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THE STATE

OF THE

MEDICAL PROFESSION

FURTHER EXEMPLIFIED.



An Additional Supplement

TO THE

"MEDICAL PROFESSION IN GREAT BRITAIN
AND IRELAND."

BY

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PARIS, BRUSSELS, MUNICH, MADRID, TURIN, FLORENCE, NAPLES, ETC.

(FORMERLY HOUSE-SURGEON TO, AND A GOVERNOR OF, ST. GEORGE'S HOSPITAL.)

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LONDON:

W. J. JOHNSON, 121, FLEET STREET.

1867.

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PREFACE.

IN my examination before the Parliamentary Committee of 1848 I specified the principal causes that had produced a deteriorated state of the medical profession in this country as being mainly referrible to the absence of any fixed plan of organisation or of legislative superintendence; having in a previous publication given an account of the systems for regulating medical affairs adopted in France, in the German and Italian States, with a view of contrasting their working with that of our system, copies of which I presented to the honourable members constituting the committee.* Since that time, although there has been an improvement in medical education, our organisation remains as defective as ever; the abuses that have heretofore prevailed continuing to exist. The experience of the inefficiency of the Medical Act of 1858 ought sufficiently to have demonstrated the uselessness of any such partial measures for procuring an effective amelioration of the state of matters; nevertheless, a portion of the medical press which occupies itself with professional politics, from which a more comprehensive view of the requirements of me-

* "Remarks on Medical Organisation and Reform, Foreign and English." When it was deemed advisable to make alterations in the medical organisation of France and of Prussia, physicians were commissioned by the Governments to travel in order to investigate and report upon that of other European States. This I did of my own accord, at a considerable sacrifice of time and money.

dical reform might have been expected, continues to restrict itself to the consideration of bit-by-bit legislation, which only tends to postpone indefinitely an effective settlement, to keep the profession in a state of agitation and uncertainty, and to disgust Parliament with so frequently recurring a subject.

Under these circumstances, being convinced that but little material good can be effected until the existing abuses are abolished, and the profession is organised upon a sound basis, as in other civilised countries of Europe, I feel it incumbent upon me to submit to those with whom rests the power of doing justice to the profession a further statement of its condition at the present time (which, in fact, may be regarded as a new edition of that published four years ago), in the hope that it may lead to a just appreciation of what is wanted in order to obtain a satisfactory solution of a long-agitated question so deeply concerning the welfare of the community.

Throughout my endeavours to promote this object, I have been actuated by no interested motive, but solely by a desire to render service; and if in treating the subject I have been occasionally under the necessity of animadverting upon individuals, I trust I am not chargeable with unseemly personality, having restricted my remarks to a reference to their public or official capacity.

LONDON, MAY, 1867.

67, South Audley Street (for communications).

3, Bolton Street (for the season).

THE STATE OF THE MEDICAL PROFESSION FURTHER EXEMPLIFIED.

“There is perhaps no profession in which accident and chance exercise (in this country) so great an influence as in that of medicine; for while some of its members soon attain to distinction and wealth, others, through no fault of their own, remain in obscurity, still working for the good of their fellow-creatures.”—[*Extract from Earl Granville's Speech at the Festival of the Royal Medical Benevolent College. Times, May 15, 1865.*]

“The great success of quacks in England is entirely owing to the fallacies of regular physicians.”—(*Adam Smith's "Theory of Moral Sentiments."*)

WE have here specified, in few words, two of the chief causes of the deteriorated condition of the medical profession in this country; and although there has been for many years much discussion of the subject, both in and out of Parliament, comparatively little has been done towards effecting any material improvement in a state of matters which has occasioned so much distress within the profession, and so much injury to the community at large. In pursuance of the object to which my efforts have been directed for many years, I am therefore induced once more to revert to the question of medical reform, which, it appears to me, is best treated by submitting to the consideration of my readers a succinct *resumé* of the opinions expressed upon the principal topics by competent professional and non-professional writers, by making brief comments thereon, and deducing therefrom such conclusions as are justifiable; this being the course I have adopted when treating of the subject on former occasions, as being most likely to lead to the formation of an impartial estimate of it.

I.—THE MEDICAL ACT AND THE MEDICAL COUNCIL.

PREVIOUSLY to the passing of the Medical Act, it was pretty generally expected that its operation would produce a material improvement in the condition of the profession. It soon, however, became evident that little benefit was likely to ensue from so partial a measure, that took no account of long-existing abuses, which, owing to the faulty constitution of the Medical Council, the majority of its members were interested in upholding.*

That such would prove to be the case, I stated in a pamphlet which was published as soon as the provisions of the Act were made known; and also that its chief object, while keeping matters much in the same state as before, was to extract from the profession a large sum of money (under the plea of registration) of which no satisfactory account would be rendered. Numerous strongly-expressed comments subsequently made on the subject, both in medical and non-medical journals, confirmed the justness of my anticipation; and it will be seen, from the following more recent observations, that the inefficiency of the Act and of the Medical Council has become generally apparent; and that the large amount of money derived from the registration fees has not been applied to purposes calculated to benefit the profession. A writer in the "*Gazette Médicale de Paris*" designated the Act at the time of its appearance as a measure "hatched by the breath of the corporations, which, far from introducing into existing legislation the shadow of a progress—in so far as principles are concerned—has for its sole object the preservation or protection of what are understood to be the particular privileges of these medical bodies, in opposition to the rights of the general body. It has added almost nothing to the advantages formerly possessed by medical men; it has not in anywise altered the previously-existing condition of

* "It requires some little imagination to suppose what would become of the profession under the stagnant influence of a Council composed of its own members, venerable in age and hardened in opinions."—*Times*, April 2, 1863.

medical education, and it has formed a pretext for levying an additional tax upon practitioners.”*

A distinguished member of the profession in Scotland (Mr. Syme) remarked, in his “Observations on Medical Education,” published in 1864: “That the Medical Act, which we have heard a distinguished solicitor characterise as one of the most bungled acts that ever passed the Legislature, and which Baron Bramwell said from the bench could hardly have been drawn up by a lawyer, has failed in some of its most important objects, is notorious. There can be no doubt that the existing Act was constructed through the influence of selfish considerations, and completely ignoring the great principle of medical reform—that the privilege of practice should be equal to the extent of qualification in the sense of education.”

From the Irish division of the empire, we have recorded on this topic the expression of opinion of the annual meeting of the Cork Medical Protection Society, in the “Dublin Medical Press” (March 1864), on which occasion Professor O’Connor proposed the following resolution: “That after an experience of five years, and notwithstanding the expenditure of large sums of money drawn from the profession, we feel bound to declare that the Medical Registration Act has failed to afford the public and the profession the protection which was anticipated; that we have great reason to complain of the inefficient administration of its provisions by the Medical Council.” The speaker further observed, if there was one feeling more than another which existed in every branch of the profession, it was that of universal disappointment at the result of the Medical Act of 1858. He could not say the Council had effected any one of the objects in view of which it had been created. It had certainly published a Register, but he thought this step had left the profession in a much worse position than before, for while it failed to purify its ranks of disreputable and incompetent interlopers, it stamped with a mark of authority men who possessed very inferior qualifications, and raised them to a level with those who had laboured hard to obtain first-class degrees and licences. Such a system held out to students inducements to obtain the easiest and most worthless qualifications, and to licensing bodies to reduce the standard

* See further extract from this journal in the Addenda.

of medical education to a minimum in the race for students.

Dr. Popham seconded the resolution. He said that the whole profession were unanimous on the point, that the Council, weighed by the standard of public utility, had been found wanting. He did not, however, share the disappointment of Dr. O'Connor, for he had never expected much from a medical congress which included the representatives of nearly twenty medical bodies, the interests of which in many respects were conflicting. Each representative was supposed to carry out the particular interest of his own corporation, and the result showed that their concert was most harmoniously inharmonious.

An influential English medical association—the Manchester Medico-Ethical—in a petition to the House of Commons, after specifying the deficiencies of the Medical Act, and stating that the Council represented certain corporations and vested interests, and not the medical practitioners of the country, prayed the House, in consequence of these deficiencies and the admitted failure of the Act, to give its attention to the subject, and to devise such measures to prevent existing abuses as in its wisdom seemed most fit. Turning to the remarks of the medical press, we find the writer of an article in the "Lancet," when commenting on the above petition, recommended the getting up of similar ones in different parts of the country, and terminating his remarks by saying: "It is evident, from the course hitherto pursued by the Medical Council, we have nothing to expect from them. Indeed, it is questionable whether the institution of that body has not been detrimental to the progress of wholesome reform. We must therefore act totally independently of our so-called government."

The writer of a leader in the "Dublin Medical Press" (May, 1864), referring to the close of the seventh session of the Medical Council, observed: "The mountain so long in labour has not brought forth even a mouse. Truly, the profession has had to pay dear for its 'King Log.' All our metropolitan journals appear anxious to witness the death of this expensive body, or to make it really of some particular use to the profession, and to the public at large. The Council last year was just as wise, and possessed all the information which it possesses now; it discussed the very subjects which it has again discussed this year."

On the same occasion the "Medical Times" remarked:

"When we come to business done, we find that almost the whole consisted of votes of thanks and votes of money."

The "British Medical Journal" of about the same date said: "The Council sits year after year as a mere talking body, in the end doing little or nothing. The expense of the twelve days' sitting may be moderately estimated at 1,300*l.*; and at what result has it arrived in regard to medical education, the subject on which, beyond all others, it was expected at least to bring forth something definite? Simply this, that it has done this year just what it did last year. If the Council proceeds in this way year after year, men will naturally ask whether it is not a mere farce that is enacted, and whether a Council is of any worth that goes on, as Mr. Syme is reported to have expressed it, 'doing actually nothing except deceiving the public by publishing year after year a list of persons supposed to be qualified, many of whom are not qualified.'"

The Council has published a British Pharmacopœia. Dr. Watson, in his address on being re-elected to the Presidency of the College of Physicians, remarked, in reference to it; that "he was only expressing a general and deep-rooted opinion, when he said that the work had occasioned great disappointment and perplexity, and that many of the changes that had been effected were not only injudicious but highly dangerous. He had adopted the plan of writing his prescriptions in the old manner, thus saving great trouble and avoiding the risk of mistakes." The

* "This registration," says the writer of a previous article in the same journal (April, 1863), "has been the milch cow that has enabled the Council to live and operate. During the five years that have elapsed since the Medical Act passed, the profession has paid down 49,908*l.* for the honour of being registered according to Act of Parliament, and of possessing a Medical Council. Many medical men say the Register is not worth 50,000 pence, and boldly ask, 'Of what earthly use is it to us?' It is the Old Man of the Mountain; we have it on our necks and must wear it. Yes, 50,000*l.* we have paid down, and about 4,000*l.* per annum we are paying at present and shall pay for the future, thanks to the Medical Act." — "Why," asked "Punch," "should the registration of medical men's titles cost more than the registration of births and deaths, unless the object is to tax medical men for some exclusive object. Surely a shilling is quite enough to ask a man to pay for obliging him to furnish the public with a statement of his qualifications, by the publication of which he gets nothing whatever more than the ability to maintain a law-suit against any patient who will not pay him his bill."

President's observations appeared to meet with the assent of the assembly.*

The "Medical Circular" likewise remarked: "If there has not been much actual business transacted, there has been at least an abundance of talking. We must admit, with infinite regret, that the beneficent results are scarcely at all apparent. The avowed object of the Medical Act was to introduce uniformity of education and qualification among the different examining boards, and to allow freedom and reciprocity of practice throughout the divisions of the United Kingdom. These were the ends for which reformers strove and struggled through a long series of years; and the only appreciable result at present is, that the higher distinctions have been pretty well swept away, and all ranks and orders of the profession have been jumbled together into a heterogeneous and chaotic commixture, and, like the gold diggers in a new country, each one must take care of himself, and fight his own way. The medical corporations, instead of being anxious to improve their curricula, are too often actuated by the "Dutch auction" motive, and lower their standards to suit the lowest bidder; and the Medical Council has been hitherto powerless to shame the wrong-doers and to correct the recalcitrant offenders against its own regulations. Almost the only corporate bodies which are able to take matters with a high hand and to advocate and adopt a high standard are the Universities of Oxford, Cambridge, and London; but the reason is not difficult to discover, for the two former are abundantly endowed from immemorial antiquity with pecuniary resources, and the latter is a well-paid pensioner of the State."

The following observations on this subject occur in the medical journals with reference to the session of the Council in 1865, showing that no amelioration had ensued since the preceding year:—

"The Medical Council is a very costly instrument, and has hitherto proved very cumbrous and inefficient. The causes of this inefficiency lie chiefly in the inherent defects of its constitution. It is a parliament of close boroughs. There is a terrible item on the debtor side of the account—some 40,000*l.* of expenditure—there is little on the creditor side. The earnestness, the energy, the ability, and good-will of

* An improved British Pharmacopœia has just been published.

individuals are overwhelmed by the diversity of opinions and interests, the loquacity, the testiness, the obstructiveness, and the timidity of the body as a whole. In a subsequent number the same journal ("Lancet," April, 1865) observes: "We feel bound to intimate the grave doubts which a review of the whole proceedings of the session must create, as to the competency of the Council, as at present constituted, to conduct, satisfactorily, the business entrusted to it. The members are for ever wrangling about the interests of their respective corporations. Every leading question is discussed with a special reference to the interests of licensing bodies, and these are constantly paramount to the broad views of the general welfare which such a council ought to entertain. Each speaker perpetually appears as member for such a university, or for such a college. He openly intimates that the body which he represents will not do this or that; that its interests will be affected, and so on through all the chapter.*—(April 22.)

"The medical debating society known as the General Medical Council has simply proved a failure."—(*Ibid.*, June 17.)

