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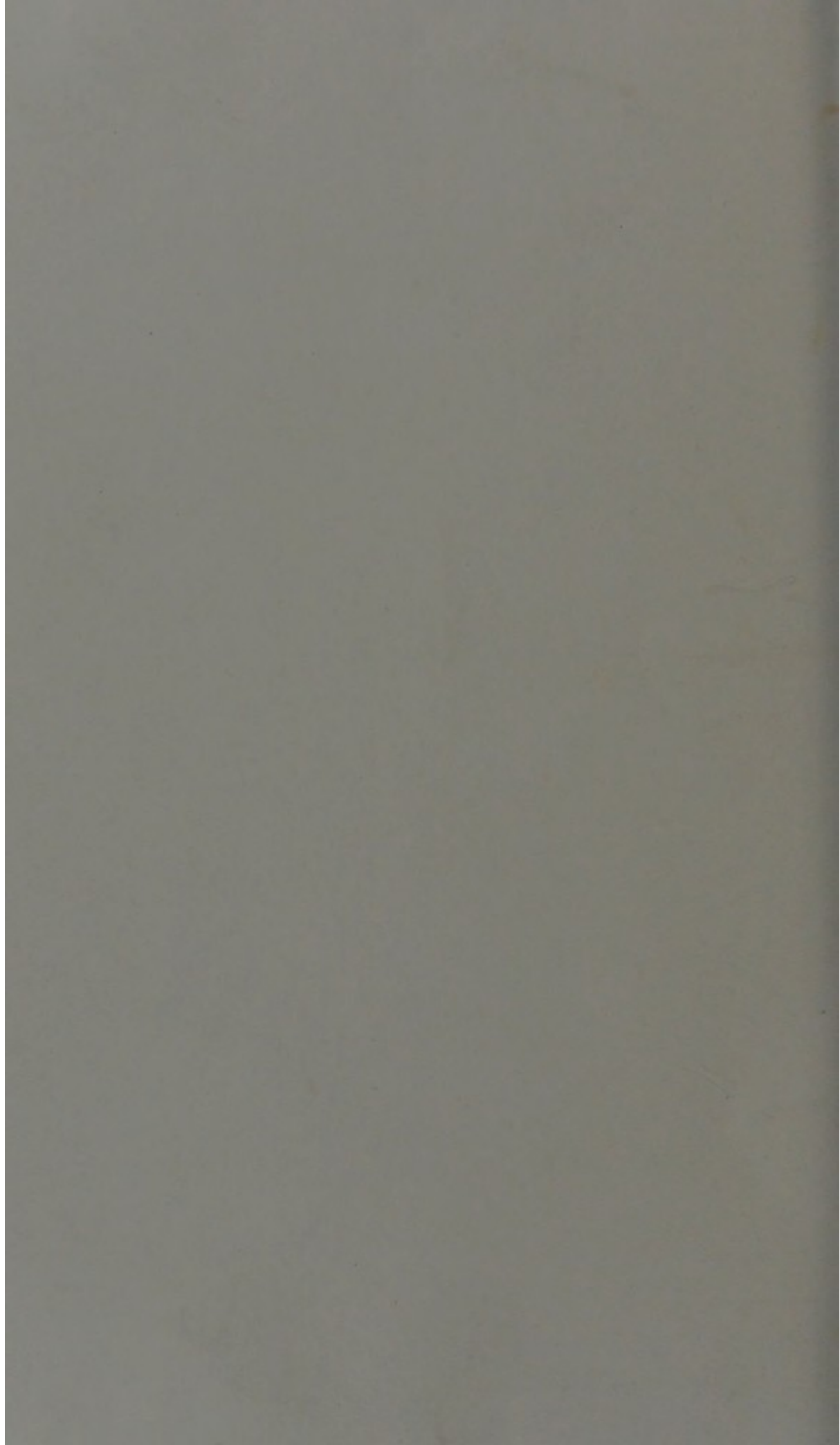
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THE S I S.

NOTES ON MEDICAL SUBJECTS,

COMPRISING

REMARKS ON THE CONSTITUTION AND MANAGEMENT
OF BRITISH HOSPITALS:

TOGETHER WITH

SOME PRELIMINARY OBSERVATIONS

ON THE

THESIS OF MEDICAL GRADUATES.

BY

EDWARD W. LANE, M.A.

EDINBURGH:
PRINTED BY JAMES HOGG, NICOLSON STREET.
MDCCCLIII.

THE 1842

NOTES ON MEDICAL SUBJECTS

REMARKS ON THE CONSTITUTION AND MANAGEMENT
OF BRITISH HOSPITALS

AND PRELIMINARY OBSERVATIONS

THEIR OF MEDICAL GRADUATES

EDWARD H. LANK, M.D.

PRINTED BY JAMES HODG KINGSLEY STREET
LONDON

TO

SIR GEORGE BALLINGALL,

PROFESSOR OF MILITARY SURGERY IN THE UNIVERSITY
OF EDINBURGH,

I DEDICATE THIS THESIS, AS A SLIGHT BUT VERY SINCERE
TOKEN OF MY ADMIRATION FOR HIS EXERTIONS IN THE CAUSE OF
HOSPITAL IMPROVEMENT.

E. W. L.

DECLARATION

I, the undersigned, do hereby declare that the foregoing is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty, and that the same is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty, and that the same is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty.

SIR GEORGE RALLINALL

ESQUIRE, OF THE CITY OF LONDON

OF THE CITY OF LONDON

I, the undersigned, do hereby declare that the foregoing is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty, and that the same is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty, and that the same is a true and correct copy of the original as the same appears in the records of the Court of the Admiralty.

INTRODUCTION.

I SUPPOSE it will not appear either singular or affected in me when, called upon at the close of three years of medical study to produce a thesis with some pretensions to originality, I own that I have felt the very greatest difficulty in the choice of a subject. Every one, or nearly every one, I venture to say, must have experienced the same difficulty in a greater or less measure; and, paradoxical as the assertion may at first sight appear, I will believe that it has probably been felt very much in a direct proportion to the capacity and insight of the student; for it is precisely the individual who knows most that has also best attained to the consciousness of how passing little he really does know, and who will consequently find himself most at a loss, when called upon for so formal (and formidable) a display of his acquirements as is implied in the composition of an original thesis. No doubt this demand upon the student (like all other regulations affecting his studies) has proceeded, on the part of the framers of those regulations, from an anxious and laudable desire to carry medical education to as high a pitch as possible. No one, I am sure, can more cordially sympathise in this wish, because no one is more powerfully alive to the necessity of its accomplishment than myself. It is a standing reproach against the medical profession in our day, that those who enter upon it bring with them, for the most part, so poor a modicum of general culture as to make their deficiencies in this respect a subject of frequent comment with the public, and to render themselves a theme for invidious and not over-complimentary comparisons. I certainly would fain wish to see this state of matters changed, and should hail with delight the establishment of any plan of preliminary education which should promise to rectify so great a grievance; and the

