges of Physicians and Surgeons,) may be led to sacrifice the interests of the class of licentiates to the interests of their own grades of the profession, by *keeping the former down* through the instrumentality of a low and lax system of examination. To say nothing of the monstrous professional treachery involved in such a project, we may surely hope that if it could be entertained, it would be defeated by the circumstance that the acts of the council of health will be all subject to the direct supervision of parliament, and must be performed under the unsleeping eye of public jealousy.

2. *Surgeons.* By making the minimum age at which the diploma or license of surgeon can be obtained, *twenty-five*, it is of course intended that the additional period of four years beyond that period at which the degree of licentiate may be obtained, shall be devoted to study in schools and hospitals. It cannot, therefore, be doubted, that if the licentiate were at all qualified for the practice of his profession by his course of study, the surgeon must be still better qualified generally, and especially in what may be regarded as his peculiar department, viz. the treatment of external diseases, and chirological operations. While admitting this, we

name. A dressership, a clinical clerkship, a house-surgeoncy in an hospital, are all apprenticeships, and universally acknowledged to be of the last importance to the students who are fortunate enough to obtain them. But the great majority of general practitioners cannot expect to hold such offices; and it seems, therefore, essential that some equivalent should be found in their case. At present, we do not feel ourselves called on to discuss the subject, but we claim for it the earnest attention of all the friends of medical education at the present crisis. The objections to even an ordinary apprenticeship (of one or two years) do not apply, with anything like the same force, *after* the student has obtained a good preliminary education, as before he has obtained this. But if this should be thought objectionable or unattainable, might it not be a regulation that men *licensed* at the age of 21 should not be allowed to practise *independently*, but only as ASSISTANTS of other practitioners, until they had reached the age of 25 or 25?

cannot overlook the fact, that, as far as the test of *qualification by examination* goes, the licentiate may be better qualified, in one most important department, than the surgeon, viz. in *practical medicine*. By the enactments of the Bill, the licentiate is required to pass examinations in every department of medical practice. In England, for example, he must be examined "by the Royal College of Physicians of England, assisted by the Court of Examiners of the Apothecaries' Company; and also by the Royal College of Surgeons of England," (§ 14.) Of course, the object of sending the licentiate before the College of Physicians, is to test his knowledge of practical medicine, the practice of which, it need not be stated, constitutes by much the greater portion of his professional duties. The surgeon, however, is only required to be "examined by one of the Royal College of Surgeons of England, Scotland, or Ireland." (§ 15.) So that as far as practical medicine is concerned, no means is supplied by the Bill for testing the knowledge of the surgeon. In the new by-laws of the College of Surgeons it is, no doubt, provided that the candidate for the fellowship shall have "attended the medical practice of a recognized hospital for one year, and lectures on the theory and practice of medicine and on clinical medicine, during two sessions of six months each;" and although it may be fairly presumed that the opportunities afforded by such a course of study as is prescribed, will, in reality, lead to the acquirement of a sufficient stock of medical as well as of surgical knowledge; it is certainly odd that, considering that more than half the practice of all pure surgeons is really medical, no positive provision should have been made by the Bill for testing such knowledge. We presume that this anomaly has arisen not intentionally, but from oversight, and that it will be remedied in the passage of the Bill through the House. The obvious amendment (on the basis of the present Bill) is, that the surgeon, as well as the licentiate, should be examined "by the College of Physicians, assisted by the Apothecaries' Company."

With the exception just stated, the education required by the Charter and Bye-laws of the College of Surgeons is most ample. Indeed, if any fault can be found with the curriculum, it is that it is too extensive. At any rate, no one who reads the Statutes respecting candidates for the Fellowship, as set forth in the "Bye-laws and Ordinances," can entertain any doubt that it will be henceforth impossible for any person to become a Fellow without being possessed of an ample stock of general and surgical knowledge, or that the Fellows, as a body, can be other than accomplished surgeons, in every sense of the word.

3. *Physicians.* The provisions of the Bill seem ample for securing a good and sufficient education for the physician, indeed (with one single exception) almost too ample. In the first place, he must have obtained his degree in some British University, at which he has resided and studied at least two years (§ 20); secondly, he must have "applied himself to medical studies during at least five years" before he is allowed to take this degree (§ 16); thirdly, he must have been *afterwards* "examined by one of the Royal Colleges of Physicians of England, Scotland, or Ireland," (§ 16), and must have "received letters testimonial from the Examining College, of his being duly qualified to practise as a physician," (§ 16); and lastly, he must have attained his twenty-sixth year before he is registered for practice. (§ 16.)

The few deviations from these regulations, enabling general practitioners to graduate after forty years of age, and enabling the graduates of foreign universities to be licensed as physicians, are hardly worth mentioning; and, at any rate, they do not, in any way invalidate the proposition here maintained, that, with the exception already hinted at, the qualifications of physicians are most fully provided for by the Bill. The exception here alluded to, is the non-enforcement of surgical studies and the want of any examination in surgery. Although an acquaintance with surgery is not so absolutely necessary to the physician as an acquaintance with practical medicine is to the surgeon—few physicians treating surgical diseases—still we hold it to be an axiom based on both reason and experience, that a knowledge of both departments—a *general* knowledge at least—is essential to the practitioner in either.

From this survey it seems to us to be satisfactorily made out, that, even under the defective arrangements for examination established by the Bill, a good though not a complete education will be enforced in all the grades of the profession; and it may be fairly presumed that, under its operation, no medical man will be henceforth licensed to practice who has not shown that he is qualified to do so. Of course, no Bill and no human arrangement can communicate, or can even test the existence of, much that it is most important that a medical practitioner should possess. The Bill cannot make a stupid man clever, or give the power of observation and logical inference to a mind that has it not; neither can it confer the capacity and inclination for continuous study and improvement, or bestow habits of industry, attention, kindness, &c., so essential in the exercise of the medical profession. But it is here decidedly provided for, (always assuming the Council of Health to do its duty,) that every future practitioner must possess such an amount of medical knowledge as must be a satisfactory guarantee both to the members of his own profession and to the public, of his competency to treat disease.

II. *Of the Bill, in relation to the Course of Study and Mode of Examination of Candidates for the License.*

Beside ensuring a good education in every grade of the profession, the Bill introduces a simplicity and uniformity in the modes whereby this is to be acquired and tested, which constitute decided improvements on the old system. In the first place, the Council of Health is empowered to take care that the same or similar courses of study shall be required throughout the three kingdoms, for each of the three grades into which the profession is divided. Secondly, the educational requirements being the same, the nature of the examinations, and also the amount of fees, will, of course, be the same, or as nearly the same as circumstances may permit, (§ 19.) Thirdly, the students may repair to whatever examination board may be most convenient or agreeable to themselves, e.g., Irish students to the London or Edinburgh board, or English and Scotch students to the Dublin board. Fourthly, the examination boards being reduced to one in England and Ireland, and two in Scotland, [the

expediency of reducing these to one is most obvious,] and all constituted on the same general plan, there is introduced a facility of understanding, of planning, and directing the career and educational course of young men destined to the medical profession, which must be very satisfactory to their guardians and advisers, as well as to the students themselves.

So far, then, we must admit, that the provisions of the Bill are satisfactory as regards the prescribed modes of obtaining knowledge, and the exterior economy of the arrangements for testing the qualifications of candidates. The Bill, however, contains two great blemishes bearing on the interior economy of these arrangements,—one of commission, the other of omission.

1. The first of these blemishes is the proposed *Constitution of the Examining Boards*, which presents several obvious defects.

a. We have already referred to an objection founded on the supposed prejudice of the intended examining bodies (the Colleges,) against the class of licentiates. While demurring to the degree and influence of the prejudice implied in the objection, we cannot deny its existence altogether, and must therefore admit the possibility of its evil operation in the way supposed. We have given above some reasons for believing that if it did exist it would be rendered comparatively inoperative. Others, however, think differently; and it must be admitted that the *very belief of its existence* by the general practitioner, is in itself a serious evil, and affords an argument of no mean weight against the constitution of the boards as proposed by the Bill. This objection has been strongly urged in many quarters, and is thus forcibly stated in the *Marylebone Manifesto* and in the *Apothecaries' Address*:

"The provision by which the education of the future general practitioner is placed under the control of a mixed board of physicians, surgeons, and apothecaries, is bad in principle. In such a board the physicians and surgeons will always possess a preponderating influence over the apothecaries. They will be in the dilemma of either continuing the general practitioners upon an equal footing with themselves, in point of medical and surgical education, or of constituting them an inferior grade. The interest of the class represented by the more influential part of such a board, namely, the consulting practitioners in medicine and surgery, will always be to keep a lower grade at as great a distance from their own, in point of medical qualifications, as possible. Thus, even if a penal clause to prevent unlicensed practice were appended to the Bill, the educational tendency of such a board, as respects the great mass of medical men, under whose care the health, limbs, and lives of the majority of the people must fall, would be in the wrong direction." (*Manifesto*, p. 9.)

"The interest of the physicians, as a body, is directly opposed to this improvement and elevation of the general practitioner. The difficulty which this view of the subject presents to the examination of the general practitioner by the physician, has been felt and acknowledged by members of that body, because it cannot fail to render the duty an invidious one, and there will always be this anomaly attending its discharge, that in proportion as the duty of giving a high qualification to the general practitioner is performed with zeal and efficiency, will the physicians be breaking down the distinction which exists between the class which they are educating and themselves, that distinction upon which their very existence, as a separate class, depends. Looking to the constitution of the governing body of the College of Surgeons, the same reasoning applies, and with equal force, to the share which that body is to take in the education of the general practitioner. But it will be said, you ought not to impute to the Colleges of Physicians and Surgeons,

that in the exercise of the powers proposed to be given them by this Bill, they will be actuated by a desire to lower the standard of attainment of the general practitioners, or check their improvement as a class. We reply that our objection to the Bill is, that it gives them the *power* of doing so." (*Address*, p. 30.)

b. The partialities of corporate bodies in favour of their own members are notorious. In the present case, what guarantee have we that the Colleges will select for examiners the men best qualified for the office? We think the chances are much against their doing so. It is not the oldest physician or surgeon, nor yet the man of largest practice and greatest professional experience—the man of most influence in the College—that is likely to be the most competent examiner. The Colleges will, of course, restrict the selection to members of their own body, most likely to members of their Council; now it is a very possible case, that the men most qualified to examine may not belong to the College at all, or hold any prominent place in its ranks. We agree entirely with Sir James Clark in thinking, that "such bodies (the Colleges) are not qualified to test candidates on their scientific acquirements."^{*}

"That power should be intrusted only to an independent body, unconnected with the educating institutions on the one hand, and the medical corporations on the other; a body responsible to the government for its acts, having no collateral interests to divert its attention from carrying out in the fullest manner the principles embodied in the legislative enactment."[†]

c. Another most serious objection against the examination boards proposed, is one that has reference to the second of the great blemishes of this part of the Bill, which we shall consider directly. The licentiate of medicine and surgery will have no more reluctance to come before the examiners of the College of Physicians than before the examiners of the College of Surgeons. But the case is very different with the future members of the Colleges themselves. The expectant Associate of the College of Physicians, the *M.D.* or *M.B.* of an university of repute, will feel it to be somewhat *infra dignitatem*, to submit himself to the questioning of the Board of Surgeons, and even to the examiners of his own college when "*assisted by the court of examiners of the Apothecaries' Company*." The surgeons, on the other hand, will repudiate the examination of the physicians. Accordingly, the Colleges, more especially the College of Physicians, at least the members individually, do not, we believe, hesitate to point to this double constitution of the examining board, as a main reason for refusing to have their members examined by any other than their own section of it.

For these and for many other reasons which our limited space prevents our noticing, we entertain a very strong opinion that the Examination Board should be constituted independently of the Colleges, and that the members should be nominated by the Council of Health, to hold office for a limited period, but to be reeligible after its expiration.

2. The second defect, under this head, has just been referred to: it is

* No offence is meant in making this remark. It is founded on the conviction, derived from experience, that few men are qualified for the office of examiners who are not teachers—men obliged to keep up their knowledge to the level of the present day, and habituated to the practice of examining.

† Second Letter to Sir James Graham, p. 29.

this—that the Bill does not contain a clause to render it obligatory on every candidate for the license to practise, to undergo the same preliminary examination. In other words, we are of opinion, with Sir James Clark, “that every practitioner, whatever may be the department for which he is destined, should qualify for the duties of the general practitioner,” and, in the first instance, submit to the same examination. We would even contend with the same writer, that this examination should be the only one requisite to qualify for practice in any of the grades of the profession; although the subsequent collegiate examinations might still be properly retained, and the possession of the titles flowing from such collegiate examinations, continue to confer peculiar privileges. Few men can now be found in the profession who will deny the essential unity of medicine in all its forms, or contend that the physician should not understand surgery or the surgeon physic. The one examination here proposed would ensure the possession of this general knowledge by all members of the medical body. The common examination, and the common title and license thence derived, could not fail to have a healing influence on the divisions, bickerings, and jealousies that now distract the profession at large, and which, it is to be feared, will be much increased instead of being diminished by the Bill, if carried in its present form. By the plan we are advocating, every one would, in the first instance, be licensed under the common title of “Licentiate of Medicine and Surgery;” but, of course, no one would be debarred from proceeding to seek other titles given under other conditions, and conferring other privileges; or be prevented from devoting himself to whatever department of practice he preferred.

III. *Of the Bill, in relation to the Equality of Privileges of Medical Men in Practice.*

Here the Bill confers everything which the profession has sought for or can reasonably desire, viz. perfect equality of rights and privileges to every one of the same grade throughout the empire. No college or corporation, nor any other public body, can henceforth interfere with the practice of any individual, in any part of the three kingdoms, wheresoever he may have studied or may have obtained his license to practise. As the Bill, in the enactments last considered, establishes *uniformity of education and qualification among practitioners of the same class, throughout the empire*; so, in that now under review, it establishes *uniformity of privileges*, in the same degree. All the limitation introduced, in respect to community of privileges throughout the empire, is, that physicians and surgeons removing from the part of the kingdom where they have received their letters testimonial, to another, for the purpose of practising, must enrol themselves as fellows or associates of the college of the kingdom to which they remove, paying the usual fees, but without undergoing any examination. (§ 18.) No restriction of this or any other sort applies to the licentiates; and the reason for its being applied to the two other classes is not very obvious.

IV. *Of the Bill, in relation to the Registration of Licensed Practitioners.*

The plan of a general registration of practitioners, by the Council of Health, and the official publication of a register, for the information of the profession and the public, is an immense improvement on the old system, and cannot fail to be of great benefit. The plan, as proposed in the Bill, is as follows: Every practitioner, after receiving his testimonials from the examining boards, may, on the payment of a fee, have his name inserted in a general register, kept by the Council of Health. This register is to be “published from time to time” [annually]. “And every person whose name shall be so registered, who shall be desirous that his name shall be continued in the published register, shall, in the month of January, in every year,” renew his application for registry, when the Council “shall forthwith cause the names of all persons so returned to them, to be published in alphabetical order, in their several classes, with their several places of abode, and dates of their testimonials.” (§ 13.)

The establishment of a general registration of all legally-qualified practitioners, and the annual publication of an authentic register of their names, is a measure calculated to be of such essential service to the profession and the public, that it cannot be too cordially received; and no pains should be spared to make this part of the scheme as perfect and practical, and as easily-worked as possible.* Some objections have been made to the plan as stated in the Bill; and some alterations, with a view to its improvement, have been suggested, which merit examination.

1. In the first place, it is objected that the registration is not made *compulsory* in every case. But it is so made to all who wish to be considered as legally-qualified practitioners. In fact, so far as appears by the Bill, this act of registration seems identical with, or to form a part of, the act of licensing. At any rate, it is quite clear that it ought to be made compulsory for every one to register, in the first instance, at least, if it is not already so provided by the bill.