The "British Medical Journal" observed (March 11): "A year has passed, and we find nothing since added to its balance-sheet of things actually done, except of course a further addition to its annual expenditure. It has up to the present time given us a Pharmacopœia and a Register, and for these blessings the profession has paid some 50,000*l.* Year after year has the Council of Medical Education met and met, and talked and talked, and recommended and advised; but

* "The following passage, which occurs in the "Review of the Year," 1864, strongly contrasts with the above and with other articles in the "Lancet" condemnatory of the Medical Council, which it states "can have, and their proceedings *ab initio* prove have had, but one object steadily before them—the honour of the medical profession. Its interests, its advancement, its independence have formed at various discussions so many topics for their inquiry and decision." This inconsistency appears the more glaring from the perusal of the remarks made a few weeks later (Feb. 1865). "The whole proceedings of the Council" says the writer, "have proved a five-act comedy, 'Much Ado about Nothing,' each act occupying for its rehearsal one year. For this a very large sum of money has been received from the profession, and in return they have had afforded them a legal position without protection, a deliberative body without authority, an association between the profession and the State which has hitherto proved of little advantage to either. The control exercised by the Council over the licensing bodies has proved practically of no avail."

each revolving year has found the matter of medical education left just where it was the preceding year."

"Seven years spent in mere talking," says the writer of a leader in the "Dublin Medical Press" (April 5), "and the adoption of certain recommendations, all of which have been treated with utter contempt by the great majority of the examining boards.

"The Council has but obeyed the natural law of its constitution as representing rival interests, and doing nothing to put down the demoralising and deteriorating influence of the underselling system, and the nominal examinations conducted by some of the licensing bodies. We regret to believe that this ruinous system is on the increase, and that it has a fearful effect in inducing students to squander their time until within a few months of their examination, and then availing themselves of the services of a grinder."

The writer of an article in a prior number of this journal, referring to the amount of registration money annually expended, says: "What other returns than registration have we for this sum? *Vox et præterea nihil*. A large proportion of this expense is for fees and travelling expenses in the General and Branch Councils. It appears that each of the twenty-three members of Council receives on an average 382*l.* a-year for his *services*. Little did the profession think when they agreed to the Medical Bill that they were taxing themselves at the rate of 5,000*l.* a-year for no good result. It is for them to say whether this state of things is to continue, and whether the lethargy of medical reform is to be for life or death."

The "Medical Circular" remarked (April, 1865): "Instead of a number of gentlemen coming together to carry out an Act of Parliament in a manner most conducive to the welfare of the many, we have a packed assembly representing the interests of the few, and to those interests almost all other objects have been sacrificed. Nearly all are influenced in their speeches and in their votes by the probable effect that will be produced on the corporations they happen to represent; and thus they are for the most part delegates of particular interests rather than committees for the good of the profession."

Again, on the close of the session for that year, the writer remarked (July): "The Medical Council has brought to its close another session of laborious trifling, doing nothing with

the greatest possible amount of verbosity and display. A variety of routine business has been transacted of no particular importance to anybody. An efficient Council can only be obtained by a more fair and complete method of professional representation."

The "Medical Press" and "Medical Circular" (now combined in one journal), in its number of the 31st January, 1866, contains the following observations on this subject: "The Medical Act is a perfect delusion and a snare, so far as the majority of medical practitioners are concerned. They enjoy no privileges whatever by its operation. Education and honesty of purpose are now opposed in the field of practice to ignorance and dishonesty, and the latter pair of qualities are triumphant. Quackery is as rampant as ever, and medical titles are unblushingly and impudently assumed in order to delude the public, and the Medical Council have repeatedly declared their helplessness to assist the profession in the vindication of its rights. If, therefore, the present state of things is to continue, it will be just as well to save the expenditure incurred by the working of the Act, and leave the profession to protect itself in the best way it can. The machinery has now evidently come to a dead lock, and the Legislature and the Government must determine whether any efforts are to be made to set it in motion. At present it is notorious that Sir G. Grey has no sympathy with the medical profession, and that he is quite indisposed to take any measures to redress the grievances that press upon our body; and private members of the Houses of Parliament are unwilling to take the initiative in any proposition that is not likely to be supported by the Government."

Respecting registration, the writer observes: "We cannot wonder at the dissatisfaction, and even indignation, which is now universally expressed at the hardship of medical registration, and we are not surprised that many practitioners have declined to pay the fee demanded of them for the privilege of having their names inserted in the Register; its payment presses heavily on the resources of many of the poorer members. We understand that many of those who have omitted to register have done so on principle, and that they are prepared to take the consequences, whatever they may be, of such a course.*

* I declined to register on this account, considering the registration-fee an imposition upon the profession, from which they would derive

"The feeling is now becoming so general that it is worth while to inquire what are the advantages of registration, and what are the disabilities entailed by its omission. What, says the hard-working and honest practitioner, can be the use of paying a pretty heavy fee for a registration which confers no advantage whatever and no protection? The fact is, that medical registration, with its accompanying penalty of five pounds, is a perfect farce, except so far as it brings money into the coffers of the Medical Council.

"An attitude of passive resistance on the part of the profession is therefore not to be condemned, but should rather be encouraged; and if the supplies were withheld, the energies of the Medical Council might possibly be further aroused, or they could resign their appointments."

Even the respected President of the Medical Council (Dr. Burrows) is reported ("Medical Times," July 15) to have said at the annual dinner of the Fellows of the College of Physicians: "Great measures had, indeed, been expected of the Council, but the difficulties were very great, *owing to contending interests* that had to be overcome; and there was great difficulty also in bringing about co-operation between the members of the Council themselves, *returned as they were by so many corporate bodies; each corporation thinking naturally for itself*, and not taking a broad and comprehensive view for the interests of the whole profession."

The writer of an article in a literary journal, on "The General Medical Council," remarks:—

"The Council was endowed with immense power, and had ample means. Everything appeared to promise great achievements; but, alas! experience has shown that the 'consummation so devoutly to be desired' is as far off as ever, and that the dreams that we indulged in in 1858 are no more realised than they were at first. The Council commenced operations, but 'how not to do it' seems to have been their guiding measure, and, as a consequence, 'as you were' seems to have been the *mot d'ordre* which has been practically issued to the medical men of Great Britain.

"What good has either the public or the profession derived from the Register, which was to effect such marvels for the professors of medicine?

no material benefit or protection. As respects the public, the Register is not to be compared to Churchill's Directories, for the information it imparts respecting members of the profession.

“Thousands of pounds were expended on the new Pharmacopœia; the greatest secrecy was adopted in its preparation: at last it appeared; but what a muddle!

“Such, then, has been the progress of the Council: little has been done to protect the interests of those who really uphold the dignity of medicine, and nothing has been done to raise the educational standard.

“In April last the sitting extended over a fortnight, and was characterised by a good deal of noisy discussion; which, to make matters worse, extended rather to minutiae than to principles. Indeed, this desire to avoid generalities and to squabble over detail is quite a marked feature of this body.*

“Apparently, the Council forgets that it is a body representing a large section of educated society, and when questions arise which interfere with local interests, it loses respect for its dignity in the desire to give pecuniary advantage to a certain number of favourite institutions. It has become, as a contemporary has well expressed it, a ‘parliament of rotten boroughs.’

“We would urge, therefore, upon the profession the propriety of appealing to Government to *have the Council reconstructed*, for it seems to us that *saute qui peut* is too much the order of the day. Indeed, apart from the sacrifice of important principles to petty interests, it seems to us that some of the members are *hardly qualified to deal with all the questions* that come before them. To us the transactions of the Council appear an *interminable muddle of wordy disputes about matters of no real import*. The Council seems to revel in jabber, and to exhibit a most remarkable horror of everything in the shape of progress. It does work, but the work done is of no benefit to the profession.”—(*London Review*, June 24, 1864.)

From this concurrent testimony it must, I think, be sufficiently apparent that no material improvement of the profession is to be looked for from a Council constituted as is the present one. The inefficiency of the Medical Act is no less evident; and it is now intended to apply to Parliament for an amendment, which merely proposes to effect an alteration in the registration and to confer additional powers upon the

* Referring to the proposed resolution respecting compulsory registration, the writer adds: “This is a very grave and serious resolution, and fortunately has to come before the Government before it can be acted upon.”

Council for better regulating the proceedings of the corporations, of which, as we have seen, the members are for the most part the interested delegates. On the last day of the year 1864, an intimation was given in the "Lancet" to its readers of the intention of the Council to undertake a complete revision of the Act. "In anticipation of their deliberations," the writer adds, "we shall discuss the several clauses, and we invite from the profession the expression of their views."* The spirit of prophecy is, however, no more

* On a considerate review of the course pursued by the "Lancet" for many years with reference to medical reform, the most just conclusion at which an impartial person must arrive is, I think, that its conductors have sought to avoid bringing the question to a satisfactory issue, but have rather been solicitous to keep up the agitation in order to afford matter for its pages likely to excite interest, and thus make up for the deficiency of the kind of scientific or professional intelligence from which the more advanced members could derive information that they contained some years ago; and at the same time to give the journal opportunities of appearing as the champion of professional rights and interests, by loudly declaiming against the particular instances of abuse that so frequently occur owing to the absence of any efficient medical organisation. The writer of a leader that appeared some years ago (July, 1861), on adverting to the disorganised condition of the profession, remarked with apparent complacency: "All these questions yet remain in a most unsatisfactory state, and *promise to afford abundant occupation to the medical reformer for considerable time.*" Such was the consolation given to the profession after many years of fruitless agitation, and of deferred hopes of amelioration, notwithstanding that, with a little good-will, and a determination to strike at the root of the most prevalent abuses, an effectual measure of reform might have been obtained within a brief period; but this it seems would not have suited the "Lancet," for it will be remembered that this journal continued to advocate registration (a purely subordinate matter) as being a panacea for the evils that beset the medical body, and that its late proprietor had a Parliamentary Committee sitting for a long time to take evidence, and to discuss the provisions of his Medical Registration Bill, which, as might well be anticipated, came to nothing. The "Lancet," moreover, hailed the passing of the existing Act as being calculated to prove an efficient legislative measure, though, if it did not seek to throw dust in the eyes of the profession, a very slight degree of consideration respecting the composition of the Council might have shown, one would suppose, to writers of so much experience in medical politics, that it was not likely to be of any advantage; and it was not without reason that the writer of a post-obituary notice of Mr. Wakley in the "Medical Times" observed: "It must be remembered that the reform of abuses is a trade, and one not without its profits; and that it is sometimes as much the interest of the reformer to nurse a grievance, and make the most of it, as it is for the monopolist to keep

required to predict that any revision of the Act, emanating from the Council, is no more likely to procure the abolition of abuses from which the profession and the public have so long suffered, than it was required to foresee that the Act itself would prove almost useless in producing any materially beneficial results. In the previous year (February, 1863) the "Dublin Medical Press" remarked, respecting a further amendment of the Act: "Twice has it been amended without improvement, and, after four years and a great expenditure of money, the profession remains just as it was." There has, however, been no more mention of a "complete revision," the only alterations contemplated being those above stated.

Even supposing a more perfect method of medical education to be attained, this could only be productive of a prospective and far-distant good effect upon another generation, and even then it would not suffice of itself to obtain for the profession the amount of respect and consideration which it ought to command. "I believe," justly observed a correspondent of the "British Medical Journal" (May, 1864), "that education will never prevent unprincipled men from setting their sails to catch the first gale of popular caprice, and sheering off into the practice of any humbug which pro-

up the monopoly for his own private benefit." It will also be remembered that, some years ago, an attempt was made to get up a testimonial for Mr. Wakley, on account of the prominent part he had taken in medical reform. The attempt was a complete failure, notwithstanding circulars were sent by the committee to members of the Legislature, to all the coroners of England and Wales, and to every medical practitioner in the three kingdoms. "The first disappointment," said the account (taken from a London political journal) in the "Dublin Medical Press," "was from Mr. Wakley's parliamentary colleagues; for, with the exception of the members for Middlesex, Lord Llanover and Mr. Edwin James, no encouragement was received from that quarter. Mr. Walter, M.P. (proprietor of the 'Times'), in a letter addressed to Mr. Edwards, appeared to express the general opinion of those gentlemen, which was to the effect that, much as they respected Mr. Wakley, they did not consider his senatorial career so pre-eminent as to merit such an exceptional distinction as a public testimonial; further, in Mr. Walter's opinion, that his services as editor of the 'Lancet' had been sufficiently rewarded by the success of that publication." After some months of exertion and active correspondence the sum collected amounted to 460*l.*; after the expenses were paid there remained only 240*l.*

The "London Review" remarked (February, 1865): "The 'Lancet' is more of a newspaper than a scientific periodical, and is notoriously more devoted to professional gossip than to the advancement of science."

mises to fill their pockets. I believe it will never prevent unprincipled men from subscribing to legitimate medicine, in order to obtain qualifications to practise the most lucrative forms of current quackery.”*

Medical education in general has, indeed, been greatly improved of late years, and a much better informed class of practitioners than in former times is the necessary consequence of such improvement; and yet we find that, owing to the absence of any efficient medical organisation, and the consequent persistence of abuses, the profession does not even stand so high in public estimation as it did formerly, and that the various forms of quackery and irregular practice which, owing to the same cause, have been from time immemorial more prevalent in this country than elsewhere, have been on the increase, and are now more rife than at any previous period.

Any such contemplated amendment of the Medical Act is therefore to be deprecated, both because it would not reach the causes which have produced the deterioration of the profession, and would not prevent a renewal in a very short time of the agitation for an effectual reform, and because it would have the effect of deterring Parliament from any further consideration of the subject, at least for several years.

At the sitting of the Medical Council of May 24, 1866, on the motion of Dr. Andrew Wood for an amended bill, Sir Dominic Corrigan, in proposing an amendment to the motion, said he was “under a deep conviction that a more mischievous bill, or one more useless to the profession, or more likely to be badly amended by the Legislature, could not be devised than the bill adopted by the Council. If the Council applied for a Royal Commission to inquire into the working of the Medical Acts, with the view of framing a report that may lay the ground for a Medical Bill, they would set themselves right with the Legislature and the public. But if they went forward with their present wretched bill, it would be thrown out, or amended in such a way as to leave the profession and the public worse off than before.”—(Report of Proceedings of the Council, in *Lancet*, June 2.)