very general recognition of the existence of the evil, on the part of the most enlightened members of the profession, affords, I am prone to believe, the best augury of its not distant removal. But, on the other hand, I venture humbly to submit this consideration, that, having once entered upon the study of his profession, the student of medicine, during the four years that compose his academical curriculum, has his hands more than full. He is called upon, during this brief space of time (for brief it relatively is, and far too brief) to acquaint himself, under the stimulus of two examinations, kept constantly before his eyes, not generally but minutely, with some dozen subjects or more, all of them bearing, it is true, more or less directly upon, and conducing to, a liberal knowledge of the very difficult and constantly progressive profession which he has made his choice, but evidently tending in a proportionate degree to increase the labour of its mastery. Furthermore, the wards of the hospital, in their different departments—surgical, medical, and obstetric—present a field of investigation to which he must be but rarely a stranger, if he have his own interest, or that of his future patients, at heart. And finally, in addition to all this, and at the very period when his thesis is to be excogitated and wrought into shape, another most engrossing, important, but no less vastly laborious and time-consuming practical duty falls to his lot—I mean the out-door practice of the Dispensary. In one word, it is to be feared that the golden rule, "*non multa sed multum*," which ought to guide every wise scheme of education, bids fair, in this instance, to be forgotten or neglected; and, as an inevitable consequence, the result must be all for evil, not for good.

To return to the subject of the thesis. It is foreign to my purpose to enter here into all the arguments that might easily be brought together, as adverse to the wise continuance of this demand on the time and attention of the student: I must content myself with briefly noticing, in addition to what has just been mentioned, a few further considerations which appear to me, of themselves, sufficiently cogent. First, I think it cannot be too much borne in mind that, in compelling the produc-

tion of a thesis, as in every other particular of medical education, the Faculty are legislating, and, I may add without offence, are *bound* to legislate, not for individual and exceptional cases, but for the general mass of students. In the former category, will often be found persons of independent means, and to whom *time* is a matter of no pressing moment; who are willing, according as their several tastes or peculiar interests may dictate, to spend five or six years in their medical studies, in lieu of the prescribed four; and who, moreover, in very many instances, enter the profession rather in the light of purely scientific investigators, and aspirants in the special provinces of physiology, morbid and comparative anatomy, &c., than with the views of those who aim at realising forthwith in practice, and in the cause of their fellow-beings, whatever available acquaintance with their profession they may have gathered from the lectures of their teachers within the walls of the University, by the bedside in the hospital, or in the course of their visits among the "homes and haunts" of the suffering poor. In short, the profession of medicine, it is plain, like most other callings, has its scientific and its practical aspect; and we know well that, in the case of Germany, for example, its members are divided into the one class or the other by limits, which, if not absolutely or necessarily impassable, seem yet in reality hardly ever to *be* transcended, to the no small detriment, assuredly, of both parties. It is a happy characteristic of the English mind, and a fortunate circumstance for the interests of the healing art among us, that this violent dissociation of theory from practice but rarely obtains on this side the Channel, and that, accordingly, the men whose names are rendered most illustrious by the fruits of their labours in the more strictly scientific walks of the profession, are precisely those who, wisely carrying theory to its legitimate and natural results, are also, in the general case, the most celebrated and the most successful in its daily practice.

But I am not now speaking of what *may* be done, and *is* done, by medical men in after life: it is with the student, and the *general* student, that we have here to do. In the case of young

men circumstanced and disposed as I have mentioned above, it might perhaps be a debateable point whether or not the composition of a thesis should be *exacted*, although, even in this instance, I should venture to question the expediency of such a course. But, when we come to reflect that the great bulk of students are entirely of another and different order, that they enter the profession exclusively to gain for themselves the means of an honourable subsistence in regular practice, and that consequently it is a matter of the highest moment, both to themselves and the public among whom they are to labour, that they should possess the greatest possible amount of practical skill in their vocation—I say, when all this is borne in mind, I cannot help thinking it apparent that *the one* great object to be aimed at in their studies, in comparison with which every other consideration should be dwarfed, and to whose supreme importance their attention should continually be directed, ought certainly to be the attainment of that same practical knowledge—the acquiring of that general acquaintance with disease and its treatment, which shall render the individual most extensively useful, when he comes to have the health and the lives of his fellow-creatures in his hands. Then, if this be accorded, it will follow, that any exercise of so laborious a nature as shall have a tendency materially to interfere with these more practical studies, must be open to grave objection alike on the part of the student and the public; and that, accordingly, the only valuable and substantial plea that could be urged in favour of the continuance of the practice to which I have been adverting, would be found in the belief that it contributes directly towards the realisation of those practical acquirements to which I believe I have not erred in assigning an importance altogether paramount and peremptory. But is this so? In giving a negative answer to the question, I shall not cite any experience or feeling of my own on the subject, because that might reasonably be deemed onesided and erroneous, and go for nothing; but I am guided by the sentiments I have uniformly heard expressed by students, and those the most laborious and anxious on the score of their professional advancement, to the effect, that

the great demand made upon their time and attention by the composition of an original thesis at the very period when, having so far mastered the preliminary branches of their studies, they were especially solicitous to gather up the largest possible amount of that more practical, and so more immediately useful, information, which was to stand them in stead, in entering upon their duties as medical men, was regarded in no other light than that of an obstruction and a hardship. And, indeed, this is every way conceivable.

But, again, an additional argument against the practice in question is surely this, that unless in the composition of a thesis the student have used his own brains, and not those of other people, unless the work is *bonâ fide* his own, the result of his own proper observation and reflection—unless, in one word, it is genuinely original, and no compilation, it is utterly worthless for any purpose, and valueless in any sense whatsoever. That the thesis was from the first intended to bear an original stamp, I do not doubt, but take at once for granted, otherwise it is clear it could betoken nothing, and, indeed, encourage nothing, but a clever and surreptitious use of the predatory scissors—a result certainly not contemplated by its institutors, but which the experience of every sessional year, and the character of the great majority of the productions sent in, must have demonstrated to be, in the circumstances, an unavoidable necessity. But let us suppose the reverse of this to be the case, and let us, for argument's sake, assume the general complexion of these medical exercises to be faithfully *original*, then the formidable objection, already noticed, presents itself, that original investigations demand from him who undertakes them (especially in the domain of science) an amount of special research, and a corresponding amount of time, utterly incompatible with what should be the prime object of a medical student's endeavour—to qualify himself, namely, to the best of his abilities, for the duties—the *sacred* duties, I must call them—of the medical practitioner. It can never, I think, be too much insisted on, that this is *the* grand business of the medical aspirant's life; and it may furthermore be suggested, that the function of me-

dical professors, whatever be the special branches allotted to their individual teaching, is not to turn out young men distinguished by their proficiency in this or that department of pure science, be it chemistry, physiology, or whatever else, but rather and exclusively, bearing ever in mind the destiny of the great majority of their pupils, and the magnitude of the interests to be committed to their charge as soon as they quit the confines of the university, to send forth into society, what society has every right to expect and demand, young practitioners skilled in the diagnosis of disease, skilled in its successful treatment, and so in a position to be a blessing and a godsend to their suffering fellows—the just consummation of a medical man's studies, and a higher one, surely, than any other to which he could possibly aspire.