2. Some have objected to the clause rendering it obligatory on every one to send “to the Council his name and place of abode” every year; on account of the trouble, especially where there is no change of abode. But the trouble imposed is insignificant, compared with the attainment of the great object of having a correct register. It is much less trouble than returning the names of ourselves and servants annually to the tax-gatherer: still even this ought to be avoided, if the plan can be well worked without it.

3. Much stronger objections have been made to the amount of the

* One of the many obvious and important benefits to be derived from an authentic public register, was noticed by Mr. Swain of Devonport, at one of the late meetings. Every one who has resided in the country must have witnessed similar cases to those adverted to by Mr. Swain. “They could all of them,” he said, “speak of the annoyance of persons coming among them and practising under the plea that they were qualified to do so; but great difficulty at present existed to ascertain whether they were so qualified or otherwise. They met with persons practising as medical men, whom nobody knew anything about; and although they might ask who they were, they could not always hope for a satisfactory answer to their inquiries.” (Lancet, Oct. 12.) Of course, a single glance at ‘The Register,’ if it existed, would cure this evil.

registration-fee, viz. £5 in the case of a physician or surgeon, and £2 in the case of a licentiate. But if we are right in thinking that this fee is not merely for the registration, but is also for the license to practise, it will seem less exorbitant. Still, as no obstacle that can be avoided, should be thrown in the way of registration, it is highly desirable that the registration-fee should be made as small as the "defraying of the expenses of this act" shall justify. The estimation of the just amount of fee will depend partly on the kind and amount of privileges accruing to the registered. For instance, in what form is the register to be published? Is a fresh register to be published every year? Is a separate copy of it to be delivered gratis to each of the registered, or is it to be sold? If sold, is the price to be high or low?

But here, as in many other parts of the Bill, the appreciation of the particular enactment is rendered abortive by the knowledge that the Bill contains one monstrous clause, which has an important bearing on every other, and which clause, we feel confident, must and will be entirely changed before the passing of the Act. We, of course, refer to that part of the Bill which leaves the practice of medicine totally unrestricted. If this clause were altered, and it were part of the enactment that the licensed alone were privileged to practise the medical art, there would then no longer remain any doubt that the registration should be made compulsory, and there would be then little reason for complaining of the amount of the fee, for securing a privilege of such real importance.

V. *Of the Bill, in relation to the Incorporation of the Profession.*

The Bill makes no direct attempt to incorporate the medical profession. By registering the members, however, it formally recognizes them, for the first time, as a distinct body; and by placing the Council of Health at their head, connects them, in some sort, with the state. This, as formerly remarked, is an important improvement; but it is not the kind of incorporation which reformers have desiderated. What they have contended for, as a matter of right flowing from their very qualification as practitioners, is enrolment as members of some college or institution, in which they might feel themselves, as it were, at home in their own hall, and have a right to take a part, more or less, in the discussion and direction of their own affairs. If the Bill had contained any arrangement by which such an extensive change could have been effected, it would, unquestionably, have been a boon of great value to the profession, more especially to the largest and most influential part of it, the general practitioners. But the difficulties attending any such incorporation were, doubtless, regarded by the framers of this Bill as insurmountable; or, at least, as involving such opposition from the existing corporations, as would have rendered the passing of anything like a good bill most difficult, if not impossible. The changes made are, therefore, partial and inconsiderable. This is a great misfortune; because nothing would tend so much to produce harmony, good will, and content in the profession, as the union of the different classes in one great college or corporation; or into two or more colleges, separated according

to pursuits or grades, yet joined together in a sort of federal union. It is always dangerous to leave any large body of men, of the same general class, to see and feel that they are separated from their brethren by any impassable line of distinction, indicating superiority and inferiority, real, nominal, or conventional. But we believe that the defects of the Bill in this respect, are attributable not so much to its framers as to the members of the profession themselves. It is the old medical corporations, the Colleges of Physicians and Surgeons, that have always stood in the way of such an incorporation of the members of the profession, as would be generally satisfactory: and it is understood to be to their opposition, on the present occasion, that we are indebted for the deficiencies in the Bill which we are now considering. The mistake committed by the minister—and it is a great mistake—was to grant any of the new Charters previously to the passing of the Bill.

It is, however, but just to the colleges and to the government, to admit, that, as far as set forth in the Bill, and, as far as we know, in the charters already granted, or about to be granted to the former, the principle of incorporation is carried a good deal further than it was before. A survey of the different classes of practitioners, in regard to corporate privileges, will show this clearly enough; but it will also show how very inadequate the amount of incorporation still is, to meet the wants of the profession at large.

I. PHYSICIANS.

It appears by the Bill, that every physician, on obtaining his letters testimonial, and being registered, will be enrolled as an *Associate* of some Royal College. He will thus have a name and station at least; and all that could be reasonably asked for further is simply, (1) that, in his capacity of associate, he should have the right and privilege to meet with his brother associates in the halls of the college, to consider and discuss such affairs as concern the body to which he belongs; and (2) that he shall eventually attain, or at least may attain, the higher dignity of *Fellow*. Whether the process whereby this elevation is effected be by simple seniority or by examination, does not seem material, as long as the dignity is *equally open to all*. But this last is essential. It is, indeed, said that by the terms of the new charter prepared for the College, the number of Fellows is to be limited, and that the limited number is to be created by arbitrary selection and election by the Fellows and Associates. But we can hardly believe that a rule at once so unjust, and impolitic, and one which, we cannot but think, must be obnoxious to the feelings both of the Fellows and Associates, can be sanctioned by the present Fellows of the College. Such a plan must inevitably excite dissatisfaction and discontent among the great body of the Associates, and instead of attachment to the College, must lead at least to estrangement if not to open hostility. The poor Licentiate, Heaven knows, has already been long enough an outcast; and surely it is not too much to expect better treatment for him under his new title of Associate. Wherefore, —knowing, as we do, their general high character and liberal feelings as individuals,—we confidently appeal to the Fellows, in the Hall of their College, and in their corporate capacity, to do him justice.—“*Quam obrem magna me spes tenet, si ea, quæ sunt in causa, explicare, atque*

omnia dicendo, consequi potero, hunc locum consessumque vestrum, quem illi horribile ac formidolosum fore putaverunt, eum tandem ejus fortunæ miseræ multumque jactatæ, portum ac refugium futurum."^a

The mode of admission to the Fellowship, adopted by the College of Surgeons, that, viz. by examination, is much fairer than the one just referred to, because it leaves the door open to every one who may choose to fulfil the conditions requisite to enable him to pass through it. The plan by examination, however, could hardly be adopted in the College of Physicians, because the studies and examinations undergone for the Associateship are already fixed so high. The only remaining plan, and certainly the best of all, (if the two classes of physicians are to be maintained,) is that by seniority, every Associate of a certain standing—say seven or ten years—claiming a right to admission to the Fellowship on attaining the fixed probationary limit, unless some tangible objection can be proved against him.

The following occur to us as the only objections of any force that can be urged against this plan:

1st. That an honour shared by so many, and alike open to all, men of talent and men of no talent, would cease to be regarded as an honour. Some force might be allowed to this argument if the practice which it purports to supersede, was calculated to promote the honoring of desert alone, or was even likely to do so at all. But as we have no guarantee in past experience that this will be the case in future; and as, indeed, there is every reason to believe such would not be the case; we are bound to maintain that the argument derived from the obvious manifold evils necessarily flowing from the practice of *selection*, is all-powerful. But it is part of the plan advocated by us to leave a door open for the promotion of distinguished merit, even under the system of seniority. We admit that it would be a defect in the arrangement if there were no means of enabling the College to testify its sense of the value of great discoveries or of other important services rendered to science or humanity by its Associates: and we would therefore leave the power in the hands of the President and Council to confer the fellowship on a certain number—say two or three annually—who could not claim it on the ground of seniority.

2d. It may be urged, in the second place, that, according to the system of seniority, persons of disreputable moral character might occasionally find entrance to the fellowship. This danger, however, could be easily obviated in various ways. For instance, it might be arranged that in addition to the claim of seniority, every associate should be required to produce a certificate or recommendation, signed by a certain number of fellows, (as in the case of the Fellowship of the College of Surgeons,) to the effect that he is "a fit and proper person to be admitted to the fellowship." Or even a ballot might be instituted for every one as he attained the limit of seniority, the number of excluding balls being fixed at such a high proportion (say two thirds) as would prevent the effective operation of any mere prejudice or spite, and yet would effectually obstruct the admission of persons justly obnoxious.

3d. It may be urged that so very large a body as would be constituted by all the associates becoming fellows in their turn, would form a very bad medium for the transaction of business. To this we reply that, for the mere *discussion* of the affairs of any body of men, a large assembly is by no means either improper or inconvenient; and that for the *transaction*

^a Cræ. Orat. pro A. Cluent.

of what is more properly termed *business*, the College has the same medium as other large bodies, viz. its Council. It would be an easy matter to decide what subjects, whether for deliberation or execution, should be intrusted to the Council; and no one could object to all the *business* being transacted by it, so long as its members were chosen by the Fellows at large. In order to ensure a fitting executive of this kind, and, at the same time, to accord to seniority and experience their just due, all would agree to its being made a law of the corporation, that the members of the Council should be elected from Fellows of a certain standing, and the President from a still smaller number at the head of the list.

A College, constituted as is here proposed, would present an example of a real incorporation, and a just representation of one department of the profession; and while we see how easily, and at how little sacrifice the change could be effected, we cannot bring ourselves to believe that the College of Physicians will persist in what is understood to be their intention respecting the admission to the Fellowship.

II. SURGEONS.

In treating of this class of the profession, our views are not restricted, as in the case of the physicians, by imperfect documents. We can here refer not merely to the general Bill but to the Charter and the Bye-laws of the particular College, all throwing light on each other, and together constituting the whole documentary evidence likely for some time to exist on the subject. From these we gather the following particulars,—few, indeed, but all that have reference to the subject of incorporation:

The College consists of two classes, MEMBERS and FELLOWS, both unlimited as to number, but differing materially as to rights and privileges.

MEMBERS. The documents give us but little information respecting members; they are, however, spoken of, both in the Charter and Bye-laws, as one of the constituent classes of the College. Nothing is said respecting the mode of their admission to the Collegiate honour, nor of the general privileges attaching to the membership. As, however, the new Charter confirms "all jurisdiction, powers, authorities, &c. as to the admission and expulsion of members," formerly possessed by the College, it is to be presumed that the regulations as to the attainment of the diploma, and also the common privileges thereby conferred, will be the same or similar to those now in force. It is generally understood—and we ourselves firmly believe—that that portion of the examination for the *Licentiate*ship, which is to take place before the College of Surgeons, will be regarded as identical with that for the membership, the diploma being immediately thereafter attainable on the payment of a certain fee. No hint is given in the documents as to any corporate privileges attaching to the membership, except the very important one of its giving a claim to examination for the Fellowship, a certain number of years after the date of the diploma. The value of this privilege will be understood when we come to consider the privileges of Fellows. The future members will, of course, retain all the rights and privileges, such as they are, possessed by the present—such as free access to the library, museum, and theatre of the College, &c.

FELLOWS. According to the provisions of the Bill, no person can be registered as a "surgeon" unless he have attained the age of twenty-five,

have applied himself to surgical studies during at least five years, and have passed an examination before one of the Royal Colleges of Surgeons. On being registered, he becomes, *ipso facto*, a Fellow of the College.

According to the Bye-laws, there are two ways of admission to the Fellowship, the one having no necessary connexion with previous membership or professional practice, the other having a necessary connexion with both.

1. By the first, any person who is twenty-five years of age; who is recommended by three Fellows as "a fit and proper person to be admitted to the Fellowship;" who can produce proofs that he has studied during certain prescribed terms at schools and hospitals, (a most ample curriculum;) "that he has attained a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics"; "that he has served the office of House-surgeon or Dresser in a recognized hospital in the United Kingdom;" may present himself for examination for the Fellowship, and if he "shall be found qualified for the same," he shall receive his "Diploma of Fellowship." Candidates of this class may, or may not, have previously become "members" of the College.

2. The second medium of admission to the Fellowship is through the previous qualification as Member. It is recited in Clause 7, Sect. I, of the Bye-laws, "that any member shall, after the expiration of twelve years from the date of his diploma," be admissible to examination for the Fellowship, upon the production of a certificate signed by three Fellows, to the effect, "that he has been twelve years in the practice of the profession of surgery; that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified;" and also, "if he have not the degree of Bachelor of Arts, that he has a competent knowledge of the Greek, Latin, and French languages, and of the Elements of Mathematics." Upon passing the examination, as in the former case, the candidate will receive the Diploma of Fellowship, and be registered as a Surgeon.

As we have no means of knowing what curriculum of study may be required of candidates for the *membership* in the first instance, we cannot say to what precise extent this second mode of admission to the Fellowship is a special boon to the Member in regard to school or hospital attendance; but we take it for granted that the "twelve years' practice" is intended to stand as an equivalent for the "Dressership," and for certain other stringent conditions as to study, required of the junior class of candidates. We should also expect, as a reasonable concession to the acknowledged influence of time in dulling the vivacity of scholastic impressions, that the examination of this class of persons would be less stringent in matters of mere science, and more practical, than that of the other class.

The rights—certainly and probably—attaching to the Fellowship, show a considerable advance in the general views respecting medical incorporation, as well as an important augmentation of the dignity and professional privileges of the particular class of surgeons who are to be possessors of it. For the first time, since the institution of the College, a

* We notice this as the general rule. An exception is made in favour of those who have been members at the time of granting the Charter; they may go up for examination at the expiration of eight years.

considerable body of its members,* under the name of Fellows, are entitled to meet in the Hall of the College, to elect their executive body and their own officers, by free ballot. They are themselves also eligible to fill any of the offices of the Corporation, under certain conditions.† It is to be presumed, also, that there exist the means of calling other meetings beside those for the election of the Council, at which Fellows may have an opportunity of discussing the affairs of the College or of the class of the profession to which they belong.

As far, then, as regards the class of Surgeons called Fellows, there seems little to desire in the way of incorporation beyond what is conceded by the Bill and by the Charter; and if the whole profession consisted of two classes only, Physicians and Surgeons (in the restricted sense,) we should, for our own parts, after certain easy modifications of their bye-laws, be well enough contented with the organization of the Colleges. But it is impossible to consider this subject without going further, and inquiring how the interests of the largest and most important class of all, the General Practitioners, stand affected by the two forms of incorporation which we have been considering.

III. GENERAL PRACTITIONERS.

It is of no practical use to investigate the causes of the division of the profession in this country into three classes, or to reason on its expediency or in expediency; it suffices that it exists and must continue to exist. The only questions of real importance to be now considered are, (1) Whether the general interests, the honour, the happiness of the general practitioners, as a constituent body in the profession, are sufficiently conciliated by the arrangements of the established Corporations; and (2) If they should appear not to be so, how such a conciliation is to be effected.

No one will attempt to dispute the right of this body—forming nine-tenths at least of the whole profession—to have its interests considered, weighed, and adjusted. It may, indeed, be argued, whether that association and organization of its members, usually understood by the term Incorporation, is really essential to the best interests of the class of general practitioners. Much difference of opinion will exist on this point; but the difference, we apprehend, will be rather as to the meaning of terms and the amount of the thing sought for, than as to the expediency of the thing itself. It is contrary to all experience, and indeed in contradiction to the principles of human nature itself, that any large proportion of a body of men having such identical pursuits as the whole medical profession has, should sit down content under the privation of powers, privileges, honours, titles, (whatever they may be,) springing out of the very nature of these pursuits, while they see them exclusively attainable and exclusively enjoyed by a small fragment of their number. We say *exclusively attainable*; because men will reconcile themselves to any obstacle in the way of their ambition, provided they have the conviction that it is by possibility removeable, and free scope is left in the mind for the exercise of hope and the indulgence of rational expectation. And

* The present number of Fellows is upwards of 500.