* A correspondent of the “*Lancet*,” after observing that nothing of consequence had been done by the Council, added, “it is true that much is promised in the way of education, but we much doubt if the fathers will rest satisfied with eating sour grapes, merely because it is promised that the sons’ teeth shall not be set on edge.”

II.—ABUSE OF THE LICENSING POWER.

THE great abuse that has been and is made of the power of conferring licences to practise medicine, is owing to the circumstance that the amount of compensation obtained by examiners is made dependent upon the number of candidates for diplomas who present themselves for examination. This practice is peculiar to this country. Medical examiners in the States of continental Europe receive a fixed remuneration for their services, whatever may be the number of candidates examined. The principle of remunerating examiners in proportion to the number of candidates is in itself, I need hardly say, most objectionable; but it is doubly so when it is considered that a large proportion of the members of our medical corporations, and consequently of their Examining Boards, have possessed little, and in many instances no, special claim to professional distinction, but have been raised to these posts of prominence by means of their appointments to physicianships and surgeoncies in hospitals, obtained for the most part by means of the derogatory and unprofessional practices that commonly prevail in the determination of the elections.

The evils entailed upon the community by this iniquitous system have been strongly animadverted upon both in medical and non-medical journals, as also by other individual reformers beside myself. Thus, a great many years ago, the eminent Dublin surgeon, Mr. Carmichael, observed on this subject, when presiding over a meeting of the Medical Association for Ireland: "There are eighteen [now more] chartered corporations or colleges empowered to grant licences to practise, which, instead of competing with each other to supply for the public service the most highly-qualified and well-informed practitioners, on the contrary, exert a miserable rivalry only in the accumulation of money; for, in proportion to the number of candidates upon which any college confers its diploma, so much the greater number of fees it obtains, and consequently the public is inundated with incompetent and half-educated men. This state of the profession loudly calls for legislative interference to prevent a continuance of the evils which must, in consequence, be

inflicted on society. I trust that Mr. Warburton's bill [then before Parliament] will embrace all the great principles of reform advocated by your Association; but if it does not lay the axe to the root of the evil, and deprive the several existing corporate bodies of their licensing power—who thus, in the abandonment of all principle, shamefully sell their honours to the highest bidder, but lowest in point of competency—they may as well allow the present system of misrule and abuses to remain unmolested." Sir Dominic Corrigan, who is a member of the Medical Council, observed on this head, in a public lecture: "There are about nineteen of these colleges and universities in the United Kingdom; many of them are mainly dependent for their incomes on the fees received on graduation. Step by step each college descended below its neighbour in the sliding scale, until it has come to this, that now a candidate rejected at one college has beforehand prepared for his immediately setting out for the next and lowest in the scale, that will gladly *sell its diploma on the lowest terms*. This is the present state. Who is to blame for this? Neither students nor colleges, but a higher power than either, *the Legislature, that permits this discreditable state of professional education and examination to continue*. If it merely concerned the profession itself, the Legislature might very justly say, 'Look to your own professional interests, and take care of yourselves.' But the question is not of this nature; it concerns the public much, the profession little."* These and other animadversions were without effect. Some of the medical journals have, however, of late been strongly commenting upon this topic. "The rivalry in the different licensing bodies for the possession of the fees still goes on," said a writer in the "Dublin Medical Press" (June, 1864), "each striving to undersell the other in the facility with which they permit their diplomas to pass from their strong box into the students' pockets; and the result is the lamentable state of ignorance described by Professors Parkes and Sharpey among men who had been pronounced competent to deal with the lives and limbs of their fellow-men.

"The overstocking the profession with men who, perhaps, might worthily fill the ranks of barber-surgeons, fellows, and

* "The question of medical reform," said a writer in the *Athenæum*, "has been made too exclusively a professional one. The interests of the public are not less concerned in the abolition of the present monopolies than are those of the profession."

the consequent lowering of the whole tone of the profession in the eyes of the public. Legislation, *on a sound basis*, would provide a remedy for this state of things and its attendant ills."

A leader in the "Lancet" (June, 1865) contains the following remarks on the subject: "The returns of the Director-General of the Navy, and the speech of Dr. Parkes in 1864, show very painful results, discreditable to the whole profession, and degrading us all equally in the eyes of the public. At present it is perfectly clear that a number of men get into the Register and practise who are dangerously ignorant of the elementary parts of professional knowledge, and that certain examinations which entitle men to a place on the Register afford no guarantee of fitness."

An article on "Medical Education and Examination" in the "Medical Times" (May, 1864) contains the following observations on this subject: "It must excite the gravest astonishment and reprehension that men so grossly ignorant of their profession as these diplomatised candidates proved to be could have found it possible to obtain any qualification from any licensing body whatever. How can we wonder that medical men should but too often make such a pitiable figure in practice, in the witness-box, and before the educated public in general, when we hear of such confessions of gross incapacity and 'dulness all over' as Dr. Parkes has given us from the Army papers?*" The divided responsibility of the licensing bodies has probably much to do with it, and so, between the various stools, candidates who would disgrace any body of educated men slip into the profession. The whole debate [in the Medical Council] on education was valuable as amply showing the hopelessness of looking for any definite scheme of education or examination at present from such a body as the Medical Council. The speeches irresistibly force upon us the impression that each man thinks more of the particular college or corporation he represents than of the public good. He gives to his own party what is due to mankind."

* The Army Board rejected 31 out of 120 candidates; the Navy Board 21 out of 49. The inference to be drawn from these returns is this: that nearly one-third of those who are declared by Examining Boards having a pecuniary interest in the statement to be fully qualified to practise the healing art amongst all Her Majesty's subjects, are found by independent Boards to be more or less ignorant and unqualified to treat Her Majesty's soldiers and sailors."—(*Medical Times*, April 15.)

The writer of a leader in the "Medical Circular" (March 23) makes the following remarks with reference to this subject: "The love of ancient institutions and the horror of centralisation which characterise the British nation have in many cases obstructed the progress of improvement by permitting the continuance of abuses, even after they have been proved to be such. Hence, the Medical Act, while it apparently conferred great powers upon the Council, made it at the same time comparatively useless by tying its hands in respect to the reform of the medical corporations.* It therefore happens that nearly all the anomalies of the pre-existing systems of education and examination have been strengthened and confirmed by the measure in question, and any attempt at uniformity is necessarily made to take a downward direction, because, while some of the educational and licensing bodies are aiming at raising the standard, a few are determined to keep it depressed, and the minority is strengthened by the force of custom and usage and vested rights. One monstrous and fundamental error in the constitution of most of the Examining Boards is to be found in the system of making the salaries of the examiners dependent upon the number of successful candidates whom they turn out upon the public. We have had notorious and very flagrant instances in very late years where certain collegiate institutions have sprung up suddenly from poverty to comparative wealth by the sale of diplomas to all who choose to buy them." †

* There has been no desire manifested on the part of the majority of the Council, who are delegates of the corporations, to effect any material reform in them.

† The "Medical Times" remarked with reference to the M.D. diplomas conferred by certain colleges: "Lawyers and men of the world now do not hesitate to express their contempt for the degree of M.D., which dignifies many who have little depth of education." And with respect to the degrees illegally conferred without examination by the Edinburgh College upon all medical applicants during the "year of grace," the writer of a leader in the "British Medical Journal" observed: "When we find a college of physicians which has had more than 200 years of existence, suddenly, on the occasion of the famous 'year of grace,' putting forth a new claim, exercising a novel function, which all the world had previously believed was, in modern days, vested solely in Universities (and in a stray Archbishop)—that of granting degrees in medicine—we naturally say, 'But pray give us the terms of your charter, or the words of the Act of Parliament, upon which this new and surprising claim is based.'"

The facile acquisition of licences to practise from the competing Boards, and other defects of our medical organisation, have on several occasions supplied a theme for comment to foreign medical journals. "The licence to practise," says a writer in the "*Union Médicale*" (May 31, 1864), "is obtainable on conditions so varied, and in many cases so easy, that it is completely delusive. Owing to this circumstance, and to the liberty that is accorded of teaching without any guarantee of competency being required, there has resulted so pernicious and dangerous an anarchy that, accidents, mishaps, and law-suits aiding, the evident want of the introduction of a little order into this strange confusion of studies and titles made itself generally felt, hence the origin of the Medical Act.

"On the interpellation of Colonel French in the House of Commons on the 13th inst., the right of conferring the doctorate without examination, granted by Henry VIII. to the Archbishop of Canterbury, has been publicly admitted by the Secretary of State. On the other hand, official examiners have been recognised, without any title or proof of knowledge respecting the subjects of examination with which they were charged. Lastly, there is a complete absence of any legal prescriptions for procuring uniformity in those examinations, or for the regularity [of attendance on lectures] and authentic proof of the required studies, neither is there any condition of age or of preparatory instruction, but, instead, a collection of superannuated, incoherent, contradictory laws. Such is the English medical code.

"To make a clear sweep [*table rasé*] and to introduce a new uniform legislation, would certainly be the shortest way to remedy this state of matters; but English formalism, and especially the absolute and sacred respect entertained for public liberties and vested rights, are opposed to this mode of proceeding. Hence, during the six years it has existed, the Medical Council has altered and modified nothing in the constituted fundamental order of the ancient state of things. The obligation to register has been followed by some prosecutions on account of the illegal exercise of medicine, but that is all. The system of teaching, with all its irregularities and defects, remains, with the exception of the apprenticeship system; and the *baccalaureat-es-sciences* is required by the principal Universities. The same uncertainty respecting the value of acquired grades exists as heretofore; yet the Council has not been able to bring itself to propose

another programme, notwithstanding that in an excellent speech Dr. Parkes exposed the vices and dangers of the actual system of teaching and of examination, as was manifested by the incapacity of many of the candidates who passed [corporate] examinations subsequently to pass the examination required for admission into the military medical service.

"This passive rôle of the English medical parliament, it may well be supposed, is not at all to the taste of those whom it [nominally] represents, and who suffer from existing abuses. Public opinion is hostile to it, and the medical press loudly reproaches it with its long speeches, its inefficiency, and the nullity of its acts."

The institution which has, with good reason, been most generally animadverted upon with reference to the facility it affords for passing the examinations, is the College of Surgeons of England. Before this Board by far the greatest number of candidates for licences to practise in England present themselves for examination; and when it is considered that the examination, such as it is, has almost exclusively reference to surgery, while the great bulk of practitioners throughout the country are called upon to practise *medicine* (strictly surgical cases being of comparatively rare occurrence), there need be no wonder at the complaints of inefficiency that are so frequently made. Referring to the exclusion of such examination before this Board, the "Lancet" observed (April 22): "The College sends forth to practise as surgeons persons whom it has never examined as to the use of medicines, the art of prescribing, the common laws of chemistry as they bear upon medical art and practice, and the ordinary property of drugs, and the manner of dealing with them.* It is a remarkable fact," the writer added, "that the College has appointed to itself examiners in each of the several departments by which *profit might be gained by granting special licences*; but with the most sublime indifference to the real interests of the public, and to its duties as an examining body, it has continued obstinately to ignore the claims of all those branches of collateral study which are essential to practice, but which *hold out no prospect of gain*

* It is now determined that in future candidates for the College diploma, not possessing a medical qualification, shall undergo an examination in medicine before examiners from the College of Physicians (paying, of course, an *extra fee*).

to the finances. There is no body in the profession which performs its functions so imperfectly and unsatisfactorily."

With reference to the examiners of this Board, the writer further observed: "The charter provides for the election of examiners out of the bounds of the Council. This has been laughed at. Examiners have been elected solely from the Council, and the condition of election has been to 'keep friends' with the examiners, so that when the time came their votes should be secured. Thus the examiners have held the reins, and have driven the College into a very ugly corner. They have been singularly obstructive, and have maintained a system which is an abuse of the meaning of the charter, and has perpetuated the worst forms of nepotism and inefficiency."

The "British Medical Journal" likewise remarked on this point (July, 1864): "The office of examiner, by a constant system of re-election, has been made a life appointment, though the charter of 1852 made it quinquennial. The Court of Examiners is supreme in the Council, and no councillor has any chance of obtaining the sweets and rewards of an examiner's office who makes himself obnoxious to the Court of Examiners. It is a notorious and admitted fact that Fellows seek to enter the Council, not for the sole purpose of performing the duties of a councillor's office, but mainly that they may thereby enter the portal which, under the misdirection of the Council, has been hitherto the only entrance to the Court of Examiners. Through the improper influence of the Court of Examiners within the Council, the voice of honest reform is stifled, and the most flagrant abuses are perpetrated; and as the present system exists only on the perpetuation of abuses, the councillor soon learns that to destroy existing abuses would be to kill the goose which shall lay for him (he hopes) that golden egg, an examiner's office."*

"We venture to affirm that in the latter half of this nineteenth century, and under the force of modern reforming ideas, there is not to be found in this country in operation at the present time another instance of such management of affairs. No man ought to have the power of electing or assisting to elect himself into an office of honour and money value. The fees are in fact a head or poll-tax. The Court

* The average estimated value is at least 400*l.* per annum.

of Examiners, which receives the fees, is *all-powerful in the Council, which fixes the amount they shall receive for examining.*"

"We maintain," says a writer in the "Medical Press and Circular," January, 1866, "that in the general policy pursued by the Council and in the system adopted for the examinations, one of the principal objects always held in view is the aggrandisement of the College funds. For this reason, the College [of Surgeons] has for a very long period kept down its standard of qualification to the lowest possible level, in order to invite candidates within its portals. For this reason it has created a class of Fellows, from most of whom a money test only has been demanded; for this reason, a perfectly unnecessary and separate diploma has been created in midwifery; for this reason, the College has devised a separate and, as we believe, a mischievous diploma in dental surgery. The examiners ought to have no other aim or object in view than to secure an efficient class of practitioners for the public; and we again assert that no body of examiners, however personally honourable, can possibly act in this independent manner, when they know that not merely their own salaries, but the maintenance of the institution to which they belong, are dependent upon the issue."

