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HOSPITAL REFORM:

REVISED REPORT OF

A SPEECH,

DELIVERED AT THE
GENERAL MEETING OF THE MEDICO-POLITICAL ASSOCIATION,
HELD IN BIRMINGHAM, APRIL 17, 1868.

BY

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HOSPITAL REFORM
REVISED REPORT OF
A SELECT
COMMISSION ON THE HOSPITAL INDUSTRY
AND THE PUBLIC HEALTH SERVICE

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“ It is by my influence with the younger men of the profession, grounded on demonstration and conviction, that I expect to make my life useful.”—CHARLES BELL.

BIRMINGHAM:

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HOSPITAL REFORM.

MR. PRESIDENT AND GENTLEMEN,

When favoured by the Executive of the Medico-Political Association with a request that I might take part in the movement of this day, I hesitated and then declined. I was even slow in consenting to become a member of this new organization, because I felt that, overworked as many of us are, it is injudicious to engage lightly in new undertakings.

On looking at the programme of this Association, as recently published, I saw nothing in it that I could object to ; but I thought it was rather one-sided, and not sufficiently liberal. I entirely agree that the Medical Council of the United Kingdom is not, as it should be, a fair representation of the Medical Profession ; and I agree that the government, and public bodies generally, underpay medical labour, while often not paying it at all. But it was with the tone of the third section of the programme of the Medico-Political Association that I was most disposed to find fault. It reads thus :—

“ A modification of the present Hospital System as regards its relations to the Medical Profession, which relations at present press unjustly upon the General Practitioners of the Kingdom, not only through the abuse of Medical Charities by the Public, but also by a universal acceptance of a principle of entirely unpaid Medical Labour.”

This is all true, but it is not all the truth. It says a good deal for the profession, very little for the public. The Hospital System of the country not only presses unjustly on the bulk of the Medical Profession, through the abuse of Medical Charity which it fosters, and thereby tends to lower in the public estimation the standard value of medical services; but it favours medical monopoly, and is opposed to intellectual progress. Professing to enhance the interests of medical science, which it does most inefficiently, it does not secure the honourable position of the Medical Profession, in the estimation of other learned bodies and the public. Another chief failing of the prevailing hospital system is that it partakes largely of the character of a sham, as a protector of the public health;—it lowers the sense of independence of the people, and in no small measure demoralises the Medical Profession. Feeling all this, I looked upon the part, which I have quoted from the programme of the Medico-Political Association, as at once too diffuse in words not wide enough in scope; and I suggested a modified resolution to the Council, which they having cordially assented to, in a spirit of thorough liberality, I have great pleasure in proposing.

“That the present Hospital System of this country requires revision in the interests of the Medical Profession and of the public.”

When Dr. Heslop, at the last general meeting of the Local Branch of the British Medical Association, raised the question of the remuneration of Medical Officers to

Sick Clubs, I ventured to express an opinion that my learned friend was beginning at the wrong end; and I continued to think so, even after careful study of Dr. Heslop's speech,* remarkable though it was for lucidity, power, close reasoning, and, withal, moderation. The evil was unquestionable, but the Council of the Branch professed themselves unable to deal with it. The independent members then took the matter into their own hands, the Friendly Societies Committee was appointed, and by its agency a great deal has been effected to secure a better working of the Sick-club system, with a more just scale of remuneration to the Medical Officers. Believing that, when great and useful work has to be accomplished, it is of no use being too critical at the onset, but that the first consideration is to begin and lend a hand to those who first push off to sea, I followed Dr. Heslop, and his coadjutors; and though I can only claim a very small share of the credit which belongs to them, I disavow none of the responsibility.