† Some of the regulations respecting the election of the Council, as laid down in the Charter, are so manifestly bad, that they will require to be changed. Our business, at present, is to consider principles not details.

so it is with the general practitioners of England. Knowing themselves to be brothers and fellow-labourers in the same field with Physicians and Surgeons, they naturally expect that they should partake of the same fruits and enjoy the same or similar rewards,—at least in a degree bearing some proportion to the comparative dignity of their status and the value of their labours. If this expectation is not fulfilled, it is unreasonable to look for content among their ranks. That content is not found there at present, we have the testimony of the almost unanimous voice of this part of the profession, proclaiming aloud from one end of the kingdom to the other,—not merely that their actual condition must be changed, but that their prospective condition, shadowed forth in the Government Bill and the College Charters, is equally unsatisfactory.

One of their loudest calls is for *Incorporation*. Incorporation they see exists, and is prized in the other classes of their profession; it confers peculiar rights and privileges on the incorporated members; it matters not a whit whether these are of any real value, it is enough that they are the object of desire: if the path that leads to them is barred against a class that claims participation in them as a right, that class, as a matter of course, is discontented and unhappy. But the justest cry for justice may be unreasonably exalted by passion. Let us, therefore, while conceding to the general practitioner his undoubted right to share in the privileges of Incorporation, examine with calmness and impartiality his true position, present and prospective, in regard to this privilege, and then decide, according to the best of our judgment, how his wrongs, if found to exist, may be best redressed.

It is scarcely necessary to remark that the present anomalous position of the general practitioner in regard to incorporation, arises from the fact, that the medical profession, in this country, has finally resolved itself into three departments, while the corporations formed previously to the tripartite division, have still remained but two.*

The members of the new third estate of the medical kingdom, the general practitioners, combining as they do, in their own persons, the functions of the members of both corporations, might naturally seek alliance with either, in their desire for incorporation. But association with the physicians was, speaking generally, impossible, from the want of an University degree. They therefore joined the incorporation of surgeons, and, under the name of Members of the College, have continued, until the present time, associated with them, at least in name. But, as might be expected, this union, legally voluntary yet conventionally compulsory, proved anything but satisfactory to the general practitioners; and their long discontent and loud claims for something more than a mere nominal alliance, have mainly brought about the state of

* In making this statement we purposely disregard the Apothecaries' Company, because it has no claim whatever to be considered as a medium of incorporation for the general practitioner. It had none of the fundamental principles requisite to entitle it to be so considered, and it never was so considered by its members.

The sudden cry recently raised in favour of this body, must have surprised the Worshipful Company fully as much as it has surprised everybody else. And yet the cry was natural, though strangely misdirected. The just terror of the impending blow from Sir James's non-restriction clause has somewhat disturbed the judgment of the general practitioner. To escape from the Quacks he would take refuge in Apothecaries' Hall, just as a man pursued by a mad bull would jump into a horsepond. But surely neither the one nor the other would select such a resting-place in cool blood.

things leading to the changes in the medical constitution, effected or projected, now under consideration.

According to our representation of the privileges of the Associates and Fellows of the Colleges of Physicians and Surgeons, it cannot be denied that both these societies afford, or may easily be brought to afford, tolerably fair examples of incorporation, as far as regards their own members. And as they are composed of men avowedly belonging to those orders of the profession most regarded by the world, affiliation with their ranks ought to be generally satisfactory. Doubtless it would be so to the general practitioners, provided it could be attained on anything like equal terms, or on terms not derogatory to their standing as gentlemen and men of education; and provided it presented the essential quality of being *attainable by all*. In theory, no doubt, this is the case; but many of the conditions are of such a nature that though it may be *possible* for all to accept them, it is more than improbable that all will ever do so.

Although we have already stated these conditions we will repeat them here; and we will also repeat our opinion that, however inadequate they may be considered by general practitioners, they are, in truth, boons to their order in the way of incorporation, altogether new, and the only substantial boons in this respect they have ever received.

1. All persons having passed as licentiates of medicine and surgery, may immediately become members of the College of Surgeons on paying a small fee for the diploma. They will then possess every privilege in respect to the College which they now possess. They will be MEMBERS OF THE ROYAL COLLEGE OF SURGEONS, and may put "SURGEON" on their cards and on their doors as heretofore, although they cannot appear in the Register under this title.* Twelve years after the date of their diploma as member, they may claim to be examined for the Fellowship, and on passing the examination and paying the fees, will be registered as "SURGEON," and be constituted FELLOWS OF THE COLLEGE OF SURGEONS with all the privileges. Now, if the examination is such a one as may reasonably be expected to be passed by men who have been twelve years absent from the schools, but who have not foregone their private studies, it cannot be maintained that the access to corporate privileges is excessively and unreasonably difficult. According to the Bill, the Fellowship may be thus attained at the age of 33, a period of life which cannot be regarded as unreasonably advanced, for a man to wait for, ere he can acquire official distinction. If we could believe that the arrangement would be regarded generally in this point of view, and that all or even a large majority of the Licentiates of medicine and surgery, would become members with the purpose of eventually becoming Fellows, we should feel that a good deal was done towards effecting a tolerable incorporation of this class of the profession. The arrangement would, at least, produce a result of the greatest possible value to the public at large, that of ensuring a highly-educated and highly-qualified class of general practitioners. This is a result of such paramount importance, that no effort should be spared to bring it about. And we earnestly entreat the Council of the College of Surgeons to reconsider those of their bye-laws which have reference to the admission

* Persons who were members of the college at the time of passing the Bill, could claim to be registered as surgeons.

of Fellows, with a view to rendering them less stringent than they are. We are far from proposing that they should be rendered so lax as that any risk should be run of seriously deteriorating the qualifications of the Fellows; but surely some further concession might be made to the claims of men who, since their retirement from the schools, have been actively engaged in the practice of their profession. We think it would be far from unreasonable that the Member who could adduce evidence that he had been actively engaged in practice since the date of his diploma, might be allowed to present himself for examination after *eight* years, instead of twelve, provided he was not less than thirty years of age; and if the requirement of a "competent knowledge of Greek" were abandoned in his case, we do not think that either the interests of the public or the dignity of the Fellowship would materially suffer. Were the Board of Health in existence, and we had access to the ear of its members, we would venture to suggest a veto on the bye-laws that went beyond the point now indicated.

2. Although not formally stated in the Bill, it is implied that the College of Physicians shall, in future, have the power of conferring the degree of M.D. on any practitioner who "shall have attained the age of forty years, and shall have been examined by the Royal College," and such graduate "shall be entitled to be registered by the Council as a Physician." This regulation has been made with the express object of enabling general practitioners—who have not, in early life, had the opportunity of taking an University degree, but who, from circumstances, may be extremely well qualified to practise as physicians, and are desirous of doing so—to join the incorporation of Physicians. It is a medium of which we need not doubt that many will avail themselves, since we have always seen the ranks of the physicians plentifully supplied with most respectable members from this source under the old system, when University degrees were more easily attainable—or, at least, when they were more valid—than they will be in future. Still, it must be admitted, that the proportion of Licentiate who will seek this form of incorporation will be very small; and when the advanced period of life at which it is available is considered, it can, in fairness, be regarded less in the light of a corporate privilege conferred on the body of general practitioners than as a graceful means of benefiting and honouring individual members. Nevertheless, it is but just to consider it as a door, however small, whereby access to corporate rights is, for the first time, legally attainable by this class of the profession.

We have now stated everything in the way of incorporation which the Bill and the Charters provide for the class of general practitioners. Although the provisions are much more liberal than before, and although we believe them to be considerably greater and more comprehensive than has been generally admitted in the late discussions on the Bill, we must admit that they fall very far short of the measure of a complete or fair incorporation. A small number will enroll themselves as Associates or Fellows of the College of Physicians; a large number will join the College of Surgeons as Fellows; yet, we believe, that the majority will still remain as general practitioners, either as Licentiate simply, or as Licentiate and Members of the College of Surgeons. Even of those who join

the College of Surgeons as Fellows, a certain proportion will feel that a considerable number of their new colleagues, and all the members of the executive and ruling body, have some interests and some sympathies more or less apart from their own, and probably some prejudices directed towards themselves and their branch of the profession. They will know and feel, also, that so long as they attach themselves to their own branch of the profession, they cannot attain any of the higher offices or honours in the corporation.

These and other considerations, which could easily be adduced, prove plainly enough to us that the incorporation of the Licentiate with the College of Surgeons is, to say the least, defective in many essential particulars. The source of the defects is equally clear: it is that which we stated at the beginning of this section—the attempt to reconcile the tripartite state of the profession of the present day with the bipartite arrangements of its pristine condition. In one word, the College of Surgeons is a College for Surgery and Surgeons; while the General Practitioners are neither physicians nor surgeons, or rather are both, and require allocation in an institution possessing, as a fundamental element, this double professional character. We do not wish to disguise our opinion that more might have been done by the old establishments to meet the altered state of things; but, we believe, that an arrangement calculated to meet the wants of the whole profession could only have been effected by a complete reorganization of the Colleges. And although we are far from thinking this undesirable or even impracticable,—if the Colleges could be induced to take an enlarged view of their own interests and the interests of the profession generally,—we do not feel ourselves called upon to discuss matters which can have no practical issue at the present time. The actual question before us is the incorporation of the general practitioners, under existing circumstances.

After much consideration, we have come to the conclusion that it will be for the benefit of the profession generally, that, in addition to the existing medical corporations, a third should be established for the class of general practitioners. In advocating such a measure, however, we are influenced by a very different spirit from that which seems to have suggested the same idea to other writers and speakers on the subject. Our object is to unite the different classes of the profession more closely together, not to separate them. We wish all who agree with us in thinking that medicine is one and indivisible, would also agree with us in endeavouring to make its professors equally united.

Objecting as we do, for reasons detailed in a preceding section of this paper, to the enjoyment by the Colleges of Physicians and Surgeons, of any direct participation in the government of the profession as a body, or to the exercise by them of any authority in testing the qualifications of Licentiate, it may be supposed that we would be far from according such powers to the new incorporation. In our view of the case, the rights, privileges, and duties of a medical college or incorporation, should have exclusive reference to its own members, as members of the incorporation, not as members of the medical body at large. The profession, as a body, must be constituted, governed and regulated by the State, or by an

authority created for this purpose by the State; in the present case by the Council of Health and Education. It will be quite enough for a College to govern and regulate itself in its corporate capacity, and to superintend the scientific establishments which must always form an essential and important part of its constitution.

Founded and chartered on these principles, we think that a new College, under the name of "THE ROYAL COLLEGE OF MEDICINE AND SURGERY," or under any other appropriate designation, would, as we have already said, be a decided benefit to the class of general practitioners, and to the profession generally. We have not here space, nor is it our province, to enter into particulars respecting these benefits, or respecting the organization of the new institution. Many of its benefits are, indeed, too obvious to require illustration; they are almost all comprised in the very term incorporation. Such a College, would of course, as the acknowledged representative, head, or, if we may so speak, impersonation of the class, stand in the same relation to its own members and the government, as the other incorporations do. It would have a right to be consulted by the Board of Health on the interests of its members, and it would have a right to lay its views, its wishes, its opinions, its grievances, in like manner, before the governing body. It was entirely from the want of some such institution as this, that in the constitution of the Council of Health as proposed in the Bill, no members belonging to the class of general practitioners were nominated. The omission was not an intentional oversight, but the necessary result of the non-existence of any body representative of the class in question.

The proposed College would be no less useful in what may be called its intrinsic influence, or in its relations to its own members. By its Bye-laws it could regulate many important particulars as to professional proceedings, which are now left entirely to the discretion of individuals, to the manifest injury of the professional character. Having the power of excluding and detesting as well as of admitting members, on fixed conditions, it would form a court of appeal in all cases of doubt or difficulty, and would be a tribunal to judge and adjudicate in matters which, though beyond the pale of the laws of the land, might yet be of vital importance to the character of individuals or of the profession.*

An important feature of the College would, of course, be its scientific and literary department. It must possess a house, at least, with a library and theatre. A museum would hardly be required while the Hunterian

* As an illustration of what might be done in this way, we may here notice two cases—one of *exclusion*, one of *detestation*—which might fairly come within the jurisdiction of the College, although not amenable to the law of the land. 1. Every one admits that the vendors of secret remedies, and advertising quacks are a dishonour to any incorporation; it might be a rule of the new College (in any of its members or fellows, proved to be such, should be instantly struck off the list. 2. Many are of opinion that it is very desirable to discountenance the keeping of open shops for the sale of drugs, &c., after the fashion of chemists, as a practice derogatory to the character of general practitioners: it might be made a rule, that the proprietors of such shops should not be admissible as members of the College.—We know very well that such exclusion or detestation by the College could not entirely suppress the practices complained of; but there can be no doubt that it would have a great moral effect in putting an end to them, provided the College preserved such a character as made affiliation with it an honour, and consequently an object of desire.

was still incomplete; or, if founded, it would be as a succedaneum to this magnificent national collection. Our views as to the future relations of the old colleges with the new, would be sadly disappointed, if there existed between them any other than a friendly spirit of mutual accommodation and generous rivalry in scientific progress. The new College would have its scientific as well as its business meetings; and in organizing the literary and scientific part of the scheme, it would be an easy task to afford facilities for carrying its labours in this direction beyond what has been hitherto effected by the old Colleges. So long as it was governed by the proper spirit, it could not fail to advance the best interests of medical science at the same time that it conciliated those of its individual members.

The constitution of such an institution would of course be framed on a liberal basis, and its government be thoroughly representative. But, we trust, that its founders would guard against the danger of making it too democratical. We would suggest that every Licentiate should be immediately admissible as MEMBER without ballot, on the payment of a small entrance fee; that he should continue as MEMBER for five years, with enjoyment of all the other rights and privileges, except that of voting or of being eligible to office. At the end of five years, the members should have the right, from seniority alone, to claim to be admitted as FELLOWS under restrictions similar to those we have proposed in the case of the College of Physicians, (p. 206.) Another small fee should be paid for the Fellowship which would of course entitle its holders to the highest privileges of the College.

According to our views, then, as above detailed, the proper organization or incorporation of the profession in England would be as follows:

- I. A general Governing Board (THE COUNCIL OF HEALTH AND MEDICAL EDUCATION), having the exclusive regulation of the education, mode of examination, registration, and licensing of medical practitioners of every class.
- II. AN EXAMINATION BOARD, appointed by the Council of Health and unconnected with the Colleges, for testing the qualifications of candidates for the license to practise. No one to be permitted to enter the profession without being examined by this Board, and obtaining from it Letters testimonial to the Council of Health, authorizing the granting of the License to practise as a Licentiate of Medicine and Surgery; and no one, not possessing this License, to have any legal right to practise in any department of the profession.
- III. A College of Medicine and Surgery for the [voluntary] incorporation of Licentiates of Medicine and Surgery, to be instituted by Royal charter under the name of THE ROYAL COLLEGE OF MEDICINE AND SURGERY, with power to frame laws for the admission of its members (MEMBERS AND FELLOWS), for the government of its affairs, electing officers, &c. &c.
- IV. A College of Surgery (THE ROYAL COLLEGE OF SURGEONS OF ENGLAND), with power to frame laws for the admission of its members (MEMBERS AND FELLOWS), &c. &c.
- V. A College of Medicine (THE ROYAL COLLEGE OF PHYSICIANS OF ENGLAND), with power to frame laws for the admission of its members, (ASSOCIATES AND FELLOWS), &c. &c.