The inefficacy of the means proposed to prevent a continuance of the abuses of the licensing system by the appointment of visitors of the examinations must be evident upon very slight consideration. In the sitting of the Council reported in the "Lancet" of June 9, 1866, when the question of renewing the visitations for the ensuing year was brought forward, Dr. Alexander Wood moved that "the suggestions made by the visitors be embodied in a separate report in the shape of recommendations to be sent down to the various bodies. It would then be one of the duties of the visitors *next session* to see whether the bodies had adopted the suggestions. He did not say that *any steps ought to be taken* in case of their not doing so; but *perhaps next year, if the defects remained strongly marked*, it might be for the Council to consider whether it should not deal more specially and strongly with them, so as to bring their examination more into conformity with what was conceived to be creditable to medical men."

Dr. Andrew Wood said in looking over the report several things had struck him. A great deal appeared to depend

upon the individual or individuals who conducted the visitation. He felt that some of the reports were exceedingly partial.

Sir Dominic Corrigan said he should move the following amendment to Dr. Alexander Wood's motion: "That visitation of examinations carried out by members of the General or Branch Medical Councils, being a reciprocal visitation by the representatives of the several licensing bodies of one another's examinations, is faulty in principle, and therefore can never command confidence. That any visitation of examinations would be worthless which did not include every examination, inasmuch as partial visitation could only testify as to the actual examinations visited (necessarily a very small proportion), and be no evidence whatever of the character of the examinations not visited (the larger proportion);—that visitation of every examination would be impracticable, inasmuch as, in addition to preliminary examinations, there are annually about three thousand five hundred professional examinations in the United Kingdom for degrees or licences. The Council was on its trial before the public, and what was the course it adopted? It had adopted a system of visitation of examinations to which, as far as he knew, there was no parallel anywhere to be found, from the House of Commons down to the smallest corporation in the kingdom. It was a course which was condemned by the two highest authorities in the country having the care of our soldiers and sailors. What was it? It was nothing more or less than a proposal to inspect themselves. There was an old Scotch proverb, 'Call me and I'll call thee,' and this plan seemed to be remarkably founded upon that principle. Now suppose, when the House of Commons was about to be reformed some years ago, and accusations of corrupt practices were made, the parties accused had said, 'We will inspect one another and send in such a report as to show that we are very moral, very pure, and independent,' what would have been thought of such a proposition? Yet this was exactly what the Medical Council had proposed to do. Or, again, suppose that when, some years ago, the managers of lunatic asylums became objects, justly or unjustly, of observation, those managers had come forward and said, 'We will inspect ourselves and send you in reports of our inspections, which shall satisfy you that all the charges of mismanagement and so on which have been brought forward against us are unfounded in fact.' Would such re-

ports as these have inspired confidence? Certainly not; and therefore in the present case he felt bound to move, as an amendment, that the proposed visitation was inefficient, because, being an inspection of themselves, it never could inspire confidence."

In answer to a question by Dr. Quain as to what he would suggest ought to be done, Sir Dominic replied that a Board of Examiners should be established not connected in any way with the Council, but consisting of independent men. His amendment was lost by a majority of 15 to 2.

III.—MEDICAL SCHOOLS AND CLINICAL INSTRUCTION.

NOTWITHSTANDING the general improvement that has taken place of late years in medical education, the schools are still in a very defective state, especially as regards the more practical department of clinical teaching, which circumstance is mainly attributable to the prevalent practice of hospital elections being determined by extra-professional influences which are but little likely to produce efficient teachers, and to the absence of any guarantee of capability of the teachers (as commented upon in the "Union Médicale" just quoted), as also to the fact that teaching is too often pursued, not so much for the purpose of imparting sound instruction, as from motives of a purely speculative character, with a view, by means of the publicity thus afforded, of obtaining success in practice. Hence the great increase of schools of late, with comparatively few teachers of acknowledged ability. "In London, and no doubt in other places," says a writer on Medical Education in the "British Medical Journal" (February 6, 1865), "schools of medicine have been unnaturally forced into existence. A given number of medical men united about a hospital or elsewhere have discovered that they wanted to teach medical students. Instead of waiting till the students came to seek their instruction, the instructors, having in view not simply the instruction of the student, but other objects of a kind much more personal to themselves, have sought the students. Wherever this nursery of medical schools into existence has prevailed, no doubt much injury to medical education has resulted. The professors should be made for the chairs, not the chairs for the professors." *

* Dr. Jacoud, who had a special mission from the French Government to inquire into the state of medical education in Germany, states in his published report that in each Faculty of Medicine there are ordinary professors, extraordinary professors, and private teachers, and that the funds for payment of the professors are derived from fixed emoluments paid by the State, or by the particular University, if rich enough—the amount of remuneration being increased in pro-

In an article in the "Social Science Review" (October, 1862), the inferiority of the teaching in several of the English medical schools is with reason ascribed in great measure to the increase of schools in connexion with hospitals of late years. "How the governors of hospitals were ever inveigled into the movement," the writer observes, "we cannot say, but certain it is that, the example once set, every hospital in the metropolis had a call to teach, and now every hospital has its school. Its effect on schools has been to raise six where there should be only one; its effect on teachers has been to raise twenty where there should be only one; its effect on the election of teachers has been that lecturers are now systematically propagated, not on the basis of their knowledge, their aptitude, or their love for their work, but, *often in spite of their grossest defects*, on their alliance with particular hospitals. Its effect on education has been to render that the most stagnant, slipshod, ridiculous practice ever conceived."

The "Medical Times" recently observed on this head (February, 1866): "Taking the schools altogether, the lecturers number in proportion to the students about one to four and one-third, but in some of the smaller establishments every two students get a professor to themselves."

"Among schools and professors we have the anomaly of competition under monopoly! A few students and a few fees to divide every year, and eleven schools, little and big, to share them. Which out of the eleven will go to the wall, and what will they do to avert their fate? The spectacle is a sorry one. Medical teaching is now a hospital monopoly—eleven close schools have it all to themselves. A fresh bid takes place every year. Meetings to raise prospectuses take place; new deans are appointed, new dodges are discussed. Sometimes the fees are raised, sometimes they are lowered.

"In plain words, the struggle of the schools is to secure the greatest number of entries. One of them had last October an entry of thirteen students. There are sixteen lecturers at

portion to the length of service (in Vienna). Private teaching, he adds, "is open to all doctors of medicine *after special examination*, the nomination being made by the Faculty. A constant emulation is excited by this organisation among the different members of the educating body, and this emulation is the corner-stone of the building. True there is no free teaching, but this official teaching, conceived in a spirit of perfect liberality, supplies all that can be desired."

this school. The money value of some thirty-six lectures, which take an hour each in delivery, is, at the lecturers' own estimate, two shillings and ninepence farthing each. We have heard of but one thing rising in absurdity above this—to wit, that one of these same sixteen lecturers has been known to offer a course of lectures for nothing, and has deservedly found himself at the appointed hour *vis à vis* in the theatre with the college porter—such is the effect of competition under monopoly.

“A certain number of students have to be milled into examiners, and then passed through the licensing sieves into the market for general consumption. Ordinary students well know that not much is wanted of them, or that, provided they can get their certificates by flattering punctuality in opening their note-books, they may dream or whistle away the dreary hours of recognised talk, in the confident assurance that two or three months' cram at last with the convenient college tutor or recognised grinder will make all safe for them.”

Having in a former publication (“The Medical Profession in Great Britain and Ireland”) pointed out the differences that exist between the systems of medical education adopted in this country and the most highly-civilised continental countries, it is not my intention on the present occasion to revert to this important part of medical reform, respecting which several eminent members of the profession have recently publicly expressed their opinions.* I will therefore merely advert to its most essential department, as being more directly connected with the subject of which I now treat—viz., clinical instruction, the prevailing inefficiency of which in several institutions has been repeatedly remarked upon in some of the medical journals. Some of these remarks I have quoted in a former pamphlet. Other, if not the same, writers in medical periodicals have since reverted to the same topic. The following passage occurs in the “British and Foreign Medical Review” (October, 1864): “The great fault of the system of medical instruction in England seems to be that a variety of medical knowledge is imparted to the student in the form of lectures, but it is not serviceable to him, in that it is not, strictly speaking, clinical.† A competent clinical

* Professors Syme, Balfour, Bennett, and Wood, of Edinburgh, Mr. Callender, of St. Bartholomew's Hospital, and others.

† Dr. P. M. Latham remarked some years ago, respecting the

teacher can make known to his class all that is to be taught in medicine far better at the bedside than in the amphitheatre. Any one who has listened to Oppolzer or Skoda, of Vienna, must be convinced of the great advantage that the Viennese student has in this respect over the English. We hope to see the day when the medical teaching in this country will be more strictly clinical; when far less importance will be attached to *paper work*, and far more to real clinical knowledge in our medical examinations."

A leading article, on "Hospitals and their Staffs," in the "Medical Times" (September, 1863) contains the following passages: "It is most deplorable to think *what rich mines of science are left unworked, what stores of facts lost for want of time (or ability) to observe and record them; what countless opportunities for the increase and growth of knowledge are thrown away for the lack of trained or intelligent workers; what scant use is made of the tide of disease ever flowing through our hospitals.*

"As to teaching others, clinical teaching becomes perforce almost a farce, except for the few students who are clinical clerks or dressers, and have therefore to get up cases for the physician or surgeon. That our schools do send forth (some) admirably well-taught and well-trained practitioners, and that some noble monuments of the value of our hospitals as places of study and original research are produced, we are not absurd enough to deny; but we do affirm that our schools *do turn out numbers of half-trained and half-educated men, and that a lamentably large amount of material runs to waste, and vast opportunities for the improvement and increase of knowledge are lost in our hospitals; and we further assert that this is largely owing to the too great labours laid upon our hospital physicians and surgeons.*"

It is not, however, I apprehend, so much to the excessive labours, as to the deficiency of capability, that these results are often attributable. Many of our hospital physicians and

abundance of lectures students are required to attend: "More than a quarter of a century ago I presumed to bear my moderate testimony against them. But my voice was a very feeble one. It was no match at all for the edicts of halls, colleges, and institutions new and old, which were rivalling one another in the ruinous amount of taxation they levied on the time and thought of medical students with their hundreds and hundreds of lectures inflicted upon them without mercy."—"A Word or Two on Medical Education.")

surgeons and assistants who are not over-burdened with private practice have plenty of time to make their opportunities of observation available for increasing the stock of professional knowledge, and to devote to clinical instruction. We find that those whose time had been much occupied in private practice have often done the most in these respects. Besides, the amount of hospital work generally done in England is relatively small as compared with that done at most foreign hospitals—where prolonged *daily* visits are made, and information is imparted, either at the bedside or in a clinical lecture after the visit, upon the most interesting cases. Nevertheless, time is found by the majority of foreign hospital physicians and surgeons who have acquired reputation or distinction for doing somewhat towards promoting the progress of medical science, or towards improving the practice of their several departments, as well as for imparting clinical instruction.

In the biographical notice of Dr. Graves prefixed by Dr. Stokes to "Studies in Physiology and Medicine," is the following extract from an introductory lecture on medical education, delivered by Dr. Graves in the Meath Hospital: "A well-arranged and sufficiently extensive hospital contains everything that can be desired by the student, but unfortunately his improvement is seldom proportioned to the opportunities he enjoys. Whence this deficiency? How does it happen that many attend hospitals day after day, and year after year, without acquiring much practical knowledge? This may be attributed to the want of ability or diligence on the part of the student, or to an injudicious and careless method of teaching on the part of the hospital physician.

"The charge of inexperience is not necessarily confined to the beginner; it applies equally to many an old practitioner, whose errors have grown, and have increased in strength, during a long succession of years; because, from a defect in his original education—from the absence of a properly directed clinical instruction—he commenced practice without having previously acquired the power or habit of accurate observation; because he had not in his youth been taught to reason justly upon the facts presented to his view; because, not having learned to think accurately, he contracted a loose and careless mode of examining the progress of disease, and the effects of remedies; and consequently the lapse of time has had no other effect upon his errors than that of rendering

them more inveterate. Such a man has generally an overweening confidence in his own judgment; he never detects or is conscious of his own mistakes; and, instead of improvement, years bring only an increased attachment to his opinions—a deeper blindness in examining the results of his own practice; and do not such persons abound in every branch of the profession? Believe me, gentlemen, the quacks who cover our walls with their advertisements vend not annually to the community more poison than is distributed according to the prescriptions of your routine and licensed practitioners; and yet the science of medicine is improving daily, and treatises on the practice of physic are every day multiplying. Why, then, is society so infested? Many circumstances concur to produce this effect; but the most influential is undoubtedly that which now occupies our attention—I mean a system of clinical instruction radically wrong, because it does not teach the actual practice of medicine.”

The following observations, which appeared in the “Lancet,” are stated to be from the pen of an accomplished physiologist and teacher of great experience: “We have plenty of clinical lectures, medical and surgical; but formal discourses, differing but little from the regular lectures, and often, it must be confessed, more calculated—as, indeed, they are frequently designed—for the medical journals than for young students, will not give that practical and, so to say, technical familiarity with the multitudinous and involved phenomena of diseases which is indispensable to successful practice. It is thorough, repeated, and real instruction at the bedside which is demanded, where the student can freely question his teacher, and compare the oral instruction with the physical objects before his eyes; thus combining the evidence of the senses with the reflections of the mind, by which alone durable impressions are made.

“Somehow or other, either owing to haste, indifference, or manner, on the part of the teacher, our students do not seem to get that insight into the indications and discrimination of disease which the ample means afforded by our great hospitals ought to secure. Of course, a great deal in all teaching *must depend upon the teacher himself*. When so much depends on personal qualifications, it is difficult for the authorities to prescribe a remedy; but all who are familiar with the system of practical instruction in some of the continental schools must be aware that in the English system there is *much room*

for great improvement, and it is impossible to doubt that an enlightened review of the whole of this department would produce a successful result."