The position and duties of a medical faculty may not unaptly, I fancy, be compared to the different departments of an army in the field. Every professor, and every military department, may have separate and very different functions to fulfil; but, whatever their dissimilarity, the combined aim of the aggregate whole, in the one case as in the other, must be towards one definite, prominent, and paramount object, which can only be successfully attained through the joint assistance of each individual member of the entire body—the grand result to be realised consisting, in the former instance, to produce skilful doctors, as in the latter it is to gain a battle or to storm a town. In *principle*, the two cases are, to my thinking, something like parallel.

In urging these views thus strongly, I deem it scarcely necessary to put in a single word by way of explaining that, while I conceive medicine to be an *art* that is acquirable only by constant practice at the bedside, and that, therefore, a very large share of the student's whole time and attention should be thus occupied, to the neglect of what is of less importance, I am also abundantly aware that it is *an art based upon science*, as well as observation—an art which, in its ceaseless advance, is constantly putting nearly all the natural and physical sciences under direct contribution; and that, therefore, it is to be studied by the light of science, and in a scientific spirit. In our age these are fortunately mere truisms.

But, in considering this question of medical education, what it ought, or ought not, to comprise, and the proportionate value of the different branches it does include, it is plain that we are dealing, not with an abstract, but a very limited proposition—with a question hemmed in by possibilities and necessities; and that, to use the language of the trade, we are compelled to endeavour to “cut our coat according to our cloth.” Thus it is very desirable, doubtless, that the medical student should acquire as much of science in his class-rooms, and should carry with him into practice as large an amount, not only of science, but of all knowledge whatsoever, as the necessities of his case and a constant regard to the chief object of his life will permit. And it might also be very desirable (although in no case do I think it should be compulsory), were the period of study six, instead of four years, that some fruits should be looked for from the student, in an original thesis, as the fair results of his experience; some goodly fruits that might have grown to maturity in the sunshine of deliberate observation and reflection, not the crude, stunted growth of haste, and ignorance, and imperfect digestion. But, as matters stand, with four short years as a curriculum, and so much that is important to be acquired within that period, I am honestly convinced that the compulsory exaction of a thesis from every and all candidates for a medical degree is a great practical error—that it stands most detrimentally (and that most when best performed) between the student and his opportunities of acquiring that practical knowledge which, I must again and again repeat, is of infinitely greater importance to himself and the public than any odds and ends of original observations he may have been able to bring together during his novitiate.

I have heard it argued, indeed, and I know that the argument has great weight with many, that the exaction of the thesis has been productive in many instances of good results to the cause of science. It may be so; I certainly am not in a position to deny it. Yet I *should* have imagined, judging from all analogy, that a scientific treatise, to carry *much* autho-

rity with it, must needs be the result of an extended experience, and something like matured powers; for Minerva is not born in her panoply, except in the Grecian myth. But, even if correct, the fact will not invalidate my case. It will rather be the exception proving the rule; for, admitting that from time to time (as has been the case) sundry original facts and views have really been added to the general sum of all our scientific knowledge, through the premature efforts of some stray student of merit, it is clear that this, even though much more frequent than it actually has been, could never be founded on as a reason for determining a certain rule of conduct towards the mass of students, the *οἱ πολλοί*, who being less ambitious of university distinctions, are perhaps none the less zealous and eager to prepare themselves for a life of great usefulness and great responsibility.

Let it always be remembered, that, in every wise and just scheme of education, as of government, the object to be aimed at is "the greatest happiness (or *advantage*) to the greatest number;" and with this important maxim in view, I believe it will be found, in the particular case we are dealing with, that some display of original observation and thinking, in a college exercise (unless, indeed, they have been employed on the subject proper of disease and its treatment), are perhaps purchased at too great a cost, in the counterbalancing neglect of what is of far more practical value.

Lastly, I should wish to express my conviction as strongly as possible, that, however the question of the abstract utility of the thesis, and the propriety of its continuance, be ruled, it should at any rate *not be made compulsory*. We must ever beware of the last straw that breaks the camel's back, and I do think that one of the most fatal errors in modern education, and in medical education as a branch of it, exhibits itself in that well-meant but ill-judging desire of teachers to impose upon their pupils the greatest possible amount of work they can bear. I am very sure that in the present instance the powers of the student of medicine are quite sufficiently taxed, without forcing upon him the performance of an extra labour, which, if it were at all worthily executed, would really

cost him more toil than half the rest of his work besides, and, if perfunctorily, is, as I have attempted to show, worth simply nothing, or worse than nothing.

But, for my own part, I confess I should be inclined to go a step further, and to doubt the expediency of proposing to the student the composition of a thesis during his studies at the university, even as a matter of choice, for it is very certain that in many cases this would operate in no other way than if the requisition were absolute. In the young and ardent mind, the love of distinction, “*ἀπὲν ἀριστεύειν καὶ ὑπείροχον εἶναι ἀλλῶν*,” is so natural and so strong a passion, that, if the incentive of academical honours is held out to the student as a reward for exertion in any direction soever, there is no consideration, however cogent, which will have the power of averting his eyes from the ambition of their attainment, even though that should be effected only at the sacrifice of acquirements on which the prosperity and usefulness of his whole future life may depend. For this reason I own I should be afraid of the consequences likely to result from the continuance of the practice we are discussing, even although the exercise should be made optional, not imperative.

Before parting with this subject, which I have thought over with some interest and attention, let me state that there is but one plan which, in my humble judgment, is free from objection, and it is this:—by all means let the incitement to exertion be maintained, which the thesis supplies (since incitement it is to many), with the single proviso, that the period be changed during which it is to be evoked. Suppose, for instance, that, in place of the present arrangement, the close of the first year succeeding that in which the student had graduated were selected as the period for sending in his voluntary thesis. From such a plan, I own I could fancy the best results to accrue to the individual, the profession, and the cause of science itself. The advantages would be briefly these: First, by making the exercise voluntary, you would remove a vexatious stumbling-block from out the pathway of mediocrity, and allow the commonplace student to proceed on his unam-

bitious way with what useful practical knowledge he had been able to pick up. Secondly, you would put it in the power of many an individual, of a higher mental calibre, conscientiously to throw his whole strength into the competition, who, under the present arrangement, *as* conscientiously holds back, from the feeling that a competent knowledge of the routine of his profession is, after all, the one thing of importance beyond all others, and therefore first to be acquired. And, thirdly, it appears plain that, looking to the interests of science, infinitely better productions might be expected under the one arrangement than the other, for the very simple reason, that greatly extended opportunities would thus be afforded for observation, reflection, and reading—the indispensable conditions of all excellence, and not likely to be without their natural fruits here.

But be this matter of the thesis how it may, let it not be imagined or dreaded that, where solid attainments have been made during student-life, they will fail to develop themselves, under one form or another, in the after career of the individual. This were contrary to all experience. The stimulus to distinction remains ever the same, only that ripening years have a tendency to bring with them, let us hope, a loftier and less selfish ambition—a desire to excel, not merely because excellence mostly brings its reward along with it, in increased worldly consideration and substantial honours, but for the nobler sake of the cause of medicine itself, a cause identified with the well-being of society, with the prolongation of human life, and, under every aspect, with the best interests of the whole human family.