It is no use disguising the fact that, in the discussion of the sick club question, not a little misunderstanding has sprung up between the public and the profession. It has appeared strange that, after ministering year after year to the growth of the Club system, the profession appeared suddenly to become alive to the fact that the pay was insufficient. The Committee of one of the chief Sick Clubs in this district, if not indeed one of the principal ones in the kingdom, curtly dismissed the application of their

* Speech delivered at the Annual Meeting of the Birmingham and Midland Branch of the British Medical Association, June 14, 1867, on the present rate of remuneration to the Medical Officers to Sick Assurance Societies. By T. P. Heslop, M.D. London: Hardwicke. Birmingham: Cornish Brothers.

staff of twelve surgeons for higher remuneration ; and the members, assembled in general meeting to the number of several thousands in the Birmingham Town Hall, fully endorsed the action of their managers ; and gave such manifestation of feeling, as to leave no doubt of the ill success which had attended the efforts of the surgeons, if they thought they had established claim to the gratitude of the members, by years of underpaid service. Without recounting the successive steps of the club movement, and without denying that yet greater advantages will unquestionably result from it, I am still of opinion that it is as impracticable to reform the relations of the Medical Profession and the public by reorganising the practice of club surgeons, as it would be hopeless to aim at reforming the legal profession by inquiring into the condition of, and surveying the details of work in, attornies' offices. It is necessary to look to the higher courts, to the men who tread what are conventionally called "the higher walks of the profession."

The strong conservatism which characterises most associations of men, be they organised for learning or trade, for religion or war, is perhaps most marked and obstinate in the Medical Profession. Molière exaggerated perhaps when he represented the physicians of his day as preferring the formalities of their craft to the lives of their clients, but his error was only one of degree. Now as then, tradition and pedantry have been allowed too much sway, to the exclusion of learning and independence. Ours is in a great measure a secret calling ; its practitioners have not the full advantage

of the public criticism and open competition which is one of the greatest springs to success and independence in members of the Bar. The contests of the earlier portion of the medical career are so severe and protracted; it would be so difficult to obtain, even if etiquette allowed young men to court, the verdict of the public, that the enthusiasm of most men is damped, if not extinguished, before ripe manhood; and the art is acquired under the pressure of necessity, of stifling the yearnings for progress, diluting the essence of truth with bland generalities, and sitting down to rest, at the first opportunity, to protect self and gather in the fees.

Boasting in all ages of having given to the world some of the brightest pioneers of thought, and very many of the most solid benefactors of the human race, the Medical Profession has been, as a body and in its many corporations, retrograde and intolerant. The lives of Ambroise Paré, John Hunter, William Jenner, and Charles Bell, were incessant struggles against the blind routine and the narrowminded illiberality of the medical corporations of their day, and the men who governed them. Astley Cooper, William Lawrence, and Benjamin Brodie, were only suffered to win and exercise power in the corporation to which as surgeons they more especially belonged, on condition of employing their intellects to exclusive purposes, caring little to encourage learning in the body of the profession above a low level of average mediocrity, relying on the weakness and disunion of the many for the maintenance of their power, and little heeding the public welfare. It has been very different with the legal profession; men

like Brougham and Lyndhurst, Campbell and Sugden, never failed to claim from the public the reward of their brilliant talents, and fought their way into the most honourable positions in the State, where enjoying absolute independence, they could afford to give the world and their brethren the benefit of the truth, as revealed to them by the light of genius and experience. But even those great legislators and statesmen would have been unable to overcome the indifference, if not the opposition, of their profession to reform, if they had not occupied an independent position, whence they could appeal, from the self-interest of the few, to the judgment of Parliament and the people, for the common welfare. It is so with the reform of all sections of society and of all corporate interests, which must subserve the public and not the public them. The sense of equity and right, of independent thinkers and the mass of mankind, is the surest, indeed the only thoroughly reliable ally, of the few who endeavour to break down barriers to progress, and to throw off the stifling oppression of routine.

Originally founded as almshouses, it was only at a comparatively recent epoch that Hospitals were utilised as Schools of Practical Medicine and Surgery; and it is now generally accepted that no Hospital fulfils its mission, unless it contributes to the growth of knowledge on the nature and mode of treatment of diseases, as well as to their relief in the persons of the poor applicants. That the latter is the primary and fundamental object will not be disputed; but it is carried out in a

manner which leaves very much to be desired, especially in the out-patient departments, which appear to be peculiar to the English Hospitals.