Dr. P. M. Latham observed on this head, in an article in the "British Medical Journal" (February 6), headed, "A Word or Two on Medical Education": "So unlike all other things are medicine and the practice of it, that indications of treatment had need to be pointed out to the most intelligent student with the care and patience that you would teach his letters to a child. But in order to this, you must have the *right men for physicians to hospitals*, and they must choose the right men for their clinical clerks."

The writer of a leader on "Introductory Lectures" in the "British Medical Journal" (October, 1864), likewise remarked: "There is a decided want, however, which we should fail in our duty to omit to mention—that is, of some more general efficient system of clinical instruction. This cannot be too fully or openly recognised, in order that a remedy may be found without delay."

"We cannot shut our eyes to the fact," says the writer of a leader in the "Medical Circular" (March, 1864), "that the teaching at some of the medical schools is not such as to attract students, or to engage their attention. In many cases the teachers are too much engaged in private practice to enable them to devote the necessary time to the instruction of students; but in other instances—and those are unfortunately too numerous—the *lecturers do not possess the requisite qualities* to make them efficient teachers."

Thus it will be seen that one chief reason of the imperfect practical education which medical students too commonly receive—viz., the frequent inefficiency of the teachers—has of late become more apparent. Many years ago, when treating of hospital elections, I endeavoured to direct more attention to this cause of inefficiency, by pointing out how unlikely it was that physicians and surgeons who obtained hospital appointments by means of the indirect and unprofessional agencies that are so commonly brought to bear upon the elections, would prove to be either efficient clinical instructors or calculated to make the great opportunities afforded by these institutions available for the promotion of medical science.

Another chief cause of the inefficiency of a large proportion of the practitioners who are annually sent forth with

diplomas from the various licensing boards, and one that has been but little adverted to by those who have treated of medical reform, is referrible to the separation that has existed in theoretical and practical education between medicine and surgery; for, while most of those gentlemen who take degrees in medicine in the Universities and receive their clinical instruction in metropolitan hospitals to qualify them for practice as physicians pay little or no attention to surgery; on the other hand, the great majority of students who are being educated in England for general practice, attend for the most part to surgery during their hospital attendance, to the comparative neglect of medicine, which, as we have seen, has not formed a subject of examination at the Royal College of Surgeons, whence the great majority obtain their licences to practise, and very often without seeking to obtain any other qualification; nevertheless, almost all the cases they have subsequently to treat during their professional career are medical.* Consequently their knowledge of internal pathology must be very superficial, and the more general bearings of questions relating to medical and surgical practice cannot be fully apprehended by them. Thus it is that there are so many hospital physicians who do not even pretend to have a knowledge of surgery, and so many hospital surgeons who are no physicians, going through the ordinary routine duties attached to their office more or less efficiently for a long series of years, without adding to the stock of professional information, or otherwise benefiting the profession.† When,

* From the account drawn up from the "Medical Register," and published in the "British Medical Journal" (March, 1867), it appears that the number of persons practising with only one qualification (surgery) amounts to 3,741, of whom 2,156 are members of the College of Surgeons of England. "Nearly one-fifth of the whole practitioners of the country," says the writer, "are practising under a diploma given without examination in medicine, materia medica, or botany, which would not be accepted by the Poor-law Board, by the authorities of the Army and Navy, and others. As a matter of law, in practising medicine they are doing that which the law does not recognise, and which their legal status does not justify. Now that by law persons possessing single qualifications in medicine and surgery are only qualified to practise as such, and according to their qualification, it will assuredly not fail to attract serious attention that upwards of 5,000 out of a total of 20,000 practitioners are not qualified by law to practise more than one department of their profession."

† The writer of a biographical notice of the late Dr. Hope remarked of him: "Although he restricted himself almost exclusively to the

moreover, it is considered that many of the clinical teachers become examiners in the licensing boards, there will be no further room for surprise that so many imperfectly qualified practitioners should have swelled the ranks of an overcrowded profession.

Mr. Carmichael, in his speech already quoted, made some forcible remarks upon the injury inflicted upon the profession and the community by the prevailing system of hospital election, excluding highly-qualified men from occupying positions in which their abilities would be conducive towards promoting the progress of science, and increasing the efficiency of the profession; and these remarks are to a great extent still applicable at the present day. "Talent," he said, "depends upon its own powers, and is therefore fair and open in its conduct. Those who want it resort to cunning and under-hand dealing; therefore we usually find stupidity and trickery go hand in hand. Do they [the highly-qualified] not see their places occupied by a description of men who are by no means qualified for the office they so preposterously assume? Do they not see those subtle seniors of the profession upholding, by every means in their power, their aspiring but inefficient allies in the situations which *they* ought to possess, heedless alike of the injury inflicted on the members of their own profession, and upon society at large? Lastly, do they not see that if this most baneful system, arising from the most decided selfishness, and a total want of the *esprit de corps*, continues, that the highly-educated physician and surgeon will be effectually ousted from every participation in public confidence and professional emolument? Now, gentlemen, looking at this plain statement of facts, let me ask, if matters be allowed to take their present course, who would have the hardihood or folly to enter into the medical profession, except by commencing his career as an apothecary's shopboy, and snatching such opportunities as may occur to run to the schools of medicine to swallow a few mouthfuls of anatomy and the theory of physic and surgery, that

practice of medicine, he determined from the first to study the two branches equally, and was accustomed to observe that his knowledge of surgery was ever afterwards of the greatest use to him, and that it gave him a confidence which he could never otherwise have enjoyed. He therefore proceeded so far as to pass his examination before the College of Surgeons."—(*"Eminent Medical Men," published by the Religious Tract Society.*)

may give him a smattering to support his pretensions? None others could have a chance of even a moderate livelihood. Such, gentlemen, is the pleasing prospect our junior brethren have before them, if reform does not place the profession on that footing on which it ought to stand—a profession that once was admired for containing men deeply versed in every branch of human knowledge—but as it now stands, what gentleman would permit his son to enter into it?”

“Ignorance and intrigue,” said a writer in the “Medical Times,” “take the place of knowledge and worth, alike to the injury of science and humanity. Success on such occasions depends not upon ability or discernment, or even competency, but on interest, wealth, and family influence. Talent is frozen into hybernation and repose by the uncheering and heartless institutes of the colleges. The sunshine of patronage is bestowed through the chilling influence of monopoly, and the natural consequences are, that in the councils and in public institutions, instead of men of originality, of genius, of great discoveries, like Harvey or Hunter, we have a stunted, dwindled, degenerate crop of intellect, of mental cripples, the offspring of the pernicious atmosphere in which they moved and had their being.

“Contrast their places with their performances, the offices with the men—the association becomes an axiom. The evil does not rest here, it affects all. Few will enter the lists to contend where the prize is adjudged by a junta whose selection means servility or congeniality with their narrow principles—whose talent means dulness, and whose judgment is the award of elective predestination.”

A writer in the “Times” likewise observed on the occasion of an election at St. Bartholomew’s Hospital: “Whatever else may be jobbed in England, no jobbing must creep in here. Let there be no suspicion as to the capacity of those who are named to educate the young men who in after-life are to be the medical practitioners of the country. If there be any class of institutions more than another which should escape the influence of unfair practices and corrupt dealings, it should be our hospitals. The trustees of such institutions have a most sacred duty before God and man to discharge, and they will not, we are confident, be found wanting in the hour of need to the cause of the sick and the poor.”

"If the governors of our hospitals had aimed in a special manner at the excluding all vigour and originality from the medical staff," said also the "Lancet," "they could have devised no better scheme than the one now in force. We find feebleness, rottenness, and decay in a system upon which the practical education of our profession depends. Shall every foreigner who knows the working of continental hospitals be filled with pity, wonder, and amazement? Shall we see a system adopted that would swamp any Government and give force to any administrative reform association?"

"The hospitals, as regards professional elections, are mostly all either close or venal. Fair play there is none," said a writer in the "Morning Post" on this subject.

On the occurrence of a vacancy in the assistant-physician-ship at St. Thomas's Hospital, some years ago, the following invitation to candidates appeared in the "Times": "The governors, under a deep conviction that the efficiency of the medical department can only be maintained by electing to fill the highest offices those who are most distinguished by their talents, character, and acquirements, without regard to any other consideration, are prepared to receive all persons as candidates who may be duly qualified to fill the same."

The "Lancet" also remarked, on a similar occasion (Dec., 1856): "The trustees of the Southern Hospital at Liverpool have wisely adopted a proposition made by the medical men of the institution, that in future the election of the medical officers shall be solely guided by the merits of the candidates. It will be greatly to the benefit of the public hospitals if this plan be generally adopted. At present, it is but too frequently that not the best man, but the most active canvasser, who succeeds, and many a most desirable officer is thus lost, because he is unwilling or unable to undertake the labour or afford the expense of humbly soliciting from individual voters their 'most sweet voices.'"

"Hospital physicians and surgeons," the writer added, "are, by virtue of their office, bound to be the especial teachers of the profession. If they do not use their great opportunities so as to advance the knowledge and practice of their science and art, they are guilty of a species of immorality. They ought not merely to sustain, but to carry on the practice of medicine, so that we may hand it down with its discoveries

and improvements to our successors. When proved to be incompetent for such purposes, they ought to be extruded from the courts of our hospitals even more relentlessly than the man who fails merely from weight of years. It would be invidious to mention names; and yet the sacred interests of science and humanity demand that offenders of the kind we have hinted at should not be spared. Instances abound."

After particularly specifying two London hospitals as being remarkable for deficiency in this respect (one of them being St. George's), the writer adds: "We venture to say that, taking the profession through, not one medical practitioner in fifty could give even the names of the physicians and surgeons of that hospital correctly, so little have they done to make themselves known. Who ever expected or dreamt of improvement in medicine at such hands? The hospital physician or surgeon who wastes his opportunities of contributing to the advance of medical science is not only idle himself but the cause of idleness in others."

On the occasion of Mr. Abernethy being appointed surgeon to St. Bartholomew's, this eminent man gave utterance to the following remarks: "It is of great consequence that those who are elected to such situations should not only be men of science and of regular education, but, also, that they should possess zeal, and feel an interest in the prosperity and improvement of their profession. Any person may perform the duties of an hospital in such a manner that cannot be readily objected to.

"In order to ensure the appointment of persons of this disposition, it is indispensably requisite for the governors deliberately and impartially to scrutinise into the character and conduct of the candidates, so that they may give their votes to the most deserving. If governors of hospitals were but informed how the most worthy professional men labour to acquire knowledge—that some die, and few escape lingering illness, from exertions that nothing but enthusiasm could incite and support—they would never give their votes without that deliberate and anxious inquiry which I am recommending. They could not do an act so cruel to the candidate, and so injurious to society—injurious because it tends to repress meritorious exertions by showing their inefficiency in promoting worldly prosperity."

"No one has a right to hold an hospital appointment,"

says the Commissioners' Report on the Dublin Hospitals, "simply for his own advantage, either direct or indirect; but, in return for the benefit he receives from it, he is bound to impart to the students the results of his experience; and if he is unable or indisposed to give up the requisite time for attendance on the patients, and for the elementary clinical instruction of the pupils, he ought not to retain an office that might be more advantageously filled in relation both to students and patients."

IV.—SOME EVIL CONSEQUENCES OF THE PREVAILING ABUSES.

THE great injury to the community that has resulted, and continues to result, from the unchecked prevalence of the above-specified abuses, must, I think, be evident on very slight consideration, and need not therefore now be dwelt upon; but looking merely to their effects upon the profession itself, we find what might *à priori* be expected, a general state of deterioration in public estimation, and impoverishment (and in not a few instances positive distress) affecting a large proportion of its number. Several years ago the "Lancet" observed with reference to this subject: "That the profession is deplorably overstocked is notorious. Everywhere medical men are jostling each other for the merest crumbs of practice and emolument. Considerable numbers are annually squeezed out of the profession; many die prematurely, worn out by desperate competition. At the root of these evils, and many more, we are convinced that our *hospital* [election] *system* has much, and indeed the most to answer for."

From the continued persistence of the causes, these evils, far from undergoing any diminution, have gone on progressively increasing, as is proved by the extracts I gave from various medical periodicals in the pamphlet to which the present remarks are supplementary. Since the date of its publication similar statements have been repeatedly made, without, however, any efficient remedy being had recourse to. In March, 1863, the same journal, approving a suggestion for the creation of a professional Health Assurance Society, remarked: "The poverty of the great mass of the profession speaks 'trumpet-tongued' in the long and melancholy list of applicants for relief to our benevolent funds and benevolent colleges." Again, in the following May: "It is notorious that amongst the mass of practitioners the struggle even to obtain a respectable living is arduous and sometimes overwhelming, and that many succumb before they can provide for their families. This is painfully illustrated by the constant appeals that are made to charity, and by the still-increasing

lists of applicants to the Medical College, and by other facts known to us all."

Again, in a more recent number (February, 1865), when treating of the injustice done to the medical officers of poor-law and dispensing institutions, the writer observes: "Youth finds him [the medical practitioner] struggling with difficulties, and old age too frequently overtakes him without provision. The records of the English and Irish professions afford many illustrations of circumstances of medical practitioners—educated gentlemen—whose families, struggling in all the pride of decent poverty during their parent's life, are left at his death entirely unprovided for. Our several English medical charities sadly demonstrate this fact."*

An article in the "Dublin Medical Press" on "Local Associations" (March, 1864), contains the following observations on this point: "Medicine stands pre-eminent among all other professions for the number of its grievances and the little attention generally accorded to its complaints. Plenty of kicks, and a remarkable paucity of halfpence. Hard fare and bad pay has been the daily treatment of medical men. From the State authorities downwards the world seems to be of the one opinion, that the doctor has no right to the emoluments or the respect accorded to the members of other professions. The State has no rewards for the medical man; no matter what distinction he may have achieved by his talents, or what services he may have rendered by his labours."