I trust that these remarks will be received in the spirit in which they are written. They have been dictated from no captious disposition on my part to carp and grumble at things as they are, and, perhaps (as sometimes happens), *because* they are. I hate innovation for innovation's sake; but, in what I have here set down, I have been influenced solely by a sincere regard for the advantage of the student, and by a deep interest in that profession which it is the duty alike, and the privilege, of each of its members to seek to advance to the utmost in his power.

REMARKS
ON THE
CONSTITUTION AND MANAGEMENT
OF
BRITISH HOSPITALS.

A WORD of preface before I enter on this subject. I am conscious that it may perhaps be considered as not strictly medical; but, in debating with myself on the choice of a theme of dissertation, I had to solve for myself the questions—first, with a very limited time for the exercise, On what topic was I best qualified to write? and, next, In what direction was I most likely to be able to render some service, however slight, to the interests of medicine? After a very little reflection, I had no doubt as to my course.

I should have wished, had opportunity been afforded me (and I hope to carry out the project ere long), to have treated the subject of Hospitals, both at home and abroad, *in extenso*. Meanwhile, however, it will not be wonderful if I feel on safer ground nearer home; and, in taking the Royal Infirmary of Edinburgh very much as a guide, and as, on the whole, a fair type of similar institutions throughout the empire, perhaps many of the observations I shall have to make respecting the former may not be, in essentials, inapplicable to the collective case of the latter.

I remark, then, first, that the Infirmary here, as well as every unendowed institution of a like nature throughout the country, or at least in the capital cities, should, if their efficacy and usefulness are to be extended so as to meet the demands of the age, be in a large measure supported by a grant from the public exchequer, or by local taxation for that purpose. The reasonableness of this will be at once apparent, when we reflect that private and local voluntary contributions are evidently at the best always precarious, even in regard to the

amount beyond which they do not go; and for the additional reason, that it is impossible, with the narrow resources thus levied, to institute those therapeutic experiments, and to carry out on a large and satisfactory scale those improved methods of treatment in disease, which the medical records of every month are bringing to our knowledge, and which, be it remembered, if we are not prepared scientifically and impartially to examine, when their efficacy is attested upon competent authority, we cannot flatter ourselves that we are doing justice either to our patients or to ourselves. I do not say, indeed, that government should do the whole; that is, perhaps, not desirable. Every community is bound, even for its own sake, to do something towards the support of its hospitals for the sick. Nor should I by any means wish to see the *management* of our infirmaries pass into the hands of government officials, for fear of a fate similar to that of our national dockyards befalling them. All we want is the payment of a certain annual revenue for hospital support (its amount to be regulated according to the exigencies of each particular case) from the imperial treasury, not as superseding the present voluntary contributions, but as an addition to them, and as a means of enabling us to carry out what reforms in medical treatment may be deemed necessary. Grant, then, an enlightened local management, with increased and something like adequate resources at their disposal, leading to an extension of hospital accommodation, and a corresponding benefit to patients, as well as to clinical teachers and students, and how greatly would the value of our hospitals at once be enhanced! And how greatly, moreover, in such a case (I cannot but add), would the importance of Edinburgh be raised as a medical school!

It certainly redounds vastly to the credit of the inhabitants of Edinburgh (and it is a lesson that others might well profit by), that, through their own unassisted liberality and public spirit, they contrive to support, amid so many other charitable calls upon them, such an institution as the Royal Infirmary, in the admirable condition, in so very many respects, in which we find it—a condition of well-being that will bear honourable comparison with that of any like institution in the capitals of either of the sister islands. With the metropolitan hospitals I am not so well acquainted; but I have some knowledge of those of Dublin. It will be seen in the sequel, that nearly all of them, and they are numerous (although not more so than the wants of the community demand), are largely assisted by government, and yet they are for the most part greatly inferior to our

own Infirmary in general comfort and convenience. But this is no argument to prevent us from endeavouring to better ourselves. It only amounts to this, that the superior intelligence, and industry, and public spirit of Scotchmen, are sufficient to enable them to compete triumphantly, irrespective of external aid, against their less fortunately constituted Milesian brethren, with the state-provision at their back; and it is, doubtless, to the due recognition on the part of the Lords of the Treasury of these self-supporting, independent virtues, that Scotchmen have long been indebted for the graceful compliment of being allowed, in all things, to pay their own way!

Let us not be over-flattered by the compliment, however; and let us not disguise from ourselves the fact, that, viewing Edinburgh as a medical school, its *weak* point, and almost its only weak point, is found in the comparatively limited sphere of hospital instruction, at least on the side of medicine, it can offer to the student. For my own part, I think there is sometimes, perhaps, too much made of this objection. I feel assured, that for him who is willing to make the most of the opportunities that are offered here of gaining a practical acquaintance with his profession, there is an ample sufficiency of cases, illustrated by a most superior order of clinical teaching, whereby a very full and adequate foundation may be laid for a medical man's knowledge of the great mass of diseases which present themselves most frequently in practice—more adequate, perhaps, and satisfactory, than if the student had it in his power to scour "at his own sweet will" over fifty wards of as many different hospitals. Still the objection, *quantum valeat*, is there, and undoubtedly there is a certain modicum of reason in it. To the advanced student, for example—to him whose object is to gain a practical insight into the nature and treatment of many of the less frequent, though not therefore unimportant, diseases, or whose endeavour may be, on the other hand, to make for himself wide generalisations from a large induction of facts (as a young Andral might have wished, but in vain, to do)—it must be confessed that the opportunities afforded at present in Edinburgh are sufficiently limited and scanty. And this, I suspect, applies to British hospitals generally.

But take yet another instance of insufficiency, a still more glaring one, and also applicable not only to Edinburgh, but to the whole country. Is it not a lamentable fact, ay, and a national disgrace, that not until the beginning of the year 1852, or about one twelvemonth ago, was there a single

hospital specially set apart for the diseases of children throughout the whole length and breadth of the United Kingdom. To those who are interested in such matters, let me commend the perusal of an article on this subject in the "Household Words" of April 3 last past. The article is entitled "Drooping Buds," and its first two paragraphs run thus: "In Paris, Berlin, Turin, Frankfort, Brussels, and Munich; in Hamburgh, St Petersburg, Moscow, Vienna, Prague, Pesth, Copenhagen, Stuttgard, Grätz, Brünn, Lemberg, and Constantinople, there are hospitals for sick children. There was not one in all England until the other day. No hospital for sick children! Does the public know what is implied in this? Those little graves, two or three feet long, which are so plentiful in our churchyards and our cemeteries—to which, from home, in absence from the pleasures of society, the thoughts of many a young mother sadly wander—does the public know that we dig too many of them? Of this great city of London—which, until a few weeks ago, contained no hospital wherein to treat and study the diseases of children—more than a third of the whole population perishes in infancy and childhood. Twenty-four in a hundred die during the two first years of life; and during the next eight years, eleven die out of the remaining seventy-six. Our children perish out of our homes, not because there is in them an inherent dangerous sickness (except in the few cases where they are born of parents who communicate to children heritable maladies), but because there is, in respect of their tender lives, a want of sanitary discipline, and a want of medical knowledge. We fail to prevent disease; and, in the case of children, to a much more lamentable extent than is well known, we fail to cure it." After ably exposing the evil and its consequences, the author proceeds to draw a picture of the recently established hospital for sick children in Great Ormond Street, Queen Square—a picture so touching, from the happiness to the little suffering inmates which it discloses, that it could not fail to move any heart that still retained the feeblest touch of humanity. And when all is done, does it not baffle wonder, that, in the middle of the nineteenth century, in that vast metropolis, which not unreasonably boasts itself the focus of European civilisation and advancement, the government, the public, and, worse than all, *the medical profession*, should have alike manifested so culpable and suicidal an indifference? Lastly, I should like also to know where are our hospitals for *incurables*? If they also do not exist, I presume it is not for want