In this district the out-patients are professedly seen by the Honorary Physicians and Surgeons, who also have care of the wards; while in London the out-patients are the charge of a special set of officers. Practically both here and in London a very considerable proportion of the out-patients are never seen by the honorary officers, but by senior students or the residents. In many cases persons applying at an Hospital, frequently travelling many miles, in the hope of having the advice of a particular physician or surgeon, have no chance of seeing him; and if they do, they will probably be *seen* in the strictly literal sense, for the patients are often passed before the prescriber at a rate varying from 60 to 120 an hour, inclusive of new cases;—this being not a guess but an accurate numerical statement. Even junior residents who have not the advantage of assistants as the honorary officers have, not unfrequently see from forty to sixty patients an hour. Now is there anything in medicine? If not, let us be honest enough to say so. If we believe there is something in it, as there unquestionably is, do not let us continue the principal actors in a sham,—a sham on science, on charity, and humanity itself. What right have we, under the circumstances, to encourage the popular and groundless delusion, that hospital out-patient work is done any better than club or parish practice?

One of the greatest evils of the system is that it lowers medicine in practice to the mere art of administering physic in all cases, to the neglect of full

inquiry into the causes of disease, and of well-considered advice for restoration to health in conformity with the laws of nature. It is ludicrous to think, but it is none the less a fact, that although hospital pharmacies are provided with all necessary preparations and appliances, ready for immediate use, it frequently takes a good deal more time to dispense the medicines, than to examine the patients and prescribe for them. The latter is actually the most mechanical and expeditious process.

It is necessary to do one of two things, either to cut down an enormous amount of the hospital work and develop the dispensary system; or the hospital staffs must be greatly increased by the appointment of well-selected and paid juniors. The latter suggestion embraces the vital question of honorary medical services, on which I shall have a good deal more to say.

A most important, nay a fundamental, question in hospital management, is that involving the mode of admission of patients, either with a subscriber's note or under the free system. Recalling my London experience as House Surgeon to University College Hospital and Assistant Surgeon to the Royal Free, the first a nominally privileged hospital, the second an entirely free one, I am struck by the difference of practice as contrasted with the hospitals of this town. University College Hospital was practically as much free as the Royal, in Gray's Inn Lane; for at the former no fit case was refused, admissions to beds were made strictly according to urgency of signs, and if a patient did

bring a subscriber's note, no attention whatever was paid beyond the strictly medical or surgical merits. In Gray's Inn Lane, the Hospital being renowned for having introduced the Free System, flocks of patients attended; but such a large proportion of them were from the most destitute and filthy quarters of the metropolis, that respectable persons seemed to shun their company in the waiting rooms, and the hospital benefits appeared to be distributed to a vast number of people in every sense deserving charity. It is far otherwise here. Practically every subscriber's note is honored, though presented by a person, apparently, and upon enquiry, not a fit object for charity. Under the opposite system also abuse prevails; on the exact proportion it is impossible to form a precise estimate; but there is very good reason for believing that many local recipients of hospital relief, under the free system, cannot be regarded as fit objects of charity in the ordinary acceptation of the term. Where the line of fitness is to be drawn, and how the enquiry is to be conducted are matters well deserving investigation, in the interest of the public and the profession; but I am convinced that the less the medical officers have to do with the selection of patients in the hospital consulting rooms, the better for all parties. We have already too much to do, and the more closely members of our profession adhere to its practice in a really scientific manner, the greater will be the substantial benefits, and the honorable distinction, conferred on the individual and the general body.

The tendency of injudicious charity to lower self-reliance and encourage imprudence in the people is obvious, and no less certain is it that the profession are wronged by it; the general practitioners are so in two ways; 1stly, by the loss of patients who could very well afford to pay moderate charges; 2ndly by indirect loss of reputation; the hospital officer enjoying a prestige to which practically he has no right; for he either leaves his vast out-patient work entirely undone, or, if he professes to discharge it, he does so, with rare exceptions, with so much hurry as to render it impossible that he can do it in any other but a slovenly, undignified, and eminently unscientific manner. The injustice to junior hospital officers is very great, for they are called upon to make sacrifices which they can ill afford, frequently altogether beyond their means. It is nothing to the purpose to say that juniors are always eager to take honorary hospital offices as they become vacant. They accept the conditions however harsh; but it is to the interest of society to take the initiative in redressing wrongs, when they press heavily on persons who have no power to remedy them, and are compelled by the force of circumstances to submit.