VI. *Of the Bill, in relation to the Representation of the Profession.*

It will be understood from all that we have now stated on the subject of Incorporation, that we consider this, if properly carried out, as comprehending all that is needed in the way of Representation. It must not from this be imagined that we disavow the principle of Representation as one that ought to belong to the medical profession; on the contrary, we maintain that it is an essential principle in every arrangement devised for its organization and government. The only difference, we think, that can exist on this subject among men of understanding and liberal views, regards the amount of this representation and the manner in which it is to be carried out. It must exist somewhere. Our opinion is very decided that it ought to exist in the Colleges or Incorporations; but if it is not allowed to exist there, it must find a place elsewhere. We are quite clear, however, that the Council of Health and Education, as proposed to be established by the Bill, ought *not* to be a body representative of the profession. Its duties are very different from those properly belonging to a representative body. It has the mixed functions of a judicial and executive body. It ought not to represent the profession; but it ought to be, and must be a court open to the representations of the profession. It must be authorized and obliged to consider and to decide upon every question of importance brought before it by authorities acknowledged by the profession; it will have to carry into effect every measure concerning the profession which, either by direct legislation or by legal inference, comes fairly within its jurisdiction.

With the single exception of Dr. Davies, no one of the numerous writers and still more numerous speakers on this subject, seems to us to have taken the proper view of the question. Convinced as they all properly are of the necessity of representation, they have all, in our judgment, made a mistake as to its true character and proper allocation. Having been so long accustomed to see Colleges and Representation disconnected, they seem to have imagined the two things to be incompatible, or, at least, practically unsusceptible of union. And this view of the case has doubtless been greatly strengthened by the fact of a similar view having been taken and propounded by government. The Council of Health, as proposed to be constituted by the Bill, is a rude attempt at representation. But if attempted to be so carried out, the plan must prove a complete failure. It proposes to combine incompatibilities. By it the profession would be badly governed and worse represented. By cheating with the semblance it would divert attention from the substance. The only true and useful representation, of which the medical profession is susceptible, is corporate representation, representation within the Colleges. Dr. Davies's remarks on this point are strictly in accordance with our own views:

"A difference of opinion," he says, "may arise respecting the composition of the Council. It has been urged, that the superintending council ought to be elected by the members of the profession at large; or, as the expression has been, that 'the profession ought to be allowed to govern itself.' Now, in determining this point, we ought to take into consideration the object of the Council, and see what analogy there may be traced between it and any part of our national representative sys-

tem. It appears from the Bill, that the main object [one of the main objects] of the Council is to compel the different colleges to do their duty; in other words, to see that the education, the examination, and the fees required by the different colleges, shall be *uniform*, as far as uniformity can be carried into effect. From this it follows that the Council is intended to be more of an *executive* than of a *legislative* character; and, from analogy, it may be compared more to the *ministerial* than to the legislative department of the state. . . .

"Admitting that the elective machinery might work well in the interior economy of the different colleges, it does not follow that it would answer the purpose equally well in its application to a *superintending Council of Education*. The principle may apply to the colleges, because they generally possess certain property, which belongs, or is supposed to belong, to the members in common; so that, according to the principle of representation, they ought all to have a voice, indirectly, in the management of the corporation; whereas the Council, under Sir James Graham's Bill, is not intended to hold any property, but is to be paid (if paid at all) by the Lords of the Treasury, who are of course answerable to *Parliament* for their acts." (pp. 70-1.)

All that seems to us necessary for the constitution of such a fair and free representation of the profession as ought to satisfy men of liberal yet practical minds, is comprehended in the following simple arrangements:

1. Such an incorporation of the profession in the colleges as we have above proposed.
2. The right of the incorporations to lay their representations before the Board of Health, either by written petition or remonstrance, or by deputation.
3. The assurance that the representations made are attended to by the Council.

This last most important condition is admirably secured by one of the clauses of the Bill, which, though unostentatiously introduced, is one of the most valuable in it. It is this:

"Be it enacted, that minutes of the proceedings at all meetings of the Council shall be drawn up and fairly entered in books, to be kept for the purpose; and such minutes shall be at all reasonable times open to the inspection of any person appointed for the purpose of inspecting them by any of the said universities and colleges." (§ 12.)

With the power to discuss their particular affairs, as well as what concerns the profession generally, openly and by corporate authority, in the colleges; with the right to lay the result of their discussions before the Council of Health; and with the check on the proceedings of the Council supplied by the admirable clause quoted—a clause which subjects the whole conduct of the Councillors to the control of public opinion—the profession need have no fear as to the administration of their affairs being conducted in accordance with the expressed wishes of the members at large.

VII. *Of the Bill in relation to the Government of the Profession.—
The Council of Health and Medical Education.*

For the first time in this country, an attempt is to be made through the instrumentality of this Bill, to govern the Medical profession on rational principles, or indeed to govern it at all;—for the partial and contradictory rule of the Colleges, heretofore alone prevalent, cannot be regarded as

government, in the ordinary sense of the word; or if government, certainly of the kind which the poet tells us prevails where—

"the ancestors of Nature hold
Eternal anarchy, amidst the noise
Of endless wars, and by confusion stand;
. Class empire sits,
And by decision more embroils the fray,
By which he reigns."

It is hardly befitting language to speak of the *importance* of such a measure; its vital *necessity* is so palpable. The profession had long reached such a condition of confusion and misrule, that its regulation was imperative. The measure proposed in the Bill to effect this purpose, is, in principle, precisely such as would naturally suggest itself to every sensible person accustomed to the institutions of a free country. The entire government and supervision of the profession is to devolve on a Council composed chiefly of medical men, and presided over by one of the principal Secretaries of state. Although the only duties of the Council that concern us at present, or, indeed, that are mentioned in the Bill, are those relating to the government of the profession, it is, no doubt, intended that this body should also perform duties of an entirely different, though not of a less important kind;—those, namely, which have reference to the Public Health. Hence its double title—THE COUNCIL OF HEALTH AND MEDICAL EDUCATION.

It is evidently, and very properly, intended that the Council should have complete control over everything relating to medical education and the qualification of Candidates for the license to practise,—as far, at least, as the unrepealed laws affecting the Universities, Colleges, and Corporations will permit. Many of its duties and powers are specified in the Bill: others are only implied. The following are most of those specified:

1. To superintend the Registration of medical practitioners, and publish a Register of their names.
2. To grant Licenses for Practice on receiving Letters testimonial from the Examining Boards.
3. To regulate the scheme of medical education and fees in the different schools, and render them, as far as practicable, uniform.
4. To have the veto on all Bye-laws of the Colleges of Physicians and Surgeons.
5. To enforce the Registration of medical students at the different schools.
6. To settle differences among examining bodies, as to the place, time, or mode of examining; to demand particulars of the examinations; to send their secretary or a member to attend at the examinations; and to refuse the testimonials of bodies whose regulations are deemed insufficient.
7. To specify the institutions which shall be considered *public*, in relation to the appointment of medical officers; and to specify the form of the testimonials required of candidates for such appointments.*

* The power conferred by the last clause (7) will require restriction. We think the right to nominate as officers of hospitals, members of any of the three colleges, cannot be taken away from the Governors. But we believe the result would still be the same;—the members of the most esteemed class would be preferred as at present.

We vain hope that to the duties of the Council mentioned above, we shall be able to add the following, among others, before the Bill finally passes the House of Commons:

8. To fix the precise amount of preliminary education, which shall qualify for registration as a medical student.
9. To elect the Examiners of the General Examination Board.
10. To institute legal proceedings against persons for practising without a license.

It is manifest, we think, that a body having to perform duties of this nature ought not, as we have already stated, to be a representative body. That it ought to contain among its members individuals thoroughly acquainted with the condition, habits, feelings, wants, wishes, of every class of practitioners in every part of the empire, no one will dispute; and in this sense, it ought certainly to be representative: but this is a very different thing from what is commonly understood by representation, and which has been so loudly and almost unanimously contended for by the writers and public speakers during the discussions which have taken place since the promulgation of the Bill. In these discussions it has been generally maintained that the different incorporations and classes of practitioners should have the exclusive right of selecting and electing certain members from their own body, who should specially represent them and advocate their particular interests in the Council. We think this is a great mistake; and, we believe, that a body formed on such principles would partake more of the character of the Miltonic council quoted in the beginning of this section, than of a calm, deliberative, judicial, executive, impartial, practical board, such as is required for the regulation of a scientific profession. This false view, if not suggested by the government scheme for constituting the Council, has been unquestionably greatly strengthened by it; and, we fear, it will be no easy matter now to convince the profession that they are mistaken.

We may give here one illustration of the evils likely to result from making the Council representative. A complete third of the members is to be furnished by the Colleges of Physicians and Surgeons (3 each); and if the principle of representation is adopted, it is impossible to deny the right of the general practitioners, when incorporated in one or more colleges, to send an equal number at least (3); one half the Council would thus consist of deputies of the colleges, and, doubtless, members of the college councils. Now it is one of the most important duties of the Council of Health to examine and approve of the bye-laws of the colleges, or to put a *veto* on their enactment; and one half of its members—by a thousand accidents converted into a majority—would thus have to decide in the Council of Health on the very laws they themselves had helped to enact, and which, as honest *representatives*, they must now support. It is quite needless to do more than hint at the enormous evils such a species of legislation might lead to. Even with colleges thoroughly representative, it would be singular if the profession at large did not suffer; with the colleges as they exist at present, and as it is at least probable they may exist in future, the interests of the profession would inevitably be sacrificed to the fancied rights and interests of the corporations. No doubt, the clashing of interests of the two or three classes represented might tend to prevent the aggrandisement of any one. But would not this very *clashing* tend, also, to produce either a barren neutrality of action or a corrupt compromise of rights?

Looking, then, to what we conceive to be the proper character of the council and the nature of the duties it will be called on to perform, we

are of opinion that its members ought to be chosen by the crown. That the great majority of these members should be medical, and that they should be chosen indifferently from all classes of the profession—physicians, surgeons, general practitioners—we strenuously maintain; but we maintain also, that the grounds on which they should be chosen are not that they are advocates and zealous partisans of their respective classes—nor even that they must necessarily belong to those classes at all—but that they are men of honour, men of judgment, men of sense, men of experience, men of business,—well acquainted, of course, with the special interests of each different department, but regarding these only as forming a part of the interests of the whole profession of which they are the protectors.

We wish we had the power to prevail on Sir James Graham to take this view of the subject, and, disregarding the unwise clamours of the profession on this point, to appoint the members of the council at his own discretion and on his own responsibility. *But before even we consider him as justified in so doing, he must previously have interposed his authority to make the existing colleges more representative, and have obtained from Her Majesty a charter of incorporation for the general practitioners, based on the most liberal principles.*

We are well aware that many objections have been urged against the expediency of allowing even a portion of the members of the Council of Health to be chosen by the crown; and we are prepared to find our proposition of having the whole so chosen, encountered with a proportionate opposition. After considering these objections with what care we may, we retain our opinion in favour of the government nomination. We do not mean to say that the objections are without foundation, or that the patronage of the crown will be always well bestowed; we merely wish to be understood as stating, that there are difficulties and dangers on both sides, and that we are of opinion that they will be found less numerous and less strong in the case of direct nomination by government than in the case of selection by the colleges and universities. An intermediate plan, however, would equally meet our views, and might obviate some of the objections adverted to. The colleges might be required to return lists of persons deemed by them most fit for councillors (say double or treble the number to be appointed), out of which the minister must make his selection.

The force of the objection founded on the argument that the nomination by the crown annihilates the principle of representation and self-government, so eagerly contended for by the profession, is satisfactorily met, in our opinion, by the counter-arguments, formerly adduced, (1) that such representation and self-government ought to exist, and must exist, in the colleges; and (2) that the proper functions of the Council of Health are incompatible with the existence of such a principle in its formation.

The only other argument of any weight against our view, is one that applies to all government appointments whatever,—the risk that men will be appointed not on account of their fitness for the office, but from other considerations of a political or private nature. We do not deny the chance of this risk. We even believe that it would occasionally be

incurred. But are we sure that the choice would always be good if the profession, through the Colleges, had the patronage in their own hands?

We are far from being disposed, on general principles, to enhance the patronage of the crown at the expense of the people; but we confess we should be sorry, for the sake of the people themselves, to see the nomination to public offices transferred from the hands of a minister responsible to the people through Parliament, to the hands of the people themselves, or even to the House of Commons, their organ. And if this holds good with regard to all the other public Boards, and almost all public functionaries, we really cannot see why the Board for the government of the medical profession, should be made an exception. In this case as in the others, we believe that the publicity of the proceedings, and the force of public opinion manifested through its organ the press,—to say nothing of the sense of duty in the mind of the minister—sharpened, it might be, by his consciousness of responsibility to Parliament—would lead, as a general rule, to good appointments. Under any circumstances, it is impossible to believe that so many of them would be bad as seriously to vitiate the efficiency of the Council. And when it is further recollected that the profession, through its organs the corporate bodies, will possess the right to demand the attention of the Council to their representations, and that the Bill gives, in the clause formerly quoted, a direct means of ascertaining publicly, whether these representations have been attended to,—it appears to us that no real grounds exist for apprehending any danger from such a constitution and such an institution of the Council as we are advocating.

But, independently of the question of quasi-representation adopted in the constitution of the Council, as given in the Bill, we think the plan of its formation, as there detailed, is defective in several other respects.

The Council, as everybody knows, is proposed to be composed of eighteen members, viz.

- 1 President, a Secretary of State: *ex officio*.
- 5 Regius Professors of five Universities (3 physicians, 2 surgeons): *ex officio*.
- 3 Physicians: chosen by the Colleges of Physicians.
- 3 Surgeons: chosen by the Colleges of Surgeons.
- 6 Other members: chosen by the Government.

The following are some obvious defects involved in this arrangement:

1. If it is meant that all the work is to be done in one place, the Council is much too large for a good working body, and for the duties it will have to perform.
2. It is ill constituted, in respect of the usual places of residence and ordinary duties of its members. Nine of its members reside at a great distance from London; so that regularity of attendance at its meetings would be impracticable on this account alone. Moreover, it is probable that, independently of distance, they would be engaged in other duties which would frequently interfere with their attendance: five, at least, out of the nine, would certainly be in this predicament during one half of the year.

3. Even on the principle of representation, and, indeed, on any principle, the proportion of members given to England is much too small. Of the eleven ex officio and college members, Scotland sends as many as England (4), and Ireland only one less (3); while the actual number of medical men in England is more than five times as great as in Scotland, and more than four times as great as in Ireland.

Strong objections have been urged against the presence of laymen in the Council, but we think on very insufficient grounds. So far from such persons being obstructive to the proper administration of medical affairs, we believe that they would materially promote it. Besides, it seems but fair that, in a matter which concerns the public so vitally, they should have some guarantee that the members of the profession should not have it all their own way. Here we think a sort of representation is very necessary. Class legislation is to be avoided in all cases; and the public have a right to place a check on the class tendencies of the professors of medicine. A strong case in point, in favour of this view of the subject, exists in the Board of Admiralty. It is composed of sea-lords and lay-lords (all appointed by the crown); and it is generally understood that the civil phlegm of the latter is found, on many occasions, to be a most beneficial counterpoise to the professional impetuosity of the former; John Bull being thereby occasionally stinted, no doubt, in the number of his ships, and eke mulcted of his martial glories, yet not without the somewhat satisfactory though very vulgar compensation of feeling his money in his pockets.