After advertng to the prizes held out, and the reward for labours in other professions, the writer adds: "Far different is the doctor's lot; he must start on his up-hill journey, facing poverty, struggle on to keep life and soul together, look forward to a poverty-stricken old age, and die with the knowledge that he leaves his family destitute. Even if a medical man be ever so successful, the best he can hope for is a com-

* Appeals by advertisement in the public and medical journals for assistance on behalf of aged or invalided members of the profession, and of families left destitute, are of frequent occurrence. Advertng to the comparatively small number of subscribers to the Society for the Relief of Widows and Orphans of Medical Men, a writer in the "Lancet" (June, 1864) remarks: "Strange, indeed, that in a calling so uncertain, so perilous, in which the vast majority of its members, after lives of toil, anxiety, and self-denial, sink to the grave without having had it in their power to provide for those nearest and dearest to them, so few should avail themselves of the advantages offered to them by this society."

petency to live on. For every pound he must labour to the day of his death.

"The cause must be first admitted and recognised [before the fit remedy can be applied]. How does it happen that medical men—every one of whom ought to occupy a social position within the rank of gentlemen—are treated with so little consideration, and their complaints with so little attention? Simply because they act, when they act at all, individually and not collectively."

While fully concurring in the observation that the cause of the evil must be ascertained before the evil is likely to be removed, I cannot agree with the writer in his opinion that it is owing to its members not acting collectively that the profession does not meet with due consideration from the public. The true reason is mainly to be attributed to the causes I have specified as having tended to produce its deterioration. Under existing circumstances, the profession cannot sufficiently respect itself to be greatly respected beyond its pale; for the strong competition, occasioned by its being overcrowded, and the encouragement that is so often given to pretenders devoid of any professional claims to public patronage, not unfrequently compel men who otherwise would scorn to adopt any unprofessional or derogatory means to have recourse to them to a certain extent, in order to keep their ground and to maintain their families.*

In a previous publication I have shown that the Governments of the respective States of whose medical organisation I have treated, exercise a careful supervision over all matters relating to the medical profession; and that it is to the want of any such legislative supervision in this country, and to the

* The writer of an article on "Medical Practice among the Poor" in "Household Words" observed several years ago on this point: "The profession looks to an undiscerning public for patronage that is much too unwisely and too unequally distributed. It is full of struggling men whose competition would be fierce were it not restrained by gentlemanly feeling, and a rigid code of etiquette. The folly of the ignorant among the public opens many a profitable path to meanness. Worldly advantages are offered most freely to all medical men who will be 'humbugs;' and indeed it is well known that, so far as we can do so with honour, we have all sought to satisfy the public by including a very considerable mass of humbug in the routine of our daily practice. We are not to blame for the heart-burnings that arise among ourselves, owing to the generally impoverished state of the profession."

circumstance that the regulation of medical affairs has been left to the numerous corporate and licensing bodies, amenable to no superior control, that such crying abuses have prevailed; that the profession, being wanting to itself, has become lowered in public estimation; and that it is to the diminution of the confidence of the public in it that quackery of various kinds has become so prevalent. Hence, also, it is not surprising that, while in other countries efficient measures are adopted on like occasions, the profession in this country should often be found unequal to deal rationally with a calamity occurring within its province, and deeply affecting the public health. On the opening of the medical schools in October, 1865, the "Times" made the following just observations on the profession, at the time when the cattle disease and the cholera were making great ravages in various parts of Europe:—

"There is probably no profession which in its aggregate or corporate capacity excites so little the interest of the public. The medical profession, standing apart from politics and divinity, having no strong hold on the attention of the extra-medical classes, being effectually *separated from the State*, and very imperfectly connected with anything else, *is left to go on in its old way*, very little troubled with criticism or interference from without, and having its course of action determined almost entirely from within. The result of this has perhaps been that medicine is not sufficiently regarded as a practical science, subject to the same laws and conditions, and admitting of the same tests and verifications as other sciences, but rather as a secret and traditional mystery deposited in the hands of a few persons, and neither to be touched, handled, or discussed, except by its initiated and privileged professors. Hence the horror that has always been expressed of quackery, and the establishment of a canon of orthodoxy quite as rigorous and exclusive as any that has ever been established by the strictest theological dogmatist. The days are, however, coming when this position of the medical profession will become untenable. Medicine will, we foresee, be summoned, before a long time has elapsed, to give an account at the bar of public opinion of its claims to take rank among the sciences, of the incontrovertible principles on which it rests, and the general conclusions to be drawn from them.

"We turn to the medical profession for aid and counsel in

the difficulties impending over us, and we are sorry to say that, *as seems almost invariably the case* under such circumstances, the answers we receive are so vague and contradictory, as to afford us little or no guidance. As they differ about the disease, so they differ about the remedy. Each practitioner has his own remedy [for cholera], and nobody has any confidence in the remedy of his neighbour. Great as has been the progress of physical science in the matter of the morbid pathology of the human body, it is slow and unsatisfactory in the extreme. In lectures and treatises we have an appearance of scientific accuracy, but when we come to practical tests, such as are afforded by a new epidemic, we sink down at once to the purest and most abject empiricism.

"It may undoubtedly be that nature guards the true secret of the character and remedy for these dreadful scourges, and refuses to yield them to the most patient and careful investigation. But before we can acquiesce in such a conclusion, and sit down contented in our ignorance, we should like to have an assurance, which we are far from feeling at present, that those methods which have been crowned with such splendid success in the other branches of physical inquiry have been steadily and perseveringly applied to the pathology of disease, and have only failed of effect because the problem is one which transcends the means of inquiry furnished by the existing state of science."

V.—PREVALENCE OF EXTRA-PROFESSIONAL INFLUENCES, AND DISCOURAGEMENT OF THE CULTIVATION OF MEDICAL SCIENCE.

THE reason why medicine does not in this country take the rank in science which it should do, and why important questions relating to medicine that might probably be resolved so often remain enveloped in obscurity till elucidated by investigations pursued elsewhere, is referrible to the discouragement to which the cultivation of medical science is subject on the part of the Government, the medical corporate institutions, and the public generally. This discouragement, or absence of any encouragement, and the consequent frequent failure of men of high scientific qualifications in acquiring consideration and support, are likewise features peculiar to our medical system as compared with that of the principal continental countries. Indeed, numerous instances might be adduced to prove that high professionally-scientific qualifications have acted as a bar to success, and have met with opposition and annoyance from colleges and the jealousies of professional cliques or official colleagues; and the number is by no means small of men who had acquired reputation and distinction by their labours, but who did not possess adequate independent means, who have been obliged to emigrate, or who, when remaining in their country, have succumbed under the combined influences of disappointment of their just expectations, the anxiety consequent upon financial difficulty, and the *tracasseries* to which they are subjected.

"We believe," said a writer in the "Medical Times," "that never in the history of our profession was an amendment of its laws more imperatively required than at the present time, and never would remedial measures be received with greater thankfulness and unanimity. The evils under which we groan cry aloud for redress. Legal and illegal practitioners, the well-qualified, the half-qualified, and the unqualified, all press against one another in the race of life; and where all is uncertain, the arm of the law is feeble to protect educated or half-educated aspirants, or to punish the pretender. The learned and ignorant have the same chance

of reaching the goal of success in practice; or rather, the advantage is on the side of the latter. Those who obey the existing laws are in a worse position than those who systematically break them; and those who have toiled and spent their funds in mounting step by step the laborious ladder of professional qualification, find, when they hope they have arrived near the top, that they are displaced by quacks and pretenders who have never mounted the ladder at all, and who have been admitted into the citadel of public confidence by their ingenuity in imposing on the credulity of the multitude."*

Under these circumstances, there need be no cause for surprise that there should have been, for a long time past, a great deficiency of scientifically-eminent men in the ranks of the profession, for, as Dr. Copland justly observed in his "Dictionary of Medicine," "what is neither honoured nor rewarded must necessarily cease to be sufficiently, ardently, and patiently cultivated."

As corroborative of these remarks, I will adduce a few of the opinions that have been expressed on the subject, and two or three cases in point. Quotations on this head might be greatly multiplied.†

"Science and starvation," said the writer of a leader in the "Times" (August, 1858), "are proverbially almost interchangeable terms." "In medicine alone," said Dr. Marshall Hall, "improvement is without recompense." "The

* Let us turn to contemplate for a moment the more flowery picture presented by Sir B. Brodie to pupils about to pursue the medical career: "You have undertaken nothing which energy, perseverance, and upright and honourable conduct will not enable you to accomplish. It cannot, indeed, be predicted of any individual to what extent he may attain professional success, but having had no small experience in the history of those who have been medical students, I venture to assert that no one who uses the proper means for the purpose will fail to succeed sufficiently to gratify a reasonable ambition.—(*Lecture.*)

† "Every member of the profession," said a writer in the "Dublin Journal of Medical Science," "knows only too well that he has nothing to hope for from Government assistance. Let him devote the energies of his life—let him wear out his constitution, toil day and night, to relieve the sick, or labour for the literature of his profession, he can hope for no public honour or reward. Let him ruin his fortune or wreck his health for the public weal, he will drop into his grave, as far as regards the ruling powers of his country, 'unwept, unhonoured, unsung.'"

pretender too often carries off the prize.”—(“Medical Critic.”) “In no age, in no country, in no profession, has intellect ever been so much wronged as in the medical profession in in England.”—(Professor Gamgee on “Hospital Appointments” in the “Medical Times.”) “The records of professional history bear testimony to the fact that men of the highest scientific celebrity are those on whom the favours of the British Plutus rarely wait.”—(Dr. Scoffern’s “Philosophy of Common Life.”) Referring to the misrepresentations so often made to medical students in the introductory lectures delivered at the commencement of each medical session, a writer in the “Medico-Chirurgical Review” (October, 1862) remarked: “In no profession, certainly not in ours, is success the reward of merit, even when of a higher kind than that of industry alone. Men may work as Harvey worked, and be hooted and put under ban for the very excellence of their work, dying, as Harvey might have died, under their work, and the ruin which it wrought.” The author of “Eminent Medical Men,” already quoted, advertising to the opposition experienced by Harvey on his making known his great discovery of the circulation of the blood, which caused a falling off of his practice, states that “even after its truth was generally recognised he does not appear to have been particularly successful in practice,” which he ascribes in great measure to the circumstance that Harvey “disdained those arts of gaining the confidence of the public by which so many succeed.”

We are told in M. Pichot’s “Life of Sir Charles Bell” of the vexations and opposition this eminent man experienced from the jealousy of his colleagues, which induced him to resign the chair of physiology in the London University soon after he had obtained it, and that his scientific reputation stood greatly in the way of his advancement, and after he had obtained a world-wide reputation, “his income diminished in proportion as his honours increased.” When, consequently, he was obliged to leave London, after his removal to Edinburgh he stated that not one of his colleagues in the University called him into consultation, except when forced by the desire of the patient. At Bell’s death, his widow, being left inadequately provided for, received a Government pension of 100*l.* a-year.*

* “The prevailing cast of my mind,” wrote Sir Charles, “was to

A late President of the College of Physicians (Dr. Paris), who wrote several highly-estimated professional works, admitted that he published anonymously a useful and entertaining scientific work in a popular form ("Philosophy in Sport made Science in Earnest"), being apprehensive that the affixing his name to it would produce a diminution of his practice—which, however, was at no time large. At his demise his family likewise became a Government pensioner to the amount of 150*l*.

The writer of the biographical notice of a late distinguished physician (Dr. Addison, of Guy's Hospital), published in the "Medical Circular," remarked: "He was in the most characteristic sense a scientific physician, and the pattern of philosophical physicians. As a practitioner he did not win great popularity, but it must be added he never sought it, content rather to possess the good opinion of experts in science than to take fees by cultivating popular applause. He was comparatively unknown to the public, who scarcely do more than appreciate the superficial qualities of the man, but his profound knowledge could not be unknown to the profession, and he acquired the higher honour of being consulted by his professional brethren."

After the demise of Sir John Forbes, a writer in the "Athenæum" observed: "He was not what would be called a successful physician; the metropolis will not tolerate even in appearance attention to other pursuits than prescribing at the bedside."

I have adverted to several instances in which men of high qualifications have succumbed, or been forced to emigrate, in consequence of the discouragement and opposition they experienced in their endeavours to advance themselves in a manner commensurate with their claims. An additional instance may be cited—that of Mr. King, who, having acquired distinction abroad, failed in the attempt to make his abilities available on his settling in London. On the occasion of a vacancy in the post of assistant-surgeon at St. George's Hospital, he came forward with the highest testimonials, considering as *bonâ fide* the advertisements requesting candidates to send in their claims to the committee. He was, however, told by Sir B. Brodie that it would be useless

gain celebrity and independence by science, and this was, perhaps, the most extravagant fancy of all."

for him to persist in the attempt, not having been educated at the hospital. A late esteemed metropolitan teacher, Mr. Dermott (who himself succumbed beneath the adverse influences referred to), said, with reference to this case, in his last introductory lecture: "Thus a man may be reduced to beggary by following the same course that infallibly leads to distinction in France; for without patronage medical men will not get preferment in England. Poor King, on leaving a foreign land to exercise his talents in his own country, lost sight of all his bright prospects, and died the victim of despair."