One of the chief evils of a bad system of government, be it professional or political, is the deteriorating influence exercised on those who are its agents, as well as on its objects. Use is second nature, and those who have survived a hardship generally forget how nearly it proved fatal to them, and how cruelly it operates on others. If the pleasures of memory are sweet, those of

forgetfulness are convenient. To military officers who know by experience the slowness and heavy pecuniary cost of promotion, the idea of selection for superior rank by merit can never be agreeable. Members of our profession are after all but human. The rise into position is a very tedious affair, and, once in it, the disposition is natural to enjoy it as comfortably as possible. Checks to progress generally conduce to the comfort of men in possession; innovators are proverbially importunate and enthusiastic, not rarely very troublesome; and however much the occupants of virtually irresponsible offices may differ on many questions, they are at one as to the desirability of resisting change. One of the worst effects of this state of things is the influence it exercises over the aspirants who have the foremost chance of place; instinct soon teaches them that they are nearly as safe from the stimulus of emulation as the actual holders of office, provided they make no attempt at disturbing the conditions; and hence it is that in the profession of medicine we so often find men ultra-conservatives at thirty, just when in a healthy state their mental powers would begin to be available for vigorous action; and this in a profession which, having nature for its study, example, and pursuit, should be, above all other callings, unfettered and ceaselessly progressive.

Locally the illustrations of this state of things are peculiarly striking. Our students generally draft off into practice as soon as they obtain their diplomas, and the House Physicians and Surgeons are not appointed after the plan common in London and Edinburgh; but those offices are advertised with a salary of one hundred a year and board. The appointment rests in most

cases with the committee of management and honorary staff, and merit wins the day in the majority of instances. But now what is the scientific fate of the talented young physician or surgeon? He is in great part the substitute, not the supplement of the honorary medical officers; is weighed down with an enormous amount of drudgery in the out-patient room, and he soon learns that if he hope for advancement, by appointment on the honorary staff, he has but one main thing to cultivate,—the goodwill of the governors and subscribers, who are the electors to the office of full physician and surgeon. To this end it is indispensable that the junior pay the greatest attention to all patients provided with governors' recommendations; and the better the class of patient, the greater the interest felt for him by the donor of the note, the greater the chance of his benefiting the junior resident at the expense of the outside general practitioner, who is wronged in pocket and credit;—in pocket because the patient would be very well able to pay him; in credit because it is supposed that the Hospital skill and attention is superior, whereas bestowed at the rate of three quarters of a minute to each case. Nothing could well be conceived more dispiriting, if not absolutely demoralizing, than such a process is to the young man of ability fresh from the University. He soon learns that any amount of scientific and erudite research would avail him little for promotion, even if he had the mental energy and physical strength for those pursuits amidst the laborious routine duties of his office; he has done enough to obtain the legal qualification to practise, and the junior Hospital office, and he must trust for

advancement, locally, to electioneering, with all the mechanism of paid agents and canvassers; and the perfect certainty that if he have a few hundred pounds to lavish in the contest, scarcely any conceivable kind or degree of merit will enable an outsider to obtain much above a score of votes; while on the other hand scarcely any evidence of superior personal and scientific attainments would have weight, in the absence of the spare hundreds of pounds; and this in a profession which, almost more than any other, has drawn its most illustrious recruits from the ranks of the people, if not of the positively poor, to wit, Paré, Cullen, the Hunters, Velpeau, and a long list amongst the living. It is surprising that a people so eminently practical, and so well versed in the laws of free trade and the benefits of open competition, as the inhabitants of this town and district, should not perceive how prejudicially the prevailing system of hospital elections must operate on the officers of all grades, and through them on the general body of the medical profession, to the detriment of the public. With intellect, as with commerce and manufacture, protection is fatal to productiveness. The assumption, hitherto all but universally prevalent, that the members of the medical profession are not affected by, and under the operation of, the laws of political economy precisely as other men, has no foundation in fact. It is a relic of past ages, when the social conditions were widely different to those now regulating society. Even a Bishop is expected to be a man of business in these days; members of the peerage superintend the working of their own collieries and the management of great railways, with a direct view to pecuniary benefit; on what prin-