of patients to fill them, as the wayfarer along the public streets of Edinburgh daily feels to his cost, when his eye lights upon some hideous phantom of a human being, which, uncured in our hospitals, and then cast out to make room for more hopeful cases, clings with no less tenacity to existence, and (for it yet has life, and must live) crawls from door to door for its crust of bread. Year after year does this go on beneath the sun, and we are a great, and a rich, and a civilised people! Alas! the mockery.

Such is England, in the provision she makes for the wants of her sick.

When, now, we turn to revolutionary, unchristian France, how changed is the picture in this respect! Here you find hospitals wisely and bountifully supported at the public expense,* and you have them for almost every separate class of disease, and your English student, at *some* period of his studies, whether sooner or later, is forced to repair thither or to Germany, where matters are on a like footing, in order to acquire that professional information with which his own country does not pretend to be able to supply him, and indeed has not yet made the attempt; just as, in the early centuries of the middle age, British students in law, divinity, and the arts, were fain to secure the materials for their higher culture in the "studious walks and shades" of the Universities of Padua and Bologna.

Surely this ought not to be; but we have not to go far for an explanation of the otherwise unintelligible phenomenon. I believe we shall readily trace it to what is a distinguishing

* The hospitals of Paris are at present administered by the *Direction de la Bienfaisance Publique*, one of the divisions of the *Ministère de l'Intérieur*. It is impossible to generalise the manner of their origin, because they have all been founded at different periods and under different circumstances, and not a few within the present century, or at the close of the last. The older ones, such as the *Hôtel Dieu*, were originally in connection with monastic associations, to which large bequests were from time to time made for their support. The revolutionary government, when it closed the abbeys, took the hospitals under its own care, and placed them under the control of the *Home Office*, as above stated. All the funds—both those which had already accumulated, and those which have since been largely added by private generosity—are divided amongst the hospitals in proportion to the wants of each, and any new bequests are added to the common fund. A tax is also levied on the receipts of theatres, ball-rooms, and other places of amusement in Paris, and this contributes further to their support, although the wealth now in the hands of the administration is such, that this tax could be easily dispensed with.

feature of the British constitution, and certainly, on the whole, a sound and wholesome policy, the maxim, namely, of absolute non-interference on the part of the state in enterprises that can at all be successfully carried out by private speculation and private energy. No doubt the rule is a wise and good one, but, like all rules, it does not suffice to overshadow or apply to every case. It has its exceptions; and, in my humble apprehension, we are dealing with one of the most urgent and most striking of these here. So long as we are legislating about mercantile questions, about trade, under any of its forms, about anything, in short, whereby money can be realised, there can be no sounder policy than for governments to keep aloof, and leave all such undertakings to individuals or corporations, whose evident interest it is to secure the patronage of the public by serving it well. Hence our railroads, intersecting the country like arteries in the natural body, and, like them, rolling along incessantly a stream of that which is the life-blood of the body-politic, traffic. Hence, too, our steam-ships scudding over every sea, and bringing the vast continents of America, and India, and Australia, as it were, into our very vicinage; all the result of private enterprise, in which the state is rightly neither art nor part. So far well.

But, in contemplating the question of hospitals, and the legitimate source of their support, it is plain that we at once abandon the region of profit and loss, and pass into one, in the consideration of which the shadow of mammon does not enter as an element, and one which, therefore, can in nowise come under the laws of political economy by which trade is successfully guided. In one word, we are dealing here with *charities*, and the name itself, as we articulate it, announces to us that they cannot be self-subsisting; that their existence depends, therefore, entirely on aid from without.

Evidently, in considering the case of such institutions, the great object to be aimed at is the attainment of such an amount of support as shall suffice to render them capable of extending a relief commensurate in degree with the wants of each respective community; and, what is of the first importance, sufficient also to enable the physicians in charge to do the fullest justice to the patients and themselves, which the resources of their art can place at their disposal. And this, I apprehend, cannot in the general case be effected independently of state assistance. We have at length fallen upon an instance where state protection would not only be salutary, but just. In the *general case*, I say, because I am well aware that several of the

largest metropolitan hospitals, if unassisted by government, are endowed in a princely manner by the munificence of private individuals, their founders; and are, in fact, labouring under an *embarras de richesses*, a positive plethora of wealth. But, of course, these are exceptional instances, and do not touch the argument a whit; for, so long as there is the requisite sufficiency of means, it matters little whence they come.

No one at all acquainted with Edinburgh need be reminded that, in this respect, the Royal Infirmary in the capital of Scotland comes very decidedly under the *general category* already alluded to—the category of the unendowed. Endowed hospitals, indeed, we have in abundance in Edinburgh; also, the legacy of individual wealth, not seldom, perhaps, of individual vanity; but they are hospitals, not for succouring the sick poor, but where a gratis education and sustenance are provided for the children of snug, well-to-do burghers, in all respects perfectly competent to maintain and educate their children at their own proper charges, but destitute of the natural pride which should prompt them to do so;—a great evil, as is now admitted on all hands, but one which it is not my province here to descant upon further. It is only to be hoped that the day is not far distant when, with the rapid increase of enlightened views on nearly every subject which characterises the age in which we live, individuals who have fortunes to bequeath for charitable purposes in Edinburgh will see fit, as others have done elsewhere, to associate their names with the foundation of *bonâ fide* hospitals, as to whose utility and beneficent agency there can be room for no difference of opinion—no room for the shadow of a cavil. We should then be spared the almost daily mortification of being called on to undeceive the foreign traveller who visits our city, as to the real nature and objects of the splendid edifices that rejoice in the imposing, but purloined and misapplied, title of *hospitals*.

I have ventured to take it for granted, then, without entering into a computation of figures, which are easily accessible to any desirous of making a more minute inquiry, that the means collected here and elsewhere by private voluntary subscription for the adequate support and the extension of hospitals for the sick, are insufficient. Let me explain more definitely why I think so, and what is the nature of some of those improvements which I desiderate.