VIII. *Of the Bill in relation to the Professional Privileges and Protection of Medical Practitioners.*

The special privileges and the kinds of protection afforded to the profession by the proposed Bill are chiefly the following:

1. All legally qualified practitioners, as already stated, are to be officially registered, and the register published annually.
2. None but registered persons can hold any public employment, whether in military or civil life.
3. Registered persons shall alone be regarded by the law as medical practitioners, and can alone perform acts required by law to be performed by such,—as the giving of certificates, for instance.
4. Registered persons alone shall be exempt from serving on juries, inquests, &c.
5. Registered persons can alone prosecute and recover payment for medical attendance.
6. Unregistered persons acting in a public capacity as medical practitioners, shall be fined £20 for each offence.
7. Unregistered persons pretending to be registered, or taking the name of Physician, Surgeon, or Licentiate, shall be punished by fine and imprisonment.

These privileges on the one hand, and penalties on the other, are more or less new boons conferred on the medical profession. Taken altogether, they confer upon all its legitimate members a definite and

distinctive character in the social body which they did not possess before. By them a broad line is drawn, for the first time, between qualified and unqualified practitioners; between those who, if not certainly learned and skilful, must have been all, at least, trained to medical knowledge and skill, and those who may not have been so trained, and who in all probability will not have been so trained.

These privileges and penalties, it is admitted, would of themselves, suffice to establish the social and professional position of licensed medical practitioners, regarded as individuals, on high grounds; but it is contended that, without some additional aid, they would entirely fail, (1) to secure to them their legitimate rights as members of a learned body recognized by the state; (2) to preserve to the medical profession, considered as a whole, that high and honorable character which ought to belong to it; and (3) to afford to the public at large, any sufficient guarantee that all those permitted by the State to treat their diseases, possess the requisite amount of knowledge and skill.

If, in addition to the excellent enactments quoted, there had been one more, limiting the right of treating diseases in *private houses* as well as in public institutions, to registered practitioners; nothing more could have been desired on the score of protection or privilege. But, without some such clause as this, all the others become comparatively useless; and, under their sole operation, the state of the profession would be, in many respects, in a decidedly worse condition than before.

The grand evil to be apprehended from the want of any restrictive clause in regard to private practice, is, the introduction into the ranks of medical practitioners of a *great number* of men very imperfectly educated, or not educated at all. A few ignorant intruders, here and there, could not materially injure the profession as a body, or make serious inroads on the health of the public at large. But the incapacity of a *large proportion* of the professors of the medical art, must inevitably—and most disastrously—affect the whole profession and the whole community.

The abolition by the present Bill, of the Apothecaries' Act of 1815, which made it unlawful for any person to practise as an apothecary in any part of England or Wales, unless he were licensed by the Court of Examiners, without there being any positive and direct prohibition substituted in its place, leaves the practice of medicine and surgery open to any one who chooses to disregard the indirect penalties imposed by the Bill on those who practise without being licensed. Whoever is unshocked by the flattering prospect of being physician or surgeon to an hospital, dispensary, or workhouse, and is not deterred by the apprehension of having to serve on juries and inquests, or by the incapacity to write a medical certificate on some official occasion, may, without let or hindrance, practise any and every department of medicine and surgery; provided he does not put on his door, or publicly assume, the title of Physician, Surgeon, or Licentiate, and is satisfied with what he can obtain from his patients without suing them in a court of law, for the payment of his bills.

In reference to this most important part of the new Bill, the points of greatest consequence to be considered are the following: *first*, the proba-

bility or improbability that persons will enter into private practice, without being licensed; and, if this is thought probable, the extent to which such unlicensed practice is likely to prevail; *secondly*, the nature and degree of evil to the profession and the public, likely to flow from such a state of things; *thirdly*, whether at all, and to what extent the profession and the public have a claim on government to be protected against such evils; and, *lastly*, if so, how this protection can be best obtained.

1. The following considerations, among others, lead us to believe that under the provisions of the present Bill, if carried into a law, the practice of medicine and surgery by unlicensed persons would prevail, and prevail to an extent that would seriously injure the profession and the public.

It is well known to all who have had long experience in the profession, more especially in provincial towns and rural districts, that the prohibitory clause of the Apothecaries' Act has had, and continues to have, a powerful effect in preventing and suppressing unlicensed practice. Although rarely put in force, the knowledge that it can be put in force, at any time, and the dread that it may be put in force in any individual case, have a power over intending and actual defaulters, which is notorious. Even the very consciousness of proceeding to act contrary to law, where no special application of it may be expected, operates as a powerful preventive in cases of this kind. In London and four or five other large cities, where the vast amount of population prevents all the members of the professional body from being acquainted with one another, and where it is seldom known or cared for, how or where individual practitioners obtain their living; a man of a bold temperament, and whose conscience is not over sensitive to legal obligations, may very possibly for a long time "drive a handsome business," without possessing any legal qualification. But this cannot be the case in the country, where every one is known to every one, and every one's practice is known, and where the loss of a patient by one practitioner is the gain—and *known* gain—of a patient by another. Here, any drowsy fear of legal consequences, or any little callousness of conscience, on the part of the intruder, is marvellously stimulated by the vivacity of self-interest and the feeling of rivalry on the part of one's neighbours. The consequence is, that the attempted resting-place of the provincial interloper is, generally, to use the vulgar phrase, *made too hot for him*, and he soon ceases altogether in the land, or sets himself down in some remote village, where he starves, without material injury to his qualified brethren—whatever may be the consequence to the lieges. But it is the known existence and possible operation of a restrictive law, in such cases, that supply the whole power by which the suppression of the unqualified practice is effected. If no such law existed, it cannot for a moment be doubted, by men of experience, that a large proportion of such persons would retain the position they had assumed as practitioners.

2. We feel assured that it is a great mistake on the part of the framers of the Bill to believe that the indirect and negative penalties provided by the Bill, would alone prevent, in a very material degree, such persons from practising. We are sorry to be obliged to confess that such a belief assumes the existence of a higher degree of honorable ambition, of just pride, and of a becoming sense of the dignity of the medical office, than

exists among the class of persons who would be likely to take advantage of the laches of the law in question.

3. The following are some of the sources whence the abundant supply of irregular practitioners might be fairly expected to flow:

a. Imperfectly educated medical men from British schools. It is well known that of the great body of men who frequent the London schools, there is always a considerable number who, from one cause or other, fail to obtain the license of the Apothecaries' Company or the diploma of the College of Surgeons. Even in the present state of the law, a small proportion of these inchoate doctors contrive to worm themselves into practice, under one plea or another: some under the false pretence of being really licensed, some from ignorance of the truth on the part of their neighbours, and others from their good nature or contempt. It is maintained that not a small but a large proportion of such persons would get into practice under the sanction of the new Bill. The class of persons now under consideration contains several genera, which it may be expedient to notice.

a. A certain proportion of students, who have commenced their studies with the intention of completing them, and who have prosecuted them with zeal and success, are compelled, from the failure of pecuniary means, to terminate them, at a more or less advanced period, and seek for the means of livelihood within or without the boundaries of the medical profession. Those among them who had been enabled to pursue their studies for a considerable period, and who had thereby attained a fair degree of professional knowledge, seldom leave the profession altogether. Some open shops as chemists, and practise "over the counter;" some venture to practise as general practitioners; but the majority endeavour to get employment as dispensing or visiting assistants to general practitioners. It is a fact well known to the profession, that this class constitutes a large body in England, and contains within its ranks many well-informed and excellent men. Many, however, as may be supposed, are very unfit to be intrusted with medical practice on their own responsibility. It may be fairly presumed that the whole of this class of men, the good and the bad, the well-informed and ignorant, would, sooner or later, become candidates for practice, under the operation of the new Bill.

b. A second class, and one, it is to be feared, much more numerous than the preceding, would be made up of those idle and dissipated young men, who, after having spent the full amount of time in the medical schools, are rejected by the examining boards for want of sufficient knowledge. From an authentic table in the Apothecaries' statement, it appears that during the twenty-seven years, extending from 1815 to 1842 inclusive, 11,414 persons presented themselves for examination by the Court of Examiners, and of this number 1502 were rejected. Taking the whole period of twenty-seven years, we have thus an annual average of $55\frac{1}{2}$ rejections; while the average of the last ten years is 76—the increase, no doubt, arising from the increased strictness of the examinations. It is fair to assume that a very considerable number of students of the same class did not present themselves for examination at all, through consciousness of certain rejection awaiting them.

Under the operation of the new law, when it is to be presumed that the examinations would be still more strict, we have a right to expect a

still greater number of such failures, and consequently (we assert) a proportionate supply of candidates to swell the ranks of unregistered practitioners. It would surely be according much more to such characters than they have a right to claim, were we to believe that any large number of them would hesitate to commence practice without any license, if they might do so; more especially when it is considered that the pecuniary resources of many of them would not allow them to continue their studies longer, even if they wished to do so.

c. A third class of students, we may well believe, encouraged by the example of the two former, would soon spring up, who would frequent the medical schools for a short time, in order to obtain such a smattering of knowledge as might justify to their own tender consciences the attempt to practise, and who would never seek or purpose to seek for an examination of any kind.

d. And we think it extremely probable that yet a fourth class of students would be called into existence, who would find schools and teachers, and examinations and titles, more suited to their humble resources and less lofty ambition; and who, after passing a voluntary apprenticeship with their unlicensed fathers or friends, would spend a winter or two in London and return home to treat the lieges, with some new-invented diploma in their pocket, and bearing some obsolete or some modern title which could be displayed on doors and in surgeries, in defiance of section 31 of the new Bill. Need any one doubt, who has known the London grinding system for thirty years, that there would be found men ready and willing to testify to all the world that such students—their pupils—were not only fully qualified to exercise every branch of the profession, but that they were vastly superior to the men who had the legal license and figured on the official register? And would it not be reasonably expected from the pupils and proteges of such persons, that in their localities as “Doctors” or “Surgeon Apothecaries,” they would vaunt themselves in the same strain? And if they did, would it be at all wonderful if a large portion of the public believed them?

A never-failing impulse to the manufacture of the practitioners referred to in the last two paragraphs, would be supplied by the occasional great success of some one of the number, which could not fail to operate on the minds of many parents whose means were insufficient to give their sons an expensive education.

b. *Foreign graduates.* The foreign market also would, doubtless, be called into requisition, as at present, but in a much greater ratio, to furnish its quota to the corps of the unlicensed. Some of the more ambitious youths who could afford it, would go over to Germany, and, after a few months, return with the degree of *M.D.* in their pocket, from Erlangen or Giessen; while the humbler-minded and the poor would transmit their Testimonials from Dr. McCramm and Mr. Grindstone, and their twenty guineas, to the agent in London, and would be dubbed Doctors by the same Universities, by return of post. This class would recruit the ranks both of the general practitioner and the physician, and might be reasonably computed to supply a very considerable number annually. Every one knows that such is the case at present; and it would be indeed strange if the supply were less when the demand was greater.

c. *Druggists.* The last stream which we shall here notice as tributary

to the great river of empiricism, would have its source in the druggists' shops; and a mighty fine stream (as our friend Dr. Patrick says) would be that same. We believe that within its own channel it would be equal to all the others put together. This hardly needs any illustration; as all who consider the subject, must see at once that such a result is inevitable, if medical practice is left without any legal restriction. Every one knows that a vast number of druggists, even at present, prescribe and practise extensively in their own shops. Many even visit patients at the patients' houses; and it is impossible to doubt that it is the fear of the law and the consciousness of being jealously watched by the licensed practitioners, that prevent them practising much more extensively. If their practice were legalized, as it would be by Sir James Graham's Bill, the whole body of druggists, we verily believe, would rise, en masse, into the ranks of medical practitioners. And assuredly we could not much blame them for so doing. It would be unreasonable to expect that tradesmen should resist a temptation which led so directly and so safely to their own interests; and if the consciousness of incapacity, from want of the proper knowledge, deterred some, it would be an easy matter to find a flattering unction to heal such tender consciences. Within these few years past, thanks to that excellent institution, the Pharmaceutical Society, druggists have received a better and more expensive education in their own proper line. It would be an easy and a natural advance, for such men, under the sanction of the new Bill, to add a course of anatomy and a course of medicine to their pharmaceutical studies; and equally easy, thereupon, to declare themselves ready and willing—over the counter and behind the counter, at home and abroad—to treat all and sundry of her Majesty's lieges who chose to seek their cheap assistance. We should, in a word, have an exact reproduction of the history of the old apothecary developed into a general practitioner; and we feel confident that, before two years should elapse from the passing of the Bill, we should have half the chemists' shops in the kingdom labelled “Chemist and Apothecary,” or “Pharmaceutist and Apothecary,” instead of “Chemist and Druggist,” as at present.

II. We think it impossible, after the exposition now given, to entertain any doubt that, under the Bill as it now stands, the profession would be overrun by an immense number of men altogether unfitted for the practice of medicine and surgery. And it needs no consideration to satisfy every rational mind, that such a state of things would be an enormous evil to the medical profession, and no less a misfortune to the public at large. This proposition is so self-evident, that it would be waste of time to establish it further. It suffices to say, that, in such a state of things, not only the character and standing, but the actual knowledge and usefulness of the whole profession would be lowered and degraded; and the injury to the health of the community would be proportionate to the deterioration of knowledge and skill:

“How,” says Mr. Carter, “is the profession to meet with public confidence, if medical men be not distinguished as a body for their knowledge and acquirements? If registered and unregistered are to be permitted alike to practise, the medical character will be deteriorated. The blunders, ignorance, and miscon-

duet of the unqualified portion will be charged to the *mass*: they will leave the whole lump. The public will become timid and distrustful of medicine and medical men. Learning and capital will be diverted into other channels.*

III. Although it is almost self-evident that the profession and the public ought to be protected, as far as possible, from the influence of such evils as we have been contemplating, it may not be amiss to make one or two remarks on the subject:

1. The profession seem to have a claim on government for protection against such unlicensed intruders, on the following among other grounds:

a. In compliance with the requisitions of the state, as laid down in this very Bill, the members will have to devote many years to the study of their profession, to expend much money, and to undergo strict examinations to test their competency.

b. They will have paid considerable fees in order to obtain the license to practise, and to have their names registered as qualified practitioners.

c. The privileges exclusively secured to them, in return for such sacrifices—viz. the capability of being appointed to hospitals and other public offices,—are totally incommensurate, so long as the field of private practice is left equally open to those who have made no such sacrifices.

d. The members of other professions and the followers of other occupations, who have been obliged to attain a certain amount of knowledge in them—as lawyers, pilots, &c.—are protected against the inroads of the unlicensed; and some sort of protection has been almost universally deemed necessary, by those who have followed any given pursuit, for the sake of distinguishing the competent from the incompetent, and securing a due reward to competency. The national feeling is, and for centuries has been, in favour of the principle of such protection—a point not to be lightly disregarded.

2. The public has a claim on government to be supplied with a body of well-educated medical practitioners, and to be protected against ignorant pretenders to medical skill, on the ground, (a) that the practice of medicine concerns directly the health and lives of the community at large, and (b) because the community is incapable of judging of the fitness or unfitness of persons to exercise it. It may be said that the public registry of the names of legitimate practitioners supplies the public with the means of judging on this point: but to this it is replied that the practical commentary on the law furnished by the permitted practice of the unregistered, is sufficient to counterbalance the effect of the registry, especially among the great body of the people, who are not likely to know aught of registration or registers. It is no greater interference with the liberty of the subject to say—'Here is a large body of medical practitioners, qualified and licensed to heal disease, choose whichever one among them you please to attend yourself or your family in sickness, but choose not a person neither qualified nor licensed'—than it is to restrict the choice of a client in a suit at law, to the class of attorneys, or a

* Letter to the Secretary of the North of England Medical Association.

captain of a ship, to the class of licensed pilots; and yet no one thinks it would be well to permit unlimited choice as to the individuals who should undertake legal causes, or navigate ships into port. When the welfare of the public demands it, individual liberty of choice and personal freedom of action must alike give way; were it not so, civilization must retrograde, and political liberty itself be extinguished.