ciple is it to be expected that members of our own profession, who have survived the ordeal, are to advise our juniors to be satisfied for the best half of their lifetime, with the beatitude vouchsafed to the poor and needy? Let it be our pride that our public duties are performed as well as they possibly can be; but let us no longer pretend that we can afford to do one-third of the whole medical work of the community for mere love of the thing.

Enquiring into the causes of the evils I have endeavoured to describe as affecting the medical profession, it can scarcely be doubted that the chief responsibility rests, not with the public but with ourselves; and particularly with those amongst us who hold hospital appointments. If we are to fill a place as scientific men, our public work must be done in a scientific manner. What would be thought of an analytical chemist, a mining engineer, or an artillery officer, who should conduct his investigations after the fashion prevalent in the majority of hospitals? If experiments on the action of drugs were conducted in hospital wards, with the precision with which the velocity and force of bullets fired from different arms, is studied at rifle ranges, the disproportion between the number of men slaughtered and saved by their fellows would not be so remarkable as it now is. The fact is, the art of killing has attained to the dignity of Experimental Philosophy, which the art of healing has yet failed to do. If medicine be not a precise science, all the greater reason why its study should be conducted with

exhaustive aim, and the utmost care. The lecture rooms of medical schools are but preparatory; the real work of studying medicine and surgery should be done in the hospitals, and here it is, on the contrary, that great laxity prevails in the study and treatment of a very large number of the cases. In the strictly scientific, learned, and progressive sense, the great bulk of the work in the majority of hospitals is valueless; and it is not much better from the educational point of view; for with the complex and frequently conflicting regulations of the numerous examining bodies, the majority of pupils, however well they may be disposed, have very little time to devote to steady hospital work.

The interests of humanity and science are so intimately blended, that it is scarcely allowable to derive comfort from the reflection that the former are secured, though the latter be sacrificed. Take a common illustration in our out-patient rooms: a case of chronic rheumatism with enlargement of the joints, wasting of the muscles, and loss of power. What is the use seeing such a case as that at the rate of sixty an hour? Not only its history and symptoms require accurate noting, but the chemical condition of the secretions must be ascertained, and, if we are to make any step in advance, the resources of balneology and electricity must be availed of, with very accurate observations of the effects. To look at such a case, and summarily dispose of it by ordering an embrocation, and two table spoonsful three times a day of this or the other saline mixture stored in the hospital pharmacy is a monstrous absurdity, if not something less innocent.

Another very numerous class of cases with which our out-patient rooms are crowded, is that of ulcers of the leg. Most of these cases are curable, though not by directing the patient to take some medicine, apply this or the other dressing, and once or twice a week walk to the hospital, perhaps a distance of a couple of miles. Cleanliness, good food, absolute rest and perfect bandaging will effect the cure; and for want of them the sufferer slowly but steadily goes from bad to worse, is less able to work, grows poorer and poorer, and at last becomes an inmate of the workhouse, after struggles frequently heroic, sacrificing independence, home and hope. Depend upon it, the unscientific, hurried, and slovenly work of our out-patient rooms, acts more powerfully than any other cause in crowding the workhouse infirmaries. Is it surprising that so large a proportion of the working population become prematurely old and afflicted with incurable disorders, when their ailments are attended to at the average rate of eighty an hour per officer in hospital out-patient rooms, and parish and workhouse surgeons are expected to have hundreds of cases on their daily lists?

It is no use lengthening the bill of indictment. The profession are at fault for allowing the abuse to grow up, and on us lies the onus of devising a remedy.