I can from my own experience confirm the general correctness of the statements I have quoted with respect to the little estimation in which professional or scientific qualifications are held, when not backed by influential connexions, patronage, or adequate private fortune. I have had considerable professional advantages, which I took great pains to make available for rendering service. Hundreds of times early in winter mornings have I hurried to attend, at a distance from my lodging, the medical and surgical practice in continental hospitals. Several of the most eminent surgeons of Europe—some after long knowledge of me—gave me testimonials expressive of their opinion of my professional qualifications.* I obtained four prizes offered for the best essays on important practical subjects that had been much discussed, by medical bodies, and as an acknowledgment of their estimation of my works several of the principal foreign medical societies conferred upon me their diploma of membership. Well, declining to attempt to succeed in my profession by adopting any indirect or unprofessional means (for which opportunities were not wanting), I thought I might trust to my professional claims, which in any other country would have enabled me to occupy a position for which I had striven to qualify myself, and what I did I did as a matter of duty; but as respects any advantage accruing to me therefrom, it proved to be not of the slightest use, and I might just as well have spared myself the pains I took, and have thrown into the street the money I had expended. Appointments to fill up vacancies in the medical staff of hospitals are professedly said to be determined by superiority of testimonials and qualifications, and few persons who would offer themselves

* See Addenda.

as candidates for the post of assistant-surgeon could show testimonials equal to those I possessed; on two occasions of the occurrence of a vacancy at St. George's I came forward as a candidate, and declining to have recourse to the pernicious and derogatory means of personally soliciting votes, I sent round to the Governors copies of my testimonials, together with the critiques of the works I had then published. On the last occasion I was, however, told, both by the then senior physician and senior surgeon, that it would be useless for me to persevere, as the medical staff had decided to support a particular candidate, Mr. Charles Hawkins, Sir B. Brodie's private assistant, who, however, did not succeed, the election being made a party question, and his opponent having influential supporters, and being an active canvasser. In fact, I soon perceived that I had no chance—though the objection made against Mr. King's not having been educated at the hospital was not applicable to me—of obtaining a similar appointment by fair and professional means, and knowing the result of former elections when highly competent candidates were unable to contend against the then predominating influence, I gave up the attempt, being unwilling to subject to inconvenience those Governors who would have voted for me. My prospects in this direction being thus destroyed, instead of remaining throughout the year in England, probably succumbing beneath difficulties and the stagnation of my faculties, or of emigrating, which have been the fate of many men of considerable abilities, I adopted the course I have since pursued, endeavouring to be of service in another way.*

* It will readily be perceived from what has preceded that there is but little inducement for persons, however highly qualified, not having influential connexions, or adequate private fortune, and who are averse from having recourse to extra-professional proceedings, to enter into it. Even the political and non-medical journals have frequently adverted to the pernicious agencies that are brought to bear upon hospital elections. On the occasion of the prevalence of the cholera some years ago, "Punch" called the attention of his readers to the sad condition of the medical profession, observing: "There are hardly any medical appointments in your [the Public] gift. The offices of physicians and surgeons to your hospitals are obtained by private influence and jobbery. And how does the popular practitioner grow rich? Mainly by composing fashionable nerves, ministering to petty ailments, and humouring the caprices of the sickly or the silly. This is why the quack succeeds so much better than the regular professor. Now, what intelligent and high-minded man will engage in a

Of the many men of superior ability who have succumbed, or who have been forced to emigrate, no further account has been taken. Some of the latter have obtained, through special interest, consulships or other public appointments abroad, and here and there we hear of one becoming distinguished in his new career, as Mr. Palmer, the editor and annotator of the complete edition of Hunter's works, who subsequently became Sir H. Palmer, and President of the Legislative Assembly at Melbourne.* Sir Rutherford Alcock, long our envoy in Japan, and now in China, may also be cited as a case in point.

Exceptions to the rule of success in the medical career being attained by influences of an extra-professional kind, and independently of the possession of private fortune, do, however, sometimes occur, as in the instance of Dr. Hope; but at what cost did he achieve success? We are told in a biographical sketch of him that "he had no private connexion, the sole advantages which he possessed were his natural powers of mind and his superior education. To these alone would he look, under Providence, for success; but they proved amply sufficient. He had formed, however, much too favourable an estimate of his profession. Being favoured with a good constitution, it had long been his custom to work with but little intermission from seven in the morning to twelve at night. When writing his work on 'Diseases of the Heart,' he frequently sat up half the night. His name is added to the list of victims who have ruined even robust health by overtaking their powers of body and mind."—("Eminent Medical Men.")

Dr. Hope died at the age of forty. The more immediate cause of his death is, however, referrible to the over-exertion and mental worry occasioned by the unexpected opposition he

beggarly and dishonoured profession, success in which, such as it is, can only be obtained by means that are contemptible; or, having entered it, can be expected to follow it up if he can get a decent livelihood otherwise? Can you wonder, worthy Public, that you do not possess so much medical talent as you would wish, especially just now? Do you not see, my enlightened Public, that you are especially interested that the medical profession should be made worth the while of men of science and ability to follow?"

* Mr. Palmer's prospects of professional success in England were likewise destroyed by the failure of his attempt to oppose the then predominating influence at St. George's Hospital on competing for a vacant assistant-surgeoncy in that institution.

met with, and the withholding of support on the part of his colleagues on the occasion of his having to compete for his succession to the office of physician at St. George's Hospital, where he had long officiated as assistant-physician. A full account of the circumstances connected with this event is given in Professor Grant's "Life of Dr. Hope," his biographer remarking: "His decided superiority, his early reputation, his unvarying success, raised much jealousy, and caused many eagerly to listen to any misrepresentation to his disadvantage. *He had not one professional friend to whom he could apply for counsel in any trying emergency.*" Dr. Hope is reported to have said that he would not have the cruelty to bring up his son to his own profession.

A correspondent of the "Lancet" (August, 1864) noted the circumstance, that none of the most distinguished members of the profession brought up their sons to it, observing, "It is not a little singular how few of the great names of the profession of a few years back are now to be found in it," and after citing several distinguished names, he asks, "What does this betoken?" It betokens, I conceive, that a perfect acquaintance with the state of the profession, and of the drawbacks to be encountered, together with the little value of such success as could be achieved, was quite sufficient to deter them from so doing.

The premature demise of Mr. Morton, who had acquired considerable distinction at a comparatively early age, was attributed to the unfair and illiberal proceedings of some of his colleagues, on the occasion of a vacancy in the surgical chair of University College caused by the death of Mr. Liston.*

It is, however, not unusual for medical and literary commentators, who take but a superficial or a partial view of the career of the occasionally successful medical men distinguished for their great ability, to hold them up after their decease as illustrations of what may be accomplished by ability combined with diligence and perseverance; while seldom is any account taken in these post-obituary eulogiums of the extraneous influences by which their advancement had been, if not

* The "Daily News" remarked on this occasion, "If the Council had been the Committee of St. George's Hospital, with Sir B. Brodie at its head, electing one of that gentleman's assistants to a vacant surgery, they could not have set to work in a more hasty and suspicious manner."

mainly occasioned, yet greatly promoted. Thus, on the demise of Sir A. Cooper, his high professional qualifications were adduced in some of the journals as being the exclusive cause of his success, without any intimation being given of the probability that but for his relationship to the eminent hospital surgeon, Mr. Cline—through whose support he obtained the assistant-surgeoncy to this hospital at an early age, by whom also his advancement was otherwise favoured—he would very likely have passed his life in obscurity, without having any opportunity afforded him of making his abilities available for serving the profession as well as for promoting his own interests.

To take a more recent instance, some of the commentators on the career of Sir B. Brodie ascribed his success solely to his high professional ability and scientific acquirements. In a notice of his recently-published collected works in the "*Athenæum*," the reviewer observed: "His great reputation seems built upon his anatomical and physiological studies. Brodie's science made his fortune." If, however, Sir Benjamin had only had his scientific and professional claims to trust to at an early period of his course, he would never have been successful to anything like the same extent that he was; it is even doubtful whether he would have succeeded in a degree at all commensurate with his abilities. He tells us in his "*Autobiography*" that he was induced to enter the profession from having in it influential connexions, and this, together with his introduction to Sir Joseph Banks's scientific meetings, and to the high society congregated at Holland House, as also to his being the private assistant of Sir E. Home, and obtaining at an early age the assistant-surgeoncy in St. George's Hospital, were the main elements of his advancement. This is admitted by a writer in the "*Medical Times*," who remarked, "Few men launched their bark on the tempestuous ocean of life under more favourable circumstances." A writer in the "*Medical Circular*" likewise observed, "He was fortunate in his relations, and had both the shrewdness and the industry to profit by the advantages he enjoyed."*

The "*Dublin Quarterly Journal of Medicine*," in reviewing his "*Autobiography*," likewise says: "The history of Sir B.

* Reference is made to Sir B. Brodie's scientific labours in the Appendix.

Brodie is that of a man surrounded by the most favourable circumstances; his great merit consisted in his having cultivated all the advantages he was possessed of."

The success of an accomplished scientific living physician (Sir H. Holland) is in great measure to be ascribed to the aristocratic connexions he formed in early life.

The "Athenæum" reviewer, from the premises stated, urges upon the rising generation of practitioners the arduous cultivation of medical science as being conducive to success in the profession.* There are, however, as I have shown by numerous quotations, abundant proofs of the small influence which the acquisition of a professionally scientific reputation, when not backed by extraneous advantages, has in procuring the material advancement of its possessor, even when it is not (as is not unfrequently the case) an impediment thereto. We have had few men within the present century, if any, more distinguished scientifically in the profession or whose labours have tended more to produce right views of the physiology and therapeutics of the nervous system than Sir Charles Bell; who, moreover, was a most judicious and skilful surgeon, and an accomplished lecturer, and we have seen the results of his labours, in so far as his personal advantage was concerned.

On the other hand, the number of physicians and surgeons who have occupied high positions in the profession, or who have enjoyed a high degree of royal or public favour, without possessing any professional or scientific claims to distinction, has been relatively large. In his "Autobiography," Sir B. Brodie thus speaks of two of the royal physicians of his day: "With great natural sagacity, he [Sir W. Knighton] had *most agreeable and engaging manners, and the result was that he obtained in the course of a very few years a very large practice. He was indebted for the long continuance of the Regent's favour more to his engaging manners, his knowledge of the world, his habits of business, and his usefulness, than to anything else. With much practical knowledge of the profession, he had no scientific attainments.*

* Nevertheless, the writer of a critique on a work of Dr. Ramsbottom's which appeared some time ago in the same journal, remarked on this point: "It is not the man who knows most of disease, who studies hardest, or who is best able to serve the profession, who gets on the best. In nine cases out of ten it is the mere pretender who carries away the greatest prize."

Of Sir H. Halford it is said: "He was a clever and sagacious physician, with a great deal of practical information, but *without any of that scientific knowledge which is necessary for a right knowledge of disease*. He was on the whole a very useful and skilful practitioner, but *his views of disease were limited*, and he was too apt to be content with relieving the present symptoms instead of tracing them to their origin, and making it his object to remove the cause that produced them."

Sir M. Tierney may be cited as another instance of royal favour and success being obtained by extra-professional influences. So also several of the physicians most in vogue in the preceding reigns—the Matons, the Warrens, &c., though efficient routine practitioners, had no recognisable claims to eminence, nor did they do anything to benefit the profession. The only exceptions that I can call to mind of a scientific physician being in large practice at that time are Dr. Wilson Philip, prior to whom may be mentioned Dr. Baillie.

As respects the physicians of Her present Majesty, no one would be disposed to contest the claims to distinction of Sir James Clark, who, however, is said to have owed his introduction to royalty (Prince Leopold) to an accidental circumstance. By the Prince he was presented to the Duchess of Kent, and thus became the physician to her Royal Highness and the Princess Victoria. Of the late Dr. Ferguson nothing need now be said. Sir Charles Locock owed his introduction to the Queen to the patronage of the Duchess of Sutherland, but had no valid claims to professional distinction.*

* Sir Charles, being ambitious of becoming a member of Parliament on the last election, put up for the Isle of Wight on the ground of his being a Protestant (though he had no connexion with the island), in opposition to the former member, an influential local resident, and a Catholic, but was defeated. In his published address to the constituency, Sir Charles spoke of the "proud position he occupied in the profession," but it would be difficult to say what there is in it for him to be proud of. One or two medical journals, nevertheless, urged medical men to give him their support, as being an efficient representative of the profession, but he has never manifested any interest in medical matters of a public nature, and a writer in the "Medical Circular" (June, 1864) remarked on this occasion: "His age (seventy) unfits him, and his infirmity of deafness: his retirement from the profession long ago to escape its wear and tear is in itself an admission of his incapacity to take upon himself the active duties of a member of Parliament. To expect such a man to stand up in the House to defend the interests of the profession is preposterous."

If we look to the general ranks of the profession, we find, in like manner, a great preponderance of extra-professional agencies over professional or scientific claims as tending to the occupancy of responsible posts, the acquisition of frequently undeserved titles of distinction, and of such success as may be attained in the medical career.*

If we look to the medical literature of a few years back, we find that but few works of a standard character have been produced; those publications that have appeared being for the most part elementary lectures, students' manuals, and treatises on some particular disease or class of diseases which added little or nothing to what was already known on the subject, but which, being continually advertised, have served the purpose of keeping the author's name before the public, as the special practitioner to whom they should apply for the

Besides, I have no belief that Sir Charles's enthusiasm for his order is so great as to lead him to move a muscle in our behalf. I do not like his address to the electors. The present member possesses many claims to their support, from his well-known popularity as an extensive landowner, and as a tried public servant, and yet Sir Charles, an untried public man and a perfect stranger to the electors, has the cool assurance to oppose him solely on account of his religion."

* Referring to the election of Fellows of the Royal Society, the writer of a leader in the "Lancet" observed: "Admission to this society depends upon the arbitrary decision of a few men acting upon no definite test of merit. In fact, the election, as now conducted, is a mere formality, a solemn farce." Accordingly, we may see enrolled among the Fellows the names of several members of the medical profession, as well as others, wholly unknown in the scientific world, and in no otherwise distinguished, unless by rank or fortune. The writer of the review of the year 1864, in the same journal, likewise observed with respect to the elections to the fellowship of the College of Physicians: "The elections of last June left many unpleasant impressions in the minds of many. There are those who affirm that under existing regulations professional distinctions and individual merit are tantamount to a corporate disallowance of their just claims; and that an election to the fellowship, which should be regarded as a *premium honoris*, is but the result of a happy coincidence in voting among professional supporters, or a fortunate majority over personal opponents." A correspondent of the "British Medical Journal," who signs himself, "M.D.," remarks respecting the election of Fellows of the Royal Society (June 24, 1865): "I have been somewhat behind the scenes for some years. The elections are for the most part carried by favour. Men utterly unknown to science are elected, while those who have done good service are rejected. You would do well to compare the names which are now suspended with those of the elected during the last four or five years."

treatment of the particular disease; and which have been intended more for general than for professional circulation.