It has long appeared to me, that, in endeavouring to treat patients successfully within the walls of an infirmary, pent up in the heart of a populous capital, the physician is labouring

under a very heavy disadvantage. He has more than one enemy to encounter. He has to do battle, of course, as best he may, in the first instance, with the disease proper under which the patient labours when he enters the wards. With the very best weapons at his command, the struggle is often an arduous—too frequently it is a disastrous one. There is little need, therefore, of an additional, adventitious enemy, from any quarter soever. But does such an one exist? Most unfortunately, yes; and an enemy that is always on the watch, always active, ceaselessly striving to undo whatever good the physician may have been able to accomplish—I mean the enemy (let us deal with him in the singular number, though, like the hydra, he is many-headed) that presents himself under the composite form of an impure atmosphere, deficient accommodation, and, generally, of a neglect or faulty observance of those hygienic laws that constitute the imperious conditions on which health depends.

Surely, as the very basis of all our treatment, this much at least must be looked to, must be secured, at all hazards. Without pausing to inquire whether the very best use is always made of the means that *are* already within our power, I must at once state my firm persuasion, that, until a radical change is made in the *locality* of our hospitals, and until patients are placed in circumstances where, at least, the natural laws of health are not violated, we but waste time and money, and trifle with human life. This is strong language, but it is the expression of strong conviction; and I think the inquiry might, moreover, be instituted with profit, whether the organic laws of health are not peradventure daily infringed in our hospitals, under the very eye of the physician, without any apparent consciousness of the evil in the minds of any one, or at least any attempt to have it remedied! I shall further, also, take this occasion to record my belief, which I do without intended offence to any one, that a good deal of tardy recognition remains yet to be elicited from the great mass of the profession at large on the score of the immense resources possessed and wielded by nature towards her self-cure, as compared with the pigmy, tentative, and too often only hap-hazard means, which the very best human skill can furnish. In saying thus much, my object assuredly is not to cry down medicine, but to cry up nature, in whom I humbly think we are all too prone, blind as we are! to repose but a very niggardly, indifferent confidence.

Almost every species of disease, but especially all those of a chronic nature, would serve to illustrate my meaning in reference to the vital importance of a most rigorous observance in

the treatment of patients in hospital (as, indeed, everywhere) of the primary laws of health; but let me confine myself to the case of one single complaint, unhappily too well known amongst us—I mean, phthisis. Here is a disease, arising, as modern pathology has informed us, from a vitiated and impoverished condition of the system, manifesting itself in scrofulous deposits in the lungs, in the mesentery, and in other regions of the body, and, until very recently, pronounced to be hopelessly incurable. It is a cachexy produced, undoubtedly, in the great proportion of instances, and among the class in society where its ravages are most deadly, by all the destructive agencies combined, of impure air, insufficient nourishment, damp dwellings, intemperate habits, and whatever other causes tend to depress the vital powers. The evil effects on the human frame of all or any of these deteriorating agencies, are evidenced in the supervention of scrofula, of which phthisis is one form.

Now, when we come to consider the rational treatment of such a disease, it does not require any very cunning alchemy, no, nor any very determined hostility to the homœopathic law, “*similia similibus*,” to perceive that the first thing we have to do, as possibly it is also the only thing we *can* do, turn it which way we will, is as fast as possible to effect a reconciliation between the patient and the natural laws of health which he has broken—an offence which has called down upon him a retribution far more inflexible and unerring than the vindication of any human law by the sentence of any merely human tribunal.

The question, then, comes to be, Have we it in our power, in such a building as the Royal Infirmary here, or in any other town hospital, to place the patient in all the circumstances most conducive to his recovery? We certainly can do much. We can at once restore to him a nutritious diet, or, too often, place it within his reach for the first time in the whole course of his miserable existence. We can supply, besides, warmth, and dryness, and cleanliness, and we can insure temperance. All this we can do, and who shall deny that it is a great deal? But it is not by any means all. How, let us ask, shall we supply the sick man, or the drooping girl, so often “born in bitterness, and nurtured in convulsion,” with that pure air which is to them as life itself? How shall we secure to them the blessing, for soul and for body, of the sun’s light, that cannot penetrate, with all its ardours, through the dun canopy of smoke that rests upon large cities like a funeral pall? How shall we provide the means of a gentle, healthful exercise in the open air? How shall we, in fine, let in upon the heart and

sense of that sick man and child (and oh let us remember, for pity's sake, that their name is legion!) the invigorating, yet soothing, "sights, and sounds, and smells of the country?"

These are questions more easily asked than answered, or, rather, the answer is only but too palpable. Will a walk through the prison-gloom of a damp back-green, overgrown on every side with rank grass, and shut out from the rattle of a busy thoroughfare by a dingy wall, that might have served for a bastille, as it actually did for a rampart—will that suffice? Will anything *like* that suffice? Common sense itself, not to invoke common feeling, emphatically and at once says, *NO!*

Well, then, we have not to cast about far for a remedy; and, if the truth of the foregoing remarks be allowed, reason itself will at once point to the erection (and endowment from the national funds) of *suburban* hospitals, as the only rational means of counteracting the evil we have been dealing with, and giving the physician, as well as the patient, at least a fair chance.

Of course, I am not prepared here to enter into details, anything like a consideration of which would lead me beyond all bounds. Let it only suffice, in the meantime, that the idea be thrown out, and that a sketch be given, in as few words as may be, of my notion of such an establishment. Suppose, then, an edifice on the outskirts of all our great cities, neither in town nor country, but on the common ground between this and that, the "*rus in urbe*;"* built, not expensively, but with a single eye to salubrity of situation, comfort, and commodiousness in all the internal arrangements, with every improvement which the combined skill of the architect and physician, together, could call into being. Then picture this building surrounded by a garden, with a lawn adjoining, both of them intersected by walks, and both of as large dimensions as possible or needful. Such are the simple, general features of my suburban hospital. The imagination of each one must fill up the outline I have attempted to draw.

I said I should not venture on details at present, neither can I; but a single exception must be made in favour of one improvement, which, on account of the importance I attach to it, although the idea is not original with me, must not pass unnoticed even here. It should be my plan to make provision

* With the wish of being more definite, and because it answers in many important particulars my notions of what we require, I am tempted to cite the Silk Mill (now unoccupied), in the neighbourhood of the Grange Grounds, as an illustration of the kind of building I am pointing at.

against the inclemency of our uncertain climate, and the deprivation of exercise to the invalid it so constantly necessitates, by roofing in a part of this garden with glass. We might thus have a spacious conservatory and promenade united together, whose temperature should be carefully maintained at one unvarying equability the whole year through, thereby rendering it a possible rendezvous, and an agreeable and safe one, for all the inmates of the house, in the worst as in the best of seasons and weathers. What a boon this would become to the sick of all classes, and what a curative auxiliary to the practitioner, especially in cases of consumption, it is indeed impossible to calculate. We should, in fact, have created for ourselves a climate, with all the advantages, and none of the drawbacks, of the south of Italy. We might enjoy much of its noonday heat, without the cold dews of its mornings and evenings; and we should thus, at comparatively little cost and trouble, be putting within the reach of the poor man, in his own town and country, therapeutic agencies superior to those for which the rich must travel over half a world, without the certainty of obtaining them at last. These are some of the more directly apparent physical benefits; but I take it that the salutary mental and moral effects, reacting on the body, would supply the physician with an engine of cure hardly less potent. I think it is worth considering about.