I think the time is not far distant when the management of hospitals, dispensaries, and parish infirmaries must form the subject of a comprehensive enquiry. The

three classes of institutions are closely allied as parts of a system for providing relief in sickness to the poor; and it is to the common interest that such relief shall be available promptly and efficiently, to every deserving person. There is no reason why this great end may not be accomplished without cherishing habits of improvidence, or sacrificing feelings of independence. Although little more than theoretical assent is now given to the principle that the Public Health is National Wealth, the tendency of recent legislation has been very decidedly in favour of it;—to wit, the Acts regulating the appointment and duties of officers of health and inspectors of nuisances, the humane Lunacy Laws, the relief of sick paupers under the Poor Law, and more recently the enactment providing for the vaccination of the people. The consolidation of this work, and the carrying out of its objects under a code of Public Health can only be a work of slow progress; but the leaders of the profession have it in their power to give a powerful impetus in the right direction by reforming the Hospital system, which certainly, as much as any other part of the machinery for the preservation of the public health, calls for revision.

It is of the first importance that the hospital officers of towns and districts should co-operate, in the twofold interest of the public, and of the profession. The utmost use should be made, for relieving the poor and for scientific investigation, of the resources of different institutions; care must be taken to appoint the most efficient men, and to hold them responsible for the proper performance of their duties; in plain terms I think that it will be as much to the interest of the pro-

fession as of the public, that we follow the example of other bodies of men and give up the idea that we have anything left in us of the superhuman nature which legend ascribes to our predecessors of antiquity. I fail to discern any reason why physicians and surgeons should be in any other relation, to the people and the State, than that of Ministers and Judges. But if I am clearly of opinion that medical men should be held responsible for the performance of their public duties, I am no less firmly convinced that every reasonable inducement and reward should be held out to them, and that the present system of honorary medical services, in the interests of science and of true charity, urgently calls for extensive modification.

Those of us who have held office as hospital physicians or surgeons for a number of years, may have great influence in promoting the much needed reform, if we hold steadily in view, at one and the same time, the good of the public and of the profession. On the present plan of work almost all the hospitals of the country are under officered, and either the staffs must be enlarged, or if the work is to be well done, which I hold to be a fundamental condition, it must be reduced within the limits of practicable execution by the existing staffs. The great principle is for the institution and the individual officers to undertake no more than can be done well. The Resident Officers have enough to do in attending to emergencies, and superintending the perfect working of the in-door departments. Case books and registers must be accurately kept, and I am inclined to think that

they should be open for examination to any member of the profession. Everything must be done to abolish monopoly, to stimulate enquiry, and make every officer in a public institution feel the full sense of public responsibility. Without these conditions the development of able young men is arrested, and seniors prematurely decay.

In towns like Birmingham I feel convinced it will be to the interest of the public and the profession that general practitioners should have the opportunities of the hospital experience, so as to enable them to cultivate the excellent abilities which a large number of them possess, raise the average of professional ability, give an impetus to intellectual competition, and prevent any man applying the flattering unction to his soul, that he may allow his brain to lie fallow and his efforts to relax, without risk to his material interests.

The out-patient work of hospitals requires complete re-organization, and I think that all those charged with it, like all dispensary officers, should be paid. Means must be devised for ensuring that every one deserving relief should be able to obtain it, and for checking the abuse of mis-called charity which now prevails, and which must inevitably increase if it is to be understood that anyone calling at a hospital, and making the slightest complaint, is to be despatched with a bottle of physic.

If it be urged that most of the hospitals of the country are in debt, and that funds do not exist at present for paying the officers, I reply that much too little of the nation's wealth is spent for the preservation of the public health, as for the promotion of education. It is

surprising how rapidly the notion of an educational rate has made way; and I feel convinced that before long we shall have a pretty general concurrence in the opinion that all matters of truly national concern should be provided for under Parliamentary taxation from the people generally, equitable consideration being had for the means and capabilities of the different classes.