"When the liberty of the subject," as Mr. Carter well observes, "threatens to be dangerous to himself, or detrimental to his family or society, it must be restricted. To be consistent, Sir James Graham should not interfere with gambling. Why should people not be permitted to indulge their propensity to be cheated in pocket as well as in health and life? Would the consequences be less injurious to themselves and those who depend on them in the former than in the latter case?"

IV. Before quitting this part of our subject, it is necessary to notice more particularly, one objection to the restrictive measures we advocate, which has been advanced by many good and enlightened men, and which, we are ready to admit, has always appeared to us to be the only one adduced by the advocates of unrestricted practice, which had any semblance of weight. It is this,—that the limitation of medical practice to men so highly and so expensively educated as the registered class under this Bill will be, would deprive the lowest class of the community—the labouring poor—of the means of obtaining medical relief at all. It is argued that medical practitioners of so high a grade would disdain the scanty offerings of the poor for their learned services, and that this most important class of the community would, in consequence, be neglected in their sickness. It is too true, that even now, the labouring classes in this country are unable to remunerate medical men for their services; how then, it is naturally asked, shall they be able to do so, when a more expensive education warrants, and a more thoroughly exclusive system of practice permits, higher remuneration for services rendered at the bedside of the sick? Is it not the bounden duty of the State to take care that even the risk of such a terrible evil should not be incurred? Is it not better that the whole race of doctors should be ruined, than that such a cruel wrong as this should be perpetrated?

These are most momentous considerations; but we think it can be shown that the course of proceeding we are advocating is far from being inconsistent with their just appreciation.

a. In the first place, we would say, that if the present social and political condition of the people is such as to render it impracticable for the labourer to obtain good advice for himself and family when ill, it is the bounden duty of the state to remove this impracticability.

b. Secondly, we maintain that it would be monstrous if the State were deliberately to meet this difficulty by *lowering the value of the article*, i.e. by supplying the poor with *bad advice* from ill-educated men, and not by raising the ability of the claimant to obtain good.

c. If medical advice were a *mere luxury*, like fine clothes, delicate food, carriages, &c., the State might justly say,—Let a man obtain it of

* Letter to the Secretary of the North of England Medical Association.

the quality he can afford, or go without it; but it is assumed as an axiom that it is *the positive duty* of a State, to take every necessary precaution to preserve the health and life of its subjects; and it is evident that *good medical advice*, in this point of view, comes as much into the category of *necessaries* which the State is bound to place within the reach of all, as food, clothing, housing, &c.

d. It is maintained, therefore, (c) that it is the duty of a government, in the first instance, not only to provide the public with good medical advice, but even to keep *bad* advice out of their reach, as far as this is practicable; and it follows as a corollary (a) that if the actual arrangements of a State prevent any class of its subjects from obtaining this *necessary*, *these arrangements ought to be changed*.

e. But, even supposing the social and political condition of the poor to remain as at present, and the education and attainments of the general practitioner to be raised by the new Bill—Does it certainly follow that the professional relations between the two will be less advantageous to the former than they are at present? This seems at least doubtful, for the following reasons:

a. The present rate of medical charges for attendance on the poor is as high as can well be obtained; therefore the most expensively educated men could get no more, even if they desired it.

b. But it is believed that the better the education of practitioners, the more enlightened would be their views, and the more humane their feelings; and that, consequently, taking a truer and kinder view of the actual condition of their poorer brethren, they would be found *cheaper doctors* than even their predecessors had been.*

c. The same superiority of intellectual culture would lead to the increased countenance and promotion of the system of *medical clubs* and self-supporting dispensaries, on improved principles; the unhappy opposition to which, by the medical profession, has been mainly the result of ignorance.

d. Under any circumstances, (though this alternative we strongly deprecate,) the poor will have the same resource as now, *viz. the chemists' shops*, as we do not believe that what is called *counter-practice* can be prevented by law.

e. The more expensive education, under the new system, would diminish the number of persons entering the profession; the members of the profession would, therefore, have a larger sum to be divided amongst them, and could afford to practise at a cheaper rate. For instance, in a certain country district, one licentiate and his family would have to be maintained in place of two; and having double the number of patients, he could afford to charge *the poor*, at least, much less than if his patients were fewer.

* The present practice of the profession corroborates this view of the case. We never see the well-educated and respectable general practitioner oppressing the poor. It is only the unlicensed, uneducated, and disreputable practitioner, who makes heavy charges, and then sues the poor man for payment. The almost invariable practice of respectable general practitioners is to attend the really poor gratuitously, or to see them taken care of in a public institution.

f. The apprehension of any place, even the poorest country district, being left without a sufficient medical staff to attend to all the sick, seems altogether groundless. The demand will always create a supply in this as in every other case. Need we seek further evidence of this truth than the notorious fact, that, at this very time, hundreds of Doctors of Medicine are acting as assistants to general practitioners, as surgeons of unions, and as village apothecaries!

V. Having thus, as we think, demonstrated the necessity of protection, it remains to inquire what should be the precise nature and amount of it.

The views of medical men differ a good deal on this point; but it appears to us that the general opinion is in favour of too severe restriction. No one contends that all the forms and colours of unqualified practice, comprehended under the general name of quackery, should be put down, simply because every one admits that this is impossible; but there is a prevalent feeling that the legal restraints should be extended wider than seems easily practicable, or is required by the just vindication of the rights of the qualified by education and law. It seems to us altogether unreasonable that the chemist should be restrained from "prescribing over the counter," as it is called, so far as to be deprived of the power of giving his drugs, simple or compounded, to poor or rich who may call for them, even although he select the medicine, and fix its dose. And if we allow this privilege to the chemist, it seems somewhat difficult to prevent the professed quack from selling his specifics in his own house. For our own parts, although we are fully aware of the amount of evil perpetrated by the race of advertising quacks, both within and without the profession, and although abhorring the cold, calculating robbers and poisoners of the ignorant and confiding, as among the basest of the human race, we do not at present see how these vermin can be effectually exterminated. If any means can be suggested for effecting so desirable a result, without trenching too much on the liberty of the subject, and without endangering the passing of the Bill, we shall embrace them with delight and gratitude. At present, however,—looking at the same time to what will be a reasonable and fair though not a complete protection to the profession, and what will be likely to meet the sanction of the legislature,—we are disposed to urge upon our brethren to be content with the introduction of a clause into the Bill, rendering it penal for all unregistered practitioners to visit patients at the patients' own houses or at the houses of others. Such a prohibition, though it would not reach the advertising quacks in their domestic dens, would effectually prevent the introduction of any large number of unqualified men into the ranks of the profession. With the exception of London, and a few of the larger cities, no other place could supply the means of livelihood to men forbidden to practise beyond their own threshold. The profession, consequently, as a body, could not be materially injured; and the public could only suffer in that fraction of its mass which now ministers to the cupidity of the public empiric. It is to be remembered, that it is not the class of society that most wants protection, the poor labouring class, who are the prey of these medical arachnidans. They spread their webs only for those

who are fat and well-liking, and can bleed; and if the profession generally are not jostled by them, and the poor are safe from their fangs, it may be not unreasonable and possibly may be politic, to leave them for the solace and the patronage of those whose intellectual caliber makes them congenial dupes, and whose worldly means harmonize with their desires.*

r.s. Since this paper was printed, the author's attention has been called to two very able Letters by Dr. Charles Williams, published in the Medical Gazette for Sept. 1841. The author is very happy to find his views (see pp. 15-16) respecting the organization of the College of Physicians so strongly supported and by so excellent an authority. The following is an extract from Dr. Williams's Last letter:

"The abolition of the degrading distinction of the licentiate, I hold to be essential to the prosperity, nay, the very existence of the College, in the position in which we hope to see it. All that was urged in my former letter against the causes of disunion, is especially applicable to this invidious division in the same order of men. To recognize a man as a physician, and yet to refuse him the full rights and privileges of a member of the body of physicians, is to stultify the recognition, and to stamp him with a mark of inferiority which renders the distinction a perpetual subject of shame and discontent. Even conceding to the licentiates (according to some of the recently proposed schemes), the title of *members*, with the privilege of naming annually for the fellowship a number out of their own order, one half of which number is to be rejected by the fellows, would be but an ungracious half measure of justice, and one ill calculated to promote that harmony and unity of interest which should subsist between the members of the same body. The same serious objections stand against the plan of limiting the number of fellows, and filling up the vacancies, as they may occur, by election from the licentiates. As long as the number of fellows is limited (even were it less so than it is proposed to be), so long will there be discontent among the degraded seniors that are excluded; and although a disgrace to be excluded, it would be no peculiar honour to be included in the proposed body of two hundred fellows. It is impossible not to foresee that all such measures which keep up a distinction, to which the majority cannot have access, and over which they can exercise no control, must perpetuate that jealousy and distrust that has hitherto alienated the College from the greater number of the physicians practising in this country. This obnoxious distinction was one of the chief grievances complained of in the petitions of the licentiates to the two Houses of Parliament. I appeal to the present licentiates—do they still desire it to be removed?"

* The Bill contains several omissions which we hope may be supplied in Committee. We will only advert, at present, to two, and this merely to indicate them, not to discuss them. The first is the omission of all reference to the regulation of the Chemist and Druggist. We think the Board of Health should be empowered to establish a special examination Board for this class, and that no one should be allowed, after a specified time, to open shop, as druggist, without a license obtainable after passing an examination. We think the Pharmaceutical Society might supply the basis and mechanism of such a Board. The second omission relates to the education and licensing of Midwives.

The British and Foreign Medical Review.

EDITED BY

JOHN FORBES, M.D. F.R.S. F.G.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS IN LONDON.

IN entering upon the TENTH YEAR of his labours, the Editor of THE BRITISH AND FOREIGN MEDICAL REVIEW, trusts that he may honestly indulge and avow a feeling of pride when looking back on what he has accomplished. His main objects in establishing this Journal, were (1.) to raise the criticism of medical literature to the same dignified and independent position which the criticism of general literature had attained; and, (2.) to extend its limits so as to embrace the productions of the medical press throughout the world. The means by and through which he hoped to be able to work so great and desirable a change were, chiefly, the following:

1. The entire independence of the Review on booksellers and publishers.
2. Disregard of expense in procuring the books and journals of every country.
3. The cooperation of the best informed writers in every department of medical science.
4. The determination never to admit gratuitous contributions into the pages of the Review.
5. The sincere desire to ascertain the truth on all subjects, as far as practicable; and the courage to speak it, without regard to place or person.
6. The resolution to keep no terms with quacks and quackery.

It is a high gratification to the Editor to be able to appeal to the best authorities in this country, as well as on the continent of Europe, and in America, in proof that the objects contemplated have been in a great measure attained. But the Editor does not feel that he need confine the exposition of his sentiments on this point, to the words of others. Knowing how comparatively small a share he has had in the actual composition of articles in the Journal, he considers himself to be in a position that warrants a judgment on its merits almost as free from bias as in the case of other works; and he feels it to be but an act of simple justice to the eminent men by whom he has been assisted, thus publicly to state it. Accordingly, he does not hesitate to avow his conviction—that the eighteen volumes of the Review now before the public contain a greater amount of important information in all departments of medical science, more of novel yet sound practical instruction, and more of just and enlightened criticism, than are to be found in any similar work of the same extent.

The Editor will only further add, that the same principles which have hitherto presided over the construction and management of this Journal, shall continue to govern it for the future; tried and proved as they now are by a long and wide experience, and sanctioned and confirmed as they have been by the general assent and favour of the profession.

It is intended that one important and characteristic feature of the Review, only of recent date but already established in the good opinion of the profession, shall, in the subsequent volumes, receive still further development. The Reports of the labours of medical inquirers generally, and of the progress made by them in each department, will be continued in ANNUAL SERIES, comprehending every subject of interest to the medical practitioner, whether coming under the name of the Science or the Practical Art. One or more of these Reports, with the author's name attached, will appear in each number of the Journal. They will be arranged, for the most part, under the following heads; although Reports on other special subjects will be occasionally added:

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| II. Practical Medicine and Therapeutics. | V. Materia Medica and Pharmacy. |
| III. Practical Surgery; with subordinate Reports on, | VI. Medical Jurisprudence and Toxicology. |
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THE BRITISH AND FOREIGN MEDICAL REVIEW.
No. XXXVII—JANUARY, 1845.

PRINCIPAL CONTENTS.

PART FIRST.—Analytical and Critical Notices.

1. Dr. REID on the Warming and Ventilation of Houses.
2. Dr. CHAPMAN on the Diseases of the Abdominal and Thoracic Viscera.
3. HOFFMEYER, RAY, and MAYO, on the Legal Relations of Insanity.
4. GROHMANN, GRASSI, &c. on the Contagion of Plague, and on Quarantine.
5. LÉVY on Hygiene, public and private.
6. Drs. NABELE on Midwifery.
7. East-Indian Government Charitable Dispensaries.
8. HENLE and KILLIKER on the Pacinian Corpuscles of the Nerves.
9. RACIBORSKI and BOSCHOFF on Paberty, &c.
10. Dr. TÜRK on Spinal Irritation.
11. SIMON on the Situation of the Internal Organs.
12. Prof. MARK'S Axioms—The Ethical Relations of Medicine.
13. M. DUPRETTAT on the Mortality of Brussels.
14. PEREIRA, BELL, and HOCKEN, on the alleged Cure of Consumption.
15. Vestiges of the Natural History of Creation.
16. GUYOR on the Employment of Heat in the Treatment of Ulcers, &c.
17. New Medical Bill for Norway.
18. A Critical Examination of Sir James Graham's Bill; with Practical Views of the Representation, Incorporation, and general Organization of the Profession. By the EDITOR.
19. Dr. RADORE'S New Book.
20. Dr. RAMSBOHRM on Obstetric Medicine, &c.
21. Dr. SUTTA'S Contributions to Pathology and Therapeutics.

PART SECOND.—Bibliographical Notices.

1. Dr. RANKING'S Translation of Lugol on Scrofulous Diseases.
2. Sir GEORGE LEFEVRE'S Apology for the Nerves.
3. Mr. Dr. CRONIN'S Books.
4. LIZARS' Elements of Anatomy.
5. WILSON'S Anatomist's Vade-Mecum.
6. Dr. BENNETT'S Treatise on Inflammation.
7. Dr. CARPENTER'S Principles of Human Physiology.
8. Mr. HOLBYN'S Dictionary of Terms used in Medicine and the collateral Sciences.
9. FOWNES'S Manual of Elementary Chemistry.
10. Mr. SHAW'S Medical Remembrancer.—The Prescriber's Pharmacopœia.
11. Mr. GRANTHAM'S Observations in Medicine and Surgery.
12. JAMESON on the Use of Vivisection.

PART THIRD.—Original Reports and Memoirs.

1. Mr. PAGER'S Report on the Progress of Human Anatomy and Physiology.
2. Dr. CONOLLY on the Lunatic Asylums of Paris.
3. Dr. LAVOCCO on the Reflex Function of the Brain.
4. Obituary Notice of the late Dr. Abercrombie.
5. " " " Sir Henry Hallford.

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REMARKS

ON

MEDICAL REFORM,

IN A LETTER ADDRESSED TO

THE RIGHT HON. SIR JAMES GRAHAM, BART.,

ONE OF HER MAJESTY'S PRINCIPAL SECRETARIES OF STATE, &c.