Into the wards of this hospital I should propose that none but convalescents, and cases of chronic disease, should find a place, the infirmary in town being reserved, from its convenience of situation for that purpose, for the acute stage of all ailments whatsoever, whether medical or surgical. As soon, on the other hand, as we came to deal with maladies of a chronic form, such patients should be drafted off in rotation to our hospital *beyond the walls*.

Such is a very cursory glance indeed at a subject fraught, I am convinced, with the deepest importance to the public, and to the credit of the medical art and its professors. "God made the country, but man made the town," sings the author of the "Task"—a poet's sentiment; yes, but to the enlightened medical man, of a much more than ordinary significance and importance.

The only question now left is the practical difficulty of carrying our views into operation; and that there will be many difficulties of detail, and of every kind, at the outset, it is easy to foresee. Everything in this world that is really worth striving for is beset with difficulties from one quarter or

another: but it is almost pedantic to assert that a very little genuine determination, when the cause is only good, mostly suffices to put such obstacles out of the way.

I have said that it is to government support alone that we are to look for promoting such an undertaking; but, with the apparently habitual reluctance of government to give Scotland a helping hand (for I need scarcely repeat that I have all along been pointing more particularly to Scotland, and still *more* particularly to Edinburgh), it will not be very surprising if we are met, *in limine*, with the argument, ever ready in the mouths of some, that "the thing is impossible." "Impossible!" It is the favourite language of the sluggard and the coward. *Dicit piger, leo est in via*. To such people, everything that requires exertion at once assumes the aspect of impossibility.* Napoleon, it is well known, once gave Bourienne strict injunctions never to let him hear "that beastly word impossibility!" Let the epithet *beastly* go, as it is unsuited to ears polite; the *sentiment*, however, we can in no wise afford to part with.

For ourselves, and the very different interests we are anxious to promote, we have no right to cry out impossible, at least till we have tried; and as yet, let us own, nothing has been done, nor even attempted, in that direction at all. In truth, the very first step to be taken, and perhaps not the least difficult, is to awaken the medical profession itself; for that it needs awakening, is attested by the fact that things are as they are. In a question like this, the public will assuredly not be slow to follow. Let it not be imputed to their blame, nor deemed wonderful, that they have not taken the lead. If medical men themselves are either not alive to their own wants, or so very modest as to shrink from seeking assistance through the only channels from which assistance can legitimately be expected to come, blame not the government, blame not the public. The British public have been known to make large pecuniary sacrifices ere now, when appeals to their principle and humanity have been made, in causes more remote, if not less deserving, than the present. It was once the national will, which no government could have withstood, that every slave in our West Indian Colonies should, on one day, the brightest, per-

* See, in the "Times" of February 7, an amusing catalogue, and admirably caustic exposé, of various so-called impossibilities in the direction of British social advancement. The list, though long, might have been extended almost indefinitely.

haps, in the whole annals of the country, be set free; and the national will carried out that great purpose at a cost to itself of twenty millions sterling. Is it doubted that it would be ready to play the same part over again to-morrow in as good a cause, if invoked? But, to bring about such a consummation, some exertion is required at the hands of those who look to the public for countenance and assistance; some agitation is necessary, and the public is, at least, to be informed. As long as the medical profession sit with their hands before them, haply because their eyes are not yet open to their own requirements, of course everything will be impossible, and nothing will be done. But let the means be employed which are usual in this country for attaining any public end—the press, petitions to Parliament, public meetings, and so forth—and I venture to believe, that, before the end of one twelvemonth, we should have obtained, in permanence, all that we desire.

And our demand need not be a very large one. The present total expenditure of the Royal Infirmary annually is, as I understand, on an average, from £8000 to £10,000; and if only such another sum were forthcoming on the part of the government, I fancy we should have reason to be satisfied, and not feel ourselves aggrieved because of the superior favour bestowed upon our brethren in Dublin, who receive from the public coffers the following yearly sums towards hospital support. I quote the items as they are reported for the year 1850:—

House of Industry,	£12,000
Lock Hospital,	2,250
Cork Street Fever Hospital,	3,800
Lying-in Hospital,	800
Dr Stevens's do.,	500
Hospital for Incurables,	500
Total,	£19,850

In round numbers, twenty thousand sterling per annum; and I am sure I am not here to censure the manner of its bestowal and employment. The only anomaly is this:—that, admitting the propriety of the *principle* of government patronage at all, the latter should be extended to one section of the Queen's subjects, and not to the rest; thereby making, as it is in the vulgar phrase, fish of one, and flesh of the others—always an invidious and impolitic course.

Let this unfairness not be suffered to continue, at least without remonstrance and effort on our side; and when we have

done our utmost, should we after all be temporarily unsuccessful (and it can only be temporarily), let us console ourselves with the reflection that we shall at any rate be no worse off than we are at present. "If we fail, we fail; but let us screw our courage to the sticking point, and we'll not fail."

Leaving now this part of the subject, I hasten to make a few remarks (and they shall be very few) on one or two points connected with the internal administration of our hospitals, and which, I humbly think, call for immediate rectification.

It was my privilege, during the autumn months of the past year, to hold one of the clinical clerkships in the medical wards of the Royal Infirmary here, and thus to be brought into close relations with the patients, and to be made familiar, in consequence, with many of their wants. Among the latter, that which immediately struck me as one of the most important and pressing, and to which I should wish more especially to call notice, is the total dearth of *books* of every description, the complete absence of everything that might be calculated to distract the attention from *self*, and lead it to dwell upon subjects having a tendency at once to amuse and improve. To be enabled to comprehend the nature of such an evil, does not require much medical skill, or any. Attention need only be drawn to the fact, that a very considerable proportion, nay, the majority, of all the cases which enter the medical wards of an hospital, are not acute in their character, but chronic; that their progress towards recovery, when they are to recover, is therefore always more or less an affair of *time*, and that during that period the greater number are, if not wholly free from pain or inconvenience, still in such a condition of body as not materially to affect the natural exercise of their mental functions, much less altogether to nullify and abrogate it. Now, what are the means towards healthful mental occupation supplied by the managers of our hospitals, here and elsewhere? So far as I know, absolutely none. This is surely a most singular oversight and error, and after attention has once been directed to it, every one will acknowledge, I think, that it calls imperatively for a remedy; and the more so, inasmuch as in the case of our Edinburgh Infirmary, at least, many of the individuals in the wards have received an excellent rudimentary education under the parochial system of the country, and are possessed moreover, on the whole, of those qualities of good sense, reflection, and general intelligence, which distinguish the working population of Scotland as a body. (Not being a Scotchman myself, I am at liberty to dwell on these national

characteristics with greater emphasis, without the fear of falling under the imputation of a patriotic *amour propre*.)

Life in an hospital (so ordered at least as hospitals are at the present day) must be a dreary affair indeed, at best; but I cannot well conceive anything more thoroughly irksome and heart-sickening, in cases where there exists any education or intelligence at all, than the perfect mental blank under which, in the present régime, the inmates are allowed to remain.