It is admitted that no expense should be spared to defend the country against invasion. But what is the remote possibility of an invasion by the French, compared to the perpetual irruption of disease smothering our infants, crippling our youth, and cutting down our manhood? When a new gun is invented, never mind where, our rulers are on the alert at once, roving commissioners are despatched to foreign countries to witness their practice, competitive prizes for new schemes are offered, inventive genius is fostered, routine is scouted, and everybody seems agreed, that if the Prussians have invented a rifle that can kill a score of men a minute, and if the Americans have forged a gun that can send the male population of a county town to the bottom of the sea as quickly as their weight will sink them, we must not be behind. Nobody pretends this can be done without money. No one suggests that the improvement is to be at the expense of the military profession; on the contrary, the last discovery in this line has been that even the volunteer movement—the majority of whose supporters are fresh with youthful enthusiasm, and stimulated by the combined agency of novelty and military pomp—cannot survive, if left entirely to volun-

tary support. National subsidies are said to be needed, and no sooner are they asked for than they are granted. Why should we be more stingy and narrow-minded in matters concerning the health and happiness of mankind than in the arts of destruction?

The fact is that the sums now provided by the wealthy and middle class, for the relief of the really destitute and suffering poor, are by no means sufficient. I am inclined to think that this is not really owing to illiberality, but, in great part, to thoughtlessness from want of knowledge. I feel confident that if it were generally known how much misery goes unrelieved, if money were not wasted on undeserving objects, and if the rivalries of persons and institutions were made to subserve the general welfare, a good deal more might be done for the public health, without compelling the members of the Medical Profession to make sacrifices inconsistent with their duty to themselves, their families, and their brethren.

Of this I am perfectly certain that the hardships of juniors must be lessened, and every reasonable encouragement offered to talented young men, who have the will and the power to make way for themselves and the truth, if only not starved into silence by a miserly system which they dare not discuss; or bent into submission by despotism, not the more bearable because professedly, though mendaciously, intellectual.

It is because I glory in the history of my profession, that, jealous for its honour and usefulness, I want to see it move on in rivalry with other bodies of learned and independent men. It is because I am

convinced that though the whole truth may be stern, it cannot be spoken too plainly on public matters, that I have treated this question with all the earnestness and impartiality of which I am capable.

If the Hospital system stand in need of revision, it is only what might be naturally expected. It is the proud boast of our profession, that of the Hospitals founded in the last 100 years, the vast majority owe their origin to our brethren. Growing piecemeal and without method, the system, if system it can be called, has acquired proportions and developed features which must be revised, re-modelled, and adapted to the wants of the public and the profession. The day has passed when a large district like this contained a very few well-educated physicians, whose duty it was to supplement the ignorance of the bulk of the profession. The four young Birmingham men who, the other day, went up to Burlington House and returned with the degree of Bachelor of Medicine of the University of London, gave proof of a variety, extent, and depth of medical learning such as no Doctor of Medicine, of Oxford or Cambridge, was required to give a quarter of a century ago. This advance has pervaded the profession generally; and while we are unwearingly anxious to give the public the benefit of our efforts in their behalf, the public on their part cannot fail to see good reason for our request, that the anomalous condition should be determined, which requires us to do more public work for nothing than all the other professions put together.

I have no desire for sudden changes, though I am solicitous for the formation of a healthy public opinion. Neither have I any selfish demand to urge. I have no doubt the hospital physicians and surgeons of this country will not cease to be liberal, though they may assent to the principle that liberality becomes unjust, when accompanied with conditions which weigh oppressively on the juniors, who, compelled to follow the custom established by their seniors, have no option but to submit to conditions, however impolitic and unjust.

In every section of society the culture, development, and well-being of the junior portion is of paramount importance; and, while professing every respect for my seniors, I must confess that no part of the writings of that philosophical and noble-minded master of our profession, Charles Bell, ever captivated me so much, as that wherein he declares, "It is by my influence with the younger men of the profession, grounded on demonstration and conviction, that I expect to make my life useful."

The resolution "That the Hospital System of this country requires revision, in the interest of the public and the Medical Profession," was seconded by Mr. George Yates, and carried unanimously.

BY THE SAME AUTHOR.

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IV.

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ON THE TREATMENT OF FRACTURES OF THE LIMBS.

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