BY

SIR JAMES CLARK, BART., M.D., F.R.S.,

PHYSICIAN IN ORDINARY TO THE QUEEN AND TO THE PRINCE ALBERT.

LONDON:

JOHN MURRAY, ALBEMARLE-STREET.

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MEDICAL REFORM.

SIR,

To you, as the Minister of the Crown upon whom devolves the administration of our domestic polity, I venture to address the following remarks on some of the more important points of Medical Reform. I am not presumptuous enough to think that I shall be able to point out a course by which the numerous difficulties which encompass the subject may be removed, but I would not have presumed to trespass upon your time, had I not believed that I might, in some degree, simplify the matter, and enable you to see more clearly the real state of the profession in this country, and the paramount objects to be aimed at in the Improvement of Medical Education, and the Reform of our Medical Institutions, or rather their adaptation to the present wants of the profession.

In submitting through you, Sir, my observations to the profession, I am also not entirely without the hope that they may lead some of my brethren who are contending for the special interests of

particular institutions, to take a more extended view of the whole subject of Medical Reform, and unite their efforts to enable you to bring into Parliament such a measure as shall prove at once satisfactory to the great body of medical practitioners and beneficial to the public,—and, I may add, as shall improve their own institutions by giving them the support of the whole profession. However this may be, you will find in the following pages the unbiassed opinion of one who has for many years directed his attention to the state of the Medical Profession, and the means of improving Medical Education in this country; and who has felt it to be in some degree his duty to make his views known to you at a moment when it is understood that the ground-work of a measure of Medical Reform, about to be introduced into Parliament, is in course of preparation.

From what has transpired of the plan of Medical Reform now under your consideration, it would appear that the members of the medical corporations are alone consulted on the subject, and that they, as might be expected, are strenuously exerting themselves to obtain all they can,—each for his own institution; while the claims and feelings of the great body of the profession seem likely to be lost sight of. Permit me, however, most respectfully to remark, that it is the General Practitioners whom a sound measure of

Medical Reform is calculated most to benefit; let me remind you also that it is they who are principally calling for reform, and who, believing that they have little to expect at the hands of the present medical bodies, look to the Legislature, through you, to improve their position.

It must, I think, be evident to every one who gives the subject his unbiassed consideration, that no scheme of Medical Reform which does not include *all* legal practitioners of medicine can prove satisfactory to the profession and the public, or remove the source of the discontent and jealousy which have so long distracted the medical body, and tended to lower their character in the estimation of the public.

In the evidence of some of the most distinguished physicians and surgeons of this country, before a Select Committee of the House of Commons, it was stated, and, I think, with perfect truth, that no surgeon could practise surgery successfully who was not acquainted with practical medicine, and that no man could be a good physician who was ignorant of surgery.* With respect to surgery, it might have been further stated that much the greater part of the surgeon's practice is medical; that, as our knowledge of the

* Report from the Select Committee on Medical Education, &c.

animal economy and of the nature of disease increases, the domain of what is strictly called surgery becomes more circumscribed; so that the purely surgical duties of the surgeon will at no distant period be limited, in a great measure, to the management of accidents, and the performance of the operations required for the very few diseases in which operations are really useful. Indeed, it is well known that no surgeon out of the Metropolis could live by his profession, were he to restrict his practice to surgery: even the practice of the most exclusive London surgeons is, I believe, more medical than surgical, in the strict acceptation of the terms. If, then, the practice of the surgeon is chiefly medical, and the physician requires to be acquainted with practical surgery, while the great body of the profession, the general practitioners, necessarily practise both medicine and surgery,—what good reason can be assigned for classing one small section of the profession under a College of Physicians and another under a College of Surgeons, while the great body of the profession is left without any bond of union, or any connexion with or interest in those Institutions?

I am far from wishing to imply by these remarks that the profession ought not to be separated into different departments. This must always be the case in a profession so extended as that of Medi-

cine, and in which men possessed of various talents and acquirements will distinguish themselves in those departments for which their genius and inclinations best suit them:—there will always be a certain proportion of physicians, who will be consulted in the more strictly medical cases, and of surgeons, who will be consulted in all cases requiring operation, and in accidents; but by far the greater part of the profession will continue, as they are at present, to be occupied in the treatment of both medical and surgical diseases. Such an arrangement is advantageous to the profession and beneficial to the public.

Now, in any scheme of Medical Reform, and more especially in any Legislative measure, it is surely the General Practitioners, that is, the great body of Medical Practitioners, that require the chief consideration. By far the largest part of the population is under their care, including that portion who are least capable of judging of the merits of their medical attendants, and to whom it is the especial duty of the Legislature to extend its protection.

As it has been stated, in the evidence to which I have just referred, and which will not be disputed, that to practise any branch of medicine successfully requires a knowledge of the whole science, it necessarily follows that every medical practitioner should pass through the course of medical education deemed necessary for the gene-

ral practitioner; and that those who desire to confine themselves exclusively to medicine or surgery should first take the degree which qualifies for general practice, and then devote a certain period in acquiring that additional experience and practical knowledge, and that manual dexterity, which may qualify them for Consulting Physicians or Operating Surgeons. There will always be a sufficient number of the profession who will possess a more extended general education, and a greater amount of medical instruction and experience than could at present be required or expected of the whole body of medical practitioners, and who will consequently take the higher degree of Doctor of Medicine. From this class will naturally be selected Physicians and Surgeons to Hospitals, Lecturers in the Medical Schools, Examiners, &c.; in short, this class would alone be eligible to such honourable appointments as will prove a sufficient stimulus to ensure an abundant supply of highly educated men as successors to the Physicians and Surgeons of the present day. And not only this: the facilities for acquiring instruction in every branch of science are increasing so rapidly, that the proportion of medical men who will take the higher degree will no doubt augment from year to year; and, judging from the progress which has been made in our own day, it will not be considered a very extravagant prediction that in the course

of another half-century the smaller proportion only of medical graduates will stop at the lower degree.

The first and most essential step in Medical Reform is, unquestionably, the establishment of a good and uniform EDUCATION for the general practitioner; the second, that every practitioner in medicine, whatever may be the department for which he is destined, should qualify for the duties of the general practitioner—that is, should take the degree of *Bachelor of Medicine*, or whatever title he may be designated by,—as a preliminary step to the higher degree of *Doctor of Medicine*.

This I consider one of the cardinal points of Medical Reform, and one against which I have never heard a single sound argument advanced.

As by this regulation all would pass through the first degree, so all would be eligible for the second or higher degree, by devoting an additional period to acquiring a practical knowledge of their profession, and submitting to the prescribed tests. Such a regulation would, at once, do away with all just cause of jealousy between the two grades of the profession, while the knowledge that at any future period he might take the higher degree, would prove a powerful stimulus to the general practitioner to keep up his know-

ledge with the progress of medical science. This relation of the two grades of medical practitioners being established, there could be no good reason why men so closely connected by education, and so intimately associated in the exercise of their profession, should be ranged in different institutions. It is surely more natural, and would, I think, be infinitely more beneficial to the profession, that the whole should be included in one institution. Make two classes of members in the united body. Let those who take the higher degree constitute the Fellows, and be alone eligible as officers for conducting the affairs of the corporation; while the general practitioners, or Bachelors of Medicine, would constitute the great body of Members, and have, under such regulations as upon consideration might be deemed proper, a vote in the election of the officers. As this rule would apply to all, and the fellowship would be open to every member of the body who chose to qualify himself for it by taking the higher degree, no one could complain of being excluded from the fellowship.—(Note A.)

The whole profession would thus be united into one body, while the present distinction of physician, surgeon, and general practitioner, would be maintained. All just cause for the discontent at present existing in the profession would be removed. The "one faculty" and "representa-

tive" system would be realized, without, in the least degree, interfering with the present distinctions: such distinctions, on the contrary, would be established upon the only legitimate ground—that of more extended acquirements. So far from such an arrangement being calculated to lower the physician and surgeon to the level of the general practitioner, as has, I think, been most erroneously urged, both classes would be raised by it. The more the education of the general practitioner is raised, the higher, doubtless, will be that of the consulting physician and surgeon.

That such a scheme of Medical Reform would prove most beneficial to the profession generally cannot, I think, admit of doubt. It would secure a good and uniform education to every member of the profession; it would knit the whole in one bond of union, and by opening to every member who chose to qualify himself the highest degree in the profession and the highest offices in the body corporate, it could not fail to raise the character of the whole. It would elevate the general practitioner in his own estimation, and in that of the public. The public would know that every member of this body must have had a good education; while the practitioner himself would feel that he formed an integral part of the great body of his profession, the highest honours and offices of which he might attain by qualifying

himself for them, and by conducting himself as becomes the member of an honourable profession. He would have at once a direct stimulus to diligence in his profession and to upright conduct; while the knowledge that misconduct might lead to expulsion from such a body would produce its effect upon those on whom the dread of disgrace operates more powerfully than the stimulus of honourable reward.

A college of medicine so constituted, representing, as it would, the whole profession, could not fail to exercise a powerful moral influence over its members. It would constitute a court of honour from which there would be no appeal. Such a court has long been wanted in the medical profession, and would tend powerfully to elevate its character. And this I look upon as one of the most important results of the union of the profession. Were any member, who conducted himself in a manner to bring disgrace upon himself and his profession, to have his name erased from the list of the general body, and be denied the legal privileges granted to medical men, under the sanction of the Secretary of State, his destruction as a medical practitioner would be inevitable. How different would be the effect of erasing the name of a member from the list of any of the present corporations!

The mere reform of the existing medical in-

stitutions would have small influence in tranquillizing the present agitated state of the profession, because such a partial measure of reform would do little for the great body of practitioners. On the contrary, I am inclined to believe that such a limited reform would produce an injurious effect upon the profession, by giving a temporary stability to institutions which are not and, as far as I can see, cannot be adapted to represent the profession as a body. Reform of the present medical corporations would even be of little permanent advantage to themselves; for it is quite certain that any reform of these bodies which has not for its aim and end the good of the whole profession, and the advantage of the public, cannot and ought not to endure. I would ask, Sir, the advocates of such a partial measure, what are the great objects to be aimed at in reforming the present anomalous state of the medical profession in this country? Is it not to improve and equalize the education of medical men throughout the country, in order that the public may be supplied with competent medical advisers? Is it not to raise the character of the general practitioner, and put an end to the discontent which has so long existed in the profession, on account of the unequal and generally imperfect education of its members, and the vexatious regulations respecting the privileges of men licensed

by different bodies; and, finally, is it not to unite the whole profession into one corporate body? Can these objects be attained by reforming institutions, the separate existence of which tends to keep up the very evils complained of, while they exercise little or no beneficial influence on the profession? That the members of these bodies do not see the impolicy as well as injustice of attempting to limit the reform to a miserable extension of their own corporations, excluding the great body of general practitioners from any connexion with them, does appear to an unbiassed observer inconceivable. Such a union of the whole profession as is here advocated must come; it is inevitable, because it is the only reform which is consistent with the natural order of things, that is founded on justice, or can place the medical profession, as a body, in the position which it ought to hold among the other liberal professions.

Seeing, therefore, that the profession must, if not upon the present occasion, at no distant period of time, be united into one body, would it not be wiser in the Colleges of Physicians and of Surgeons to acquiesce at once in effecting such a union, by putting their own united bodies at the head of it? I know it is the opinion of many that a union of the profession may be effected, and a 'British Faculty of Medicine' con-

stituted, without interfering with the Colleges of Physicians and of Surgeons, the members of these bodies being also members of the Faculty; but such an arrangement would only complicate the matter, and would not, I suspect, be ultimately beneficial to the colleges. If these bodies would profit by their past experience, and look back upon what took place in 1815, they would, I think, see that they were only consulting their own interests by uniting and receiving into their united body the whole profession. They have now an opportunity of preserving all that is worthy of preservation of their institutions, and at the same time performing an essential service to the profession. If they allow the present occasion to pass, they may not again be placed in so favourable a position. What they may now grant with a good grace, and which will be considered a boon by the profession, they may feel constrained to yield at no distant period: for unless a liberal and comprehensive measure of Medical Reform be obtained now, many years will not elapse before the subject will be again agitated, and the whole ground will have to be again gone over; while, during the interval, the discontent and bickerings, which have too long existed in the profession, are not likely to be diminished by the feeling of bitter disappointment consequent upon the failure of the present measure. If the colleges see their own

real interest, they will reflect seriously before they oppose the just claims of the profession.—(Note B.)

Having stated the principles upon which, as it appears to me, a sound Medical Reform ought to be grounded, I proceed to state briefly how the arrangement of the profession which I have suggested may be accomplished.

The first and most important part of any legislative measure for the improvement of the medical profession should be directed to secure a good and uniform education for medical practitioners over the whole kingdom. I agree with Professor Kidd, and with, indeed, the generally-expressed desire of the profession, that there should be established in each of the capitals of the three divisions of the kingdom, *One Board*, and one only, for examining and licensing all medical practitioners, and, I would add, with the power also of granting degrees.* Such a board should, in my opinion, be composed of men of general science

* In referring to the opinion of the learned and estimable Professor of Medicine in the University of Oxford, I cannot resist the opportunity it affords me of expressing my sincere regard for and admiration of that gentleman's character. At a period of life and in a position where he might well be supposed indifferent, if not opposed, to any change in our Medical Institutions, Dr. Kidd has stepped forward to advocate the cause of rational Medical Reform in a manner which must secure him the esteem and gratitude of every liberal member of his profession.

and literature as well as medical men,—so as to be capable of judging of the scientific and literary acquirements as well as the medical attainments of candidates for degrees.

In London there exists an institution already in operation, which might supply such a board. I refer to the University of London. This institution I consider, in its present state, extremely defective. The number of Fellows, thirty-five, is too numerous for an executive body, and not sufficient to admit of the formation of an effective executive council. Accordingly, the working of the University has been very difficult, and its decisions often most unsatisfactory to a large proportion of its members; and this chiefly from the want of that deliberate consideration and calm discussion, which a more limited and responsible body necessarily exercises. To render this institution efficient, the Fellows should be increased to a number sufficiently large to admit of their electing from among themselves a council, consisting of fixed proportions of the different Faculties, for conducting the ordinary affairs of the University. Were the new Fellows chosen on account of their character and reputation in the different departments of Literature and Science, of Medicine and of Law, there would be no difficulty in selecting from the whole number such an executive council as would be satisfactory to the

profession, and a guarantee to the Government that the interests of the public were sufficiently attended to.

Were the University of London so constituted, I can see no valid objection to its being the body for testing the candidates and granting degrees in London. The regulations respecting the amount of preliminary education, the course of medical study, and the mode of conducting examinations, adopted by the University of London, may no doubt be improved; but even as at present existing, these regulations are, I believe, equal, if not superior to those of any other institution for granting medical degrees in this or any other country. That the University of London has not entirely fulfilled the expectations of the public, is not owing to the regulations respecting education, but to the defective structure of the institution. Let this be remedied, and the University of London will prove a most useful institution. It has already done much to raise the education in the public seminaries throughout the kingdom, and may do much more, if well organized.*

* I have, however, no special preference for the University of London, farther than as an Institution already in operation. All I wish is, that such an Institution should be established in each of the three capitals, endowed with the power of granting degrees in Arts and in Medicine,—unconnected with the Educating bodies on the one hand, and with the Medical Corporations on the other.

Such a Board having power to examine and grant Degrees in Arts and Law, as well as in Medicine, I consider a great advantage. The education of medical men has hitherto been too exclusively medical;—an error which the University of London has laboured to correct by making the preliminary education of the candidate for Degrees in Arts, in Law, and Medicine the same.