Viewing the evil solely in its bearings on the recovery of the patient, its magnitude cannot be disguised. The effect on the spirits, it is clear, is as bad as possible—*tædet vitæ*—and the depression of spirits does its work on the health, and secretly but surely comes in to retard and baffle the physician's best exertions. The evil is thus rendered doubly serious.

In order to arrive at just notions of this, as of other matters where the welfare of our fellows in life is concerned, it is a very wholesome plan indeed, although a vastly difficult one, to conceive ourselves as changing places with them. Under this arrangement, I shall only ask *any* man, who can simply read and write, to fancy himself under the necessity of spending, let us say, three months within an hospital (not a quarter of the time that falls to the lot of many a poor patient!), surrounded by suffering on every hand, with nothing done to cheer or enliven him;—not a scrap of literature of any kind within reach (unless indeed a stray penny tract be allowed to answer that description);—his mental eye too likely grown morbid, and yet turned inwards ceaselessly upon its own morbidity;—his bodily eye for ever ranging over the dead, dreary, ghastly sheen of four whitewashed walls. Is it a pleasing picture? No man, I take it, would be forward to make the experiment; no man of education and resources within himself but would shrink from it; what shall we think, then, of the plight of him who has less, or none, of these to fall back upon?

I trust it will not be attributed to egotism on my part, or a desire of trumpeting my own praises, when I state here, that, feeling so strongly on the subject as I do, I have not hesitated to endeavour, on my own responsibility, to meet the evil in some small degree by my own efforts; not without a certain immediate success, nor without a fair hope of a more abundant one ultimately. My object would be, to bring together a number of instructive, and at the same time entertaining, works—to catalogue the books—and place them under the charge of one of the most intelligent of the patients, who should fill the office of librarian *pro tem.*, and if possible to induce the people to

read them aloud when they gather round the fire in the evenings, as is their common practice. I trust that all this may be accomplished before the end of the present session.

I may state, as the first step that was taken in the matter, that I lately wrote to Mr Charles Dickens on the subject in question, requesting that he would assist us with gratis copies of his excellent "Household Words," a request to which, with characteristic liberality, he at once acceded, by the grant to the Infirmary of two gratis numbers weekly *in perpetuum*. What a boon this in itself has been, I have already had abundant opportunities of witnessing. "Chambers's Journal" is also promised, and will be forthcoming immediately; so that a nucleus is already formed round which other works of a similar character (and which, I have discovered, may be had for the simple asking) will range themselves.

Newspapers, too, may be readily supplied, and are always conned with avidity; when illustrated, as in the case of the "Illustrated London News," and others, the gratification and interest excited are only proportionally the greater. Let me not omit to mention, in passing, that "Uncle Tom's Cabin," with copies of which the wards were supplied when the book came out, was fairly devoured. Perhaps Mrs Beecher Stowe did not imagine, when composing her work, that it was so soon destined not only to take captive the sympathies of Duchesses, and electrify the reading public of a whole nation, but to be a source of interest and of tender human emotion among a class in whom such feelings are surely at all times peculiarly appropriate, and especially salutary.

And, once more I say, who shall calculate the beneficial agency of all these things combined, on the moral health first, and then on the physical well-being of the patient? It is an axiom in the moral world, that benefits conferred on our fellow-beings carry a double blessing along with them—they bless "him that gives, and him that takes." Let us rest assured that a due attention to the mental and moral, as well as the physical, wants of the sick, will prove no exception to this general ordinance of Providence: for, while our patients will certainly make more happy and speedy recoveries under such treatment, will not a proportional public confidence and respect be also accorded to the whole medical profession, not to speak of the immense personal delight which every feeling practitioner must needs experience (and if he have not feeling, whatever be the range or quality of his purely intellectual gifts, most assuredly he has mistaken his calling), on discovering an undoubted in-

crease in the success of his benevolent labours? For my own part, I can conceive no pleasure like it.

There is yet one other point to which I would advert before bringing this paper to a close, and it has reference to the practice *here* of introducing into the general wards of our Infirmary patients labouring under contagious diseases, such as typhus-fever. I cannot help regarding this practice as at once severe and short-sighted, however well intentioned. It appears to me a heavy penalty, on the one hand, to the other patients in the ward, who surely have enough to contend against in the complaints which brought them there, without being exposed, at a period, too, when their constitutions have least power of resistance, to the influences of a deadly, infectious disease; while, on the other hand, it can do no possible good, so far as I can see, to the primitive subjects of the disease themselves. I am not aware that any advantages of treatment are possessed by the *general* over the fever wards. If the latter were always properly ventilated—which, unfortunately, is very far, indeed, from being the case—it appears to me that, having been set apart for the very purpose, they are the legitimate receptacle, under every circumstance, of all fever patients. I believe it is urged, indeed, that fever cases are essential in the general wards for the purposes of clinical tuition. I cannot, for my part, admit the weight of such an argument. It is perfectly true that cases of this nature are of immense importance, from their great frequency and fatal character; and they are to be studied, of course, with proportionate care and anxiety, but in the quarters expressly set aside for them, and certainly never at the frightful cost of seeing them multiply themselves from the ranks of those who, entering the sick wards with other ills upon them, are surely fairly entitled to expect, as their smallest boon, the one poor privilege that, at least, they will not be thrown in the way of more formidable maladies than those which have already forced them to quit their wives, their families, and the avocations on which these are dependent for the supply of their daily bread.

It is argued, further, that the number of deaths among the patients, to be traced directly to this practice, is small—possibly, considering all things, it is;—but I should think the occurrence of a *single* death from such a cause as sufficient ground for pronouncing the usage unwarrantable. And to my certain knowledge, two lives have been at the least lost in this manner within the last twelvemonth.

Lastly, it is said, that under the present arrangement there

is a less average mortality among students. If this be so, it is still no argument. The student, in pursuance of his professional studies, determines deliberately, and of purpose, to set disease at defiance, in order to carry out his views; and if, unfortunately, he meet his death when so occupied, he dies, at least, when about the duties of his calling, and while attempting to further his own interests. With the poor patient it is very different. We solicit him, when he is sick, to place himself under our care in the Infirmary, that we may use our best endeavours to relieve him of his ailment: I submit we are not entitled, under any pretext, wittingly to place his life in jeopardy. In a case of such importance as this, we must remember that what is right, is right, and must on no account yield to mere convenience or expediency. With these views, I cannot but confidently trust that the managers will see fit to reconsider, before long, the propriety of the present arrangement.

Such are a few fragmentary remarks which I have brought together in this thesis; but, though fragmentary, not, I trust, altogether devoid of interest or profit. They ought not to be so, if sincerity and singleness of purpose on my part could secure them against such a fate. But I have purposely narrowed my limits, from a desire not to allow this exercise to trench prejudicially upon more important duties; and it may be I have curtailed too much. Still, "what is writ is writ, would it were worthier." The day is not far distant, I hope, when, with more time at my command, I may be able to do something like a fitting justice to a subject, than which none is in itself more interesting, as none, assuredly, offers a better field, or a wider, for the endeavour of the earnest labourer—the much-neglected subject of hospital improvement.