There would be no difficulty in establishing such an institution as the University of London in Dublin and Edinburgh. The colleges of physicians and surgeons of those cities would supply the medical members; and there is no dearth of literary and scientific men, nor of lawyers, from whom to choose the other members of such an institution. Nor is it necessary that the selection in Ireland and Scotland should be confined to the capitals. Men eminent in science and literature might be selected from all parts of the country. As Universities already exist in Edinburgh and Dublin, they might perhaps be so connected with the new body, as to grant the degrees without the necessity of creating a new university.

The regulations regarding education, the mode of testing candidates, &c., would, of course, require to be the same in all the institutions.

The profession, throughout the kingdom, would be subject to the same regulations, and all the mem-

bers would have to pass through one or other of the three Examining Boards, or Universities. The education and tests of proficiency being the same for all, all would of course enjoy the same privileges of practising in any part of the British dominions.

In addition to the three Examining Bodies, or Universities, a Central Board would probably be necessary for fixing and assimilating the course of education, preliminary and medical, and for making such changes in the subjects of study, and mode of examining, &c., as may become necessary in the progress of science. It is reported that the Government have the intention of establishing such a body; to be composed partly of medical, and partly of non-medical men. Such a Board, if well organized, would, I believe, be of great utility in the country. It would constitute a Board of Reference to the Government in all matters relating to the public health, as well as a Board for regulating Medical Education.

I have thus given an outline of a scheme of Medical Reform, which I believe would be satisfactory to a great majority of the profession, and would effect all the good that can be expected from any rational measure of Reform. That the interest and privileges of the existing institutions would be trespassed upon thereby is certain; but no essential reform can be effected without this being

the case; and on all such occasions the public good, and the good of the greater body seeking and requiring reform, must be the first and paramount consideration. These institutions may have been suited to the state of the profession at the period of their formation; they have been useful in their day, and have doubtless done much good,—but if they are found to be no longer adapted to the improved condition of the profession, they ought surely to be so adapted.

In effecting the necessary changes, every endeavour should be made to disturb as little as possible the present arrangements and interests of these bodies; while, on the other hand, the members should recollect that those institutions were originally established for the good of the profession generally, and the benefit of the public; and that if they are no longer calculated to effect these objects, they ought to be remodelled to meet the great changes which have taken place in the condition and wants of the profession by the lapse of time.

With respect to the Colleges of Physicians and Surgeons, I believe, that, so far from being injured by a union, they would be benefited; and their financial resources would, I believe, be greatly improved. The whole profession being registered in the united body, there would be abundance of funds, even by a small registration-

fee, for maintaining, and even increasing the Museums and Libraries attached to those institutions, and also for remunerating lecturers of the first eminence for giving annual courses of lectures to the profession upon the higher departments of medical science, and the sciences more immediately connected with medicine. Whatever objections, therefore, may be made to the union of the Colleges on the plea of its proving injurious to them, I hold to be groundless: on the contrary, I believe the real interests of these institutions as scientific bodies, and their utility in the profession, would be materially promoted by their union.

With regard to individuals affected by the change, their interests would of course be respected; all persons holding official appointments for life would have the income arising from such appointments guaranteed, or a proportionate compensation granted to them.

That difficulties would present themselves in effecting the union of the Colleges of Physicians and Surgeons in each division of the kingdom there can be no doubt; but there can, I think, be as little doubt that these difficulties would soon disappear, were the members of those Institutions disposed to make mutual concessions, and to consider the good of the profession as the great object to be attained. Were the Government to

decide that the whole medical profession shall be incorporated into one body, and that to this body only would be granted a charter of incorporation, I firmly believe all obstacles to the union of the Colleges would soon be removed; and that in the course of a very few years we should see the united institutions exercising an influence on the character of the profession and on the progress of medical science, far beyond what the present corporations ever did, or ever could do, in their separate capacities.

As my intention was merely to give a general sketch of the kind and amount of Medical Reform required,—or rather to state the principles upon which it appears to me such reform should be based,—I shall refer only very briefly to a few points of minor importance.

In speaking of the Medical Corporations I have said nothing of the Apothecaries' Company, because by the union of the profession into one body it would naturally cease to exist as a separate institution, its members being incorporated in the united body.

That the Apothecaries' Company has well performed the duties imposed upon it is generally admitted. It has more than accomplished all that was expected of it: but the progress of medical science since that Company was instituted

renders it unfitted for the present time, and its longer continuance is not only unnecessary, but would, I believe, prove a positive injury to the profession.

The separation of Pharmacy from Medicine is a point strongly insisted on by some, while by others it is considered impracticable in the present state of the profession. Such a separation exists in almost every other country, and ought, and I have no doubt will do so in England at no distant period. The separation has indeed already commenced; and if the general practitioner is placed in that position in the professional body which he has a right to expect, it will soon be complete.* Negative legislation would probably effect the separation without much disturbance to the present state of things.

Were the druggists and chemists to restrict themselves to what is their proper business, that of preparing and dispensing medicines, the separation of pharmacy from medicine would be greatly facilitated. Regulations respecting the preliminary education of the druggists, and their being submitted to a practical examination regarding their knowledge of drugs and pharmaceutical chemistry, before they are permitted to dispense

* In Edinburgh I understand there are not above *three or four* practitioners who supply medicines to their patients; all prescriptions are sent to Druggists.

medicines, are absolutely requisite for the safety of the public.

There is a class of practitioners of greater importance to the well-being of society than is generally believed, who are much in need of reform, and who I trust will not be overlooked on the present occasion. I refer to Midwives, who in this country are in a deplorable state of ignorance.

The suppression of Quackery is a point insisted on by some writers on medical reform. With respect to quack medicines, the Government, I think, ought to refuse all patents for such nostrums. If a valuable medicine or remedy is discovered, let it be investigated by some authorized body, or persons; and if found really to deserve this, let the inventor or discoverer be rewarded according to its value. For the suppression of individual quackery, I doubt much the propriety of adopting any direct legislative measures. Deny the rights and privileges of professional men to all but regularly qualified and licensed practitioners, and quackery may be left to its fate.

In conclusion, I beg to make a very few remarks upon the importance of Medical Reform as a measure of state polity.

Those who do not understand the subject are disposed to regard Medical Reform as a matter which concerns the medical profession only, and therefore consider it deserving of little considera-

tion. So far is this from being the case, that the public is really more interested in it than the profession; as upon the character and knowledge of medical practitioners depends in a great degree the health of the community. Were the public better informed respecting the causes and progress of diseases, they would know that one half of the diseases with which mankind are afflicted might be prevented by common prudence, and that when diseases make their attack they might generally be deprived of half their violence by a knowledge of, and attention to, their premonitory signs and first symptoms. This is the only kind of medical knowledge useful to the public. Teach them how they may preserve their health; make them acquainted with the causes of diseases, and the best means of preventing them, and teach them to know the first symptoms of disease, in order that they may apply for medical advice when it is of most avail,—and they will possess all the medical knowledge which they can make good use of. I notice this subject here, because I believe that a sound reform of medical education would tend powerfully to bring about so desirable a state of things. All sound medical knowledge must proceed from the profession in the first instance, and until medical men are instructed in that hitherto most neglected part of medical education, HYGIENE, the public can have no correct

views of the means of preserving health, and preventing disease.

Viewing, therefore, the subject of Medical Reform in all its bearings,—the beneficial influence which it is calculated to exercise on the public health, on the character and utility of the medical profession, and on the progress of sound medical knowledge,—I cannot but regard it as an important part of our domestic polity, and well deserving the attentive consideration of the Legislature; and I venture to assure you, Sir, that if you succeed in establishing a measure of Medical Reform based upon sound principles, you will confer a lasting benefit upon your country,—a benefit which will continue to be felt when many of the measures which are at this moment exciting so much interest, and attracting so large a share of public attention, shall cease to be remembered.

I have the honour to remain,

Sir,

Your very obedient humble servant,

JAMES CLARK.

BROOK STREET, June 13, 1842.

NOTE A. p. 10.

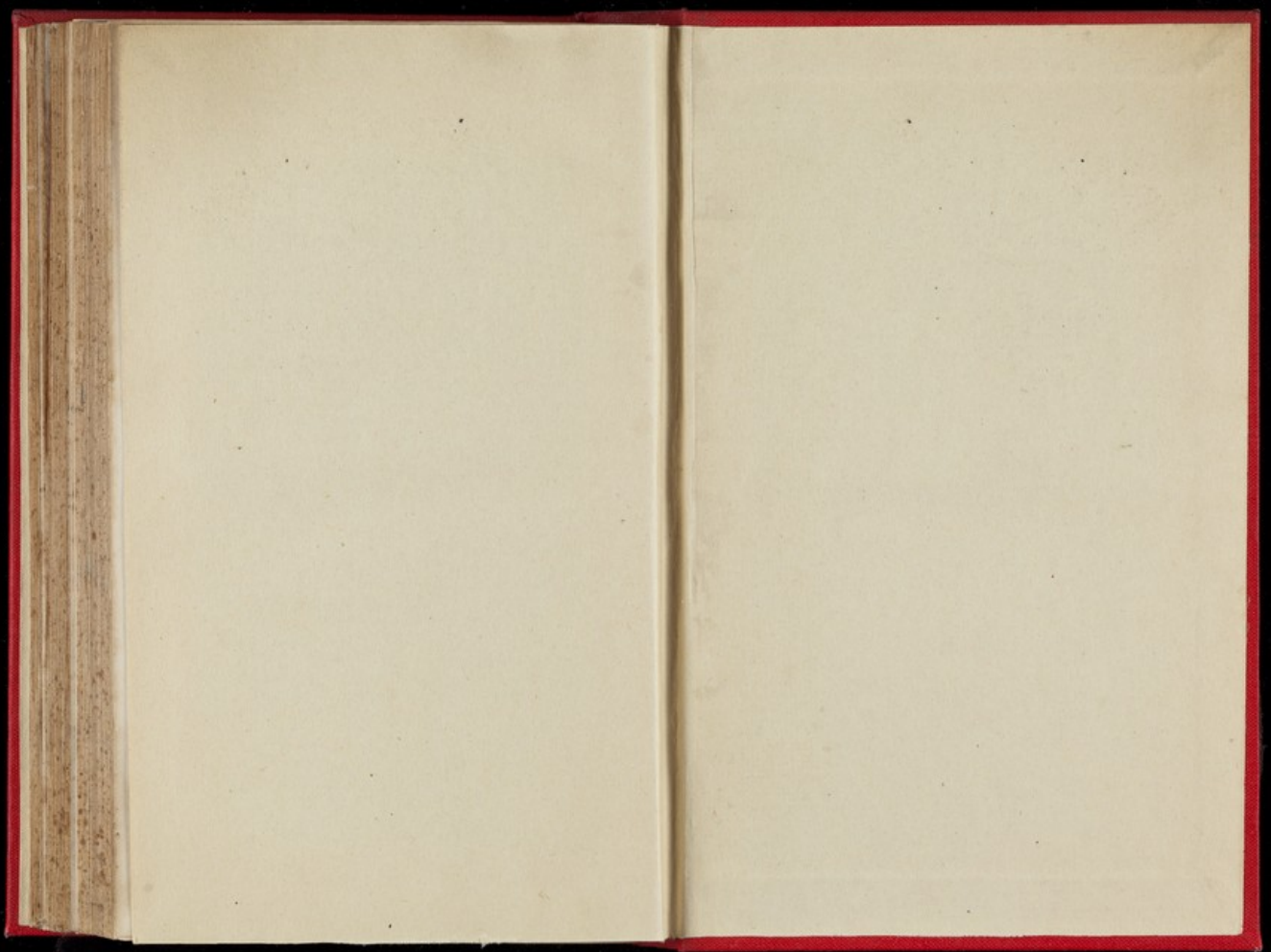
To the proposal that the profession in future should consist of two divisions only, Bachelors of Medicine and Doctors of Medicine, it may be objected, that a sufficient supply of candidates would not be found possessing the amount of preliminary and medical education required of the Bachelor, and that men with such an education will not practise in thinly-populated districts. To the first objection I would oppose all past experience,—that raising the qualification has not had the effect of diminishing the number of candidates. Look, for instance, at the University of London: notwithstanding the amount of preliminary education required, and the much more extended and more searching nature of the medical examinations, the result is greatly in favour of a higher rate of qualification. Had the Government granted to this body the power of licensing their graduates in medicine, I firmly believe that in less than five years the College of Surgeons and the Apothecaries' Hall might have shut their doors, although the examinations of the University are more extensive and more searching than those of both these bodies put together. From what does this proceed, but from the fact, that the higher, within reasonable limits, that an honorary reward is pitched, the greater is the desire to possess it? There may be a question whether the *preliminary* education required by the University of London is not a little too high for a few years to come; but no one is fit to enter on the practice of his profession with less medical information than that required of a Bachelor of that institution; and I trust that strong proofs will be required of the necessity of having a lower grade and a less instructed class of medical practitioners in this country than in the other countries of Europe, before such a proposition is acceded to. Should, however, such a class be decided on, then I would only ask that it may be left optional to the student to choose between that course of education which makes him merely an

untitled LICENTIATE, with the bare permission to practise, and that which leads to the title of BACHELOR OF MEDICINE, and constitutes him a member of the corporate body of his profession, and I have no fear of the result. With respect to the second objection, that men so highly educated will not be found to settle in the poorer or thinly-populated districts, I reply, that it will be time enough to legislate for the case when it occurs. It would be far better that the people were left without any medical attendant than a half-educated one. Patients whose diseases were left to nature would have a better chance of recovery than in the hands of an ignorant practitioner, the activity and boldness of whose practice is generally in proportion to his ignorance.

NOTE B. p. 16.

In urging a union of the whole profession into one corporate body, I wish to guard myself from being understood to recommend the doors of the united Colleges to be thrown open at once to the whole body of general practitioners. My observations have reference more strictly to the condition of the *future* members of the profession, who, I trust, will consist of two classes only,—the Bachelors and Doctors of Medicine (and of Surgery, if desired), *all* being required to pass through the first degree. When the profession is so arranged, there will be no difficulty: in regard to the existing practitioners, I readily admit that the matter will not be so easily settled. It may be considered right to divide them into two classes, admitting as *members* those only who abstain from the practice of pharmacy, the remainder being *licentiates*. But time may be well allowed for making all such arrangements. Let the corporate bodies only admit the *principle* of the union of the profession as the *basis* of reform, and the general practitioners are, I trust, too reasonable not to see that so extensive a change must be attended with great difficulties, even with the

best intentions of the Colleges, and must require a corresponding amount of time, and the exercise of much judgment and patience in accomplishing it. But whether the whole profession be united, as is proposed, I feel assured, from some acquaintance with the opinions and feelings of the general practitioners throughout England, that nothing short of their union, in some way, into a corporate body will satisfy them, or allay the excitement which exists in the profession. And, if not in the way proposed, how is their union to be effected? They must either form a separate body, or unite with some of the existing bodies. Now with which body can they properly unite? Will the College of Physicians receive them? They repudiate the Apothecaries' Company, and they cannot with consistency join the College of Surgeons. That body pride themselves upon being the representatives of pure Surgery; while we have seen that *nine-tenths* of the practice of the general practitioner is *medicine*, the remaining *tenth part* only being *surgery*. In their avocations, the general practitioners have a much closer affinity with the College of Physicians, and might therefore much more consistently claim a union with the body which represents Medicine, than with that representing Surgery. I have anxiously endeavoured to discover a mode of uniting the profession consistently with the existence of the present Colleges as two separate and independent bodies, but I can see none that is likely to be beneficial to the profession and these bodies also. There is in truth no means of overcoming the difficulty but the union of the whole profession into one body: this is the only natural union: the present divisions are forced and artificial, and must therefore sooner or later give place to that which is consistent with the established laws of nature.



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PAMPHLETS

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