Several years ago a distinguished American professor (Caldwell) who visited this country, recording his opinion of British medicine in the last edition of Paine's "Institutes of Medicine," quoted the "Lancet," which represented the works on pathology and the practice of medicine then published as being "deficient in originality and richness of materials." "Look," says the veteran editor, "at the state of British pathology: of what does the majority of our books on the subject consist? Of compilations, of old views cooked up as new discoveries; of annotated translations, or at least of able and comprehensive digests of materials that were already before the public in other forms." These observations, it must be admitted, are not so applicable to the present day; as several of the works emanating from the medical press bear evidence of scientific research and much practical knowledge of the subjects treated of. The public is, however, seldom competent to distinguish such from publications of an ephemeral character.

The writer of an article on "Reform in Medical Literature," that appeared some years ago in the "Dublin Medical Press," observed on this point: "The inducements which favour the circulation of worthless literary productions are ten times stronger than those which lead to the sale of valuable treatises. Notoriety rewards the author, and money the publisher of an ephemeral volume; while obscurity and doubtful profit but feebly stimulate exertion on behalf of works of enduring character. Then, the duty of inflicting punishment on literary offenders is an ungracious one, and is seldom discharged, except in return for similar services, or to settle old accounts; and thus has reviewing become a source of deception rather than a means of information, and the best remedy against superfluous book-making and excessive case-making has become nugatory."

In a subsequent number, when treating of quackery, the writer observes: "The publicity given to communications in medical journals, and the circulation of those journals in circles not professional, afford great temptation to use these organs of scientific communication for advertising purposes. Hence the reproach now often expressed as to the publication of trivial matters, and the incessant repetition of reports of cases, all of the same character, to 'keep one's name before

the public.' In truth, it has come to this, that people are now puzzled to define where regular practice ends and quackery begins, so easy seems to be the transition from one to the other."

Another objectionable means frequently adopted of acquiring notoriety which must not be passed over without notice is the formation of special hospitals or dispensaries for diseases that are perfectly treated in the ordinary hospitals. The getters-up of these institutions are persons of no recognisable professional reputation or adaptation for the treatment of these special diseases. A writer in the "Medical Critic" observed on this point a few years ago: "Another remarkable feature of the present age in medicine is the existence of special hospitals. They represent, not the knowledge of the few, but the ignorance of the many—the dishonest ignorance that tries to pass itself off for knowledge, and undertakes duties for which it has never been at pains to qualify itself."*

* Some good illustrations of the various indirect modes adopted with a view to obtain or increase a practice are given in an article "On the Modern Practice of Physic," published in "Household Words," which concludes with the following exhortations: "Ladies and gentlemen, you certainly will benefit yourselves, if, when you select your attendants from the coming race of practitioners, you look, less than your forefathers have looked, to tact and exterior manner, and institute a strict search after skill and merit. Attend, I entreat you, less to the recommendations of your nurses and neighbours, and prefer physicians among those who have obtained honour among men really qualified to pass a judgment on their attainments. Now, if a man labours much in his profession when he ought to be dining out and winning good opinions by his urbanity and the geniality of his deportment, he is commonly said to be a theorist, and left to eat the cover of his books. That the use of a little more discrimination on the part of the public in the choice of their medical attendants would stimulate students more than all the introductory lectures that were ever spoken, and in time exalt the whole profession—strengthening much its power to do good—I think I can make evident."

A writer on medical ethics remarks on this point: "In order to show the readiness with which the public commit errors in their estimate of comparative success, suppose a case which not unfrequently occurs. Here are two rival physicians side by side; the one is really skilful, and if the results of his practice could be justly estimated, he would obtain great credit for success. He engages in medicine, not as a mere trade, but as a noble science. He pursues a straightforward, honourable, and quiet course, resorting to no tricks to acquire practice. The other, on the contrary, is unskilful, cares little for medicine as a science, depends upon artifice rather than real merit to obtain practice, and though he may desire to be successful, he desires more that he may have the reputation of being so. The issue which is made by

When, on the other hand, we look to the state of the profession in France or Germany, we may perceive that before any of its members can attain to a prominent position in the public eye, he must have shown that he has done something to deserve it, there being but few exceptions to this rule. Most of those who have there risen to eminence have succeeded by means of their own efforts and abilities, without any other assistance than such as is afforded by a more efficient medical organisation, and by the Governments, which encourage those of the rising generation of practitioners who give evidence of the possession of superior capabilities, by throwing open to professional competition the access to posts of responsibility favourable to their development, and by conferring rewards upon those who distinguish themselves.

A writer in the "British Medical Journal" (December, 1863) remarks on this head: "They manage these things better in France; the Government publicly acknowledges the importance of scientific medicine. On the 16th instant, for example, we find the Minister of Public Instruction 'assisting' at the meeting of the Academy of Medicine. He wished thereby to show the Academy the great interest the Government took in their labours. 'The Academy,' he said, 'is the council of the Government in matters touching the public health, and in this sense its doings are worthy of the greatest attention. By the aid of medical science the mean life of man has been prolonged twelve years during the last half-century. Go on, gentlemen, in this direction, and continue to prolong human life.' "*"

these two physicians before the public is a false one. Though the unskilful practitioner loses more patients than the other does, in proportion to the whole number who come under his care, yet he perhaps does not lose so many in proportion to the number of those which are considered bad cases by the community; for he makes many cases bad which need not have become so, and besides represents many as being bad that are really not attended with any danger."—"Physician and Patient," by Dr. Hooker, edited by Dr. Bentley; chapter on "Good and Bad Practice.")

* The reviewer of the recently-published "Code Medical," in the "Gazette Médicale de Paris," remarked: "On perusing it we may be assured that medicine in France, both as a science and as an art, is fixed on a broad and firm basis; that its part and position in society are worthily appreciated by the public; and that, notwithstanding certain imperfections and regrettable omissions, there is no country in Europe where this noble profession, *considered as a public institution*, is organised in a manner so conformable to its high mission."

In France, the indirect means so frequently had recourse to in this country to achieve success in the medical career would be of little or no avail, and any practitioner who attempted to employ them would be regarded with contempt by his compeers. Persons who are the most calculated to excel in these means, it is scarcely necessary to say, are most likely to be deficient in skill, and are not unfrequently so in conscientiousness; and from one or other of these causes, or from both combined, cases are often retained longer under treatment than they need to be, and their gravity is magnified in order that the medical attendant may get the greater credit on the patient's recovery; his main object being often to extract from patients or their friends as much as possible.

"There are many," says the writer in the "Medical Critic" whom I have already quoted ("On Free Trade in Physic," January, 1863), "who have no love for science whatever, and who have but a limited sense of duty, who still go through the outward forms of attendance upon the sick in a punctual and methodical manner. From such men there proceeds an atmosphere eminently favourable to the development of quackery. If the doctor be rapacious, and bent only on extracting the utmost farthing from his patients, he will usually be ignorant and careless as well. But greed will add terribly to the effect of the other disqualifications, and will help the quacks immensely. People can get rid of them, but they are afraid to let such a doctor gain a footing in their houses. So they go to anybody who they think will help them to stave off the evil beginnings of a bill, or perhaps to avoid them altogether. Then some will probably be injured by treatment, and will improve if it be discontinued. If these should by any chance go to a quack or homœopath, and receive some inert medicine, lo! a wonderful cure has been effected. Nine-tenths of existing quackery can be traced, we greatly fear, to the disappointment of reasonable expectations; and we are well assured that quackery will flourish in any district precisely in the ratio in which the local surgeons provide good grounds for such disappointment."

CONCLUDING REMARKS.

THE reasons why the medical reform question has not been satisfactorily settled long ago may be reduced principally to three: 1st. The supineness and indifference to medical matters on the part of the Government, which, instead of instituting a Commission of Inquiry, from which an unbiassed account of the state of the profession might have been obtained, has contented itself with the partial information derived from parties interested in upholding antiquated usages, and in maintaining intact existing abuses under the plea of "vested rights," whose combined influence has sufficed to render nugatory any attempt made for procuring an effectual reform.* 2nd. The general prevailing deficiency of

* "The organisation in corporations, as it now exists," said, several years ago, the "British and Foreign Medical Review"—"that is, the organisation of a very small minority in the profession, even in the metropolis, the objects of which are rather selfish than professional, rather personal than public—medical practitioners in general, licentiates of the College of Physicians, of Apothecaries' Hall, graduates of the Universities of London and Edinburgh, and members of the College of Surgeons—with regard to all these, we may say that they can exercise no direct influence on their respective corporations whatever: they have no share in the government, no voice in the council. An organisation of the medical profession should place the practitioner in such a position that he should have an opportunity of sharing in the government of the profession; so that, while it subjects him to discipline and rule, it permits him to have a voice in the legislation that binds and controls his actions. It should enable the profession to express its sentiments as a unity, whether as to professional ethics and moral relations, or mere worldly interests; in short, the organisation should be that of a republic of men of letters and men of business. At present we have disorganisation and disunion; to a privileged class alone are accorded the privileges we have mentioned. This incontrovertible defect is at the root of all the agitation and disturbance and recrimination which have annoyed, vexed, and unsettled it for at least the last half-century. During the whole of that period there has never been an entire cessation in the clamour, and at intervals the whole of the profession has been profoundly agitated. What is more astonishing is, that scarcely any progress has been made towards a state of repose and order. The Medical Registration Committee of 1848 is hardly in advance of the Medical Education Committee of 1834—similar narrow notions, similar prejudices expressed, and even,

acquaintance with medical questions among members of Parliament. 3rd. The absence of any representation of the profession in Parliament, by which such ignorance might be removed, and its interests watched over.

On this latter head the following very apposite observations appeared in a journal of large circulation ("Illustrated London News," February, 1863), prefatory to a biographical notice of the (then) only medical member of Parliament (Mr. Brady): "The boast of Great Britain that all classes of her community are represented in the Houses of Parliament, and their interests faithfully and adequately cared for, is true only in a limited sense. The Law, the Church, the Army and Navy, the seats of learning, the colonies, commerce, railway interests, trade, indeed, in all its branches, find utterance and representation in the great Senate of the nation. But what of the medical profession? Are its interests guarded and advanced? Is its importance vindicated as it should be? This, one of the learned professions, the importance of which is of individual application to every member of the community, occupies a position which the most superficial examination must prove to be at once anomalous and unworthy. We pass by with a glance the fact that no eminence of skill or of talent, no life-long devotion to the cause of that science which is most important to the interests of suffering humanity, can avail to win for its possessors those coveted distinctions which are the prizes of the successful lawyer, the triumphant general, the naval commander, or the statesman, who has toiled by a path not a whit more laborious to renown. To such the peerage opens its time-honoured ranks; but where is the head grown grey in the service of medical science that has ever borne a coronet? Our business is rather with the wider aspect of the question, rather with the consideration of how the great science of medicine is protected and fostered by parliamentary representation, than with the rewards open to the righteous ambition of its professors. It is represented by a mere unit. Its interests and its rights are legislated for by men who

in some instances, by the same men. Nay, in 1848 we have hardly so perfect a reiteration of plans of education and organisation as in 1834. We repeat, that a want of means whereby the profession at large can express and enforce its opinions as to medical politics is solely at the root of all these evils, and until this defect be remedied, there never can be peaceful progress in the medical republic."

have no personal experience of its difficulties, no professional appreciation of its requirements. How inadequate its representation is may easily be deduced from the difficulties by which the reform of the most flagrant abuses is beset, resulting from the supine indifference which is but a natural result of the absence of professional knowledge, and its indispensable authority. It is useless to expect that men fully engaged with other questions will devote time, and painfully tax their attention, unassisted by professional knowledge, to combat the difficulties which encompass the question of medical legislation. There are but few who will hesitate to acknowledge the impregnable position of importance occupied in the social system by the medical profession. Every day's experience of the teaching of life shows that. Is it, then, unreasonable to require that the profession should receive a corresponding parliamentary importance? We have but to contrast the state of things in continental countries with that in our own to lend additional light to the question, why, in our comprehensive system, are our medical schools and colleges misrepresented? While to this demand no satisfactory answer can be given, there must remain a serious defect in the system towards whose perfection it is the duty of all to strive with the utmost of their will and ability.*

* The following observations were made after the late elections in a leader of the "Medical Press and Circular," February, 1866, headed, "Should the Medical Profession be Represented in Parliament?"—

"Very few members of the medical profession are elected to seats in the Lower House; they are chosen from political motives rather than professional experience. They are usually men who have given up their practice, and they are certainly not the most eminent in the profession.

"While no body of men is so ill represented, there are no men who so well represent all classes of the community. They are pre-eminently the friends of the poor; they are conversant with social questions, the working of charities, and the various attempts made for promoting the public good. Above all, they have a knowledge of sanitary measures, of disease and remedies of every form; and what unprofessional men learn from reading and conversation they understand by experience.

"The consequence of this state of neglect of medical interests is apparent. No profession is at this moment in such confusion—a vast conflict of vested interests; physicians, surgeons, private medical schools and colleges in England, Ireland, and Scotland; some claiming monopoly, others professing to have rights, and contradicted by the assertions of the rest. The whole system appears to be one of hopeless

Upon a general review of the preceding considerations, there need be, I think, no difficulty in perceiving in what respects reform is most urgently required in order to ensure to practitioners the full exercise of their rights, and to place the medical profession in the position which it ought to occupy as a national institution, and in public estimation. Consequently, any such amendment of the Medical Act as is now proposed would be productive only of very slight advantage; existing abuses would still prevail; and its adoption by Parliament would have a prejudicial effect upon the progress of medical reform, by causing the question to be shelved for an indefinite period.* Moreover, the spread of quackery and unlicensed practice would be but little checked by further empowering the Medical Council to prosecute offenders. Indeed, except in some glaring instances, the utility of legal prosecutions in these cases may well be questioned. On giving his evidence before the Parliamentary Committee on this point, Sir Astley Cooper expressed his opinion as to the uselessness of prosecutions in similar instances, and that the most effectual means of eradicating or of lessening the amount of quackery would be to improve the condition of the profession, so that the public might have more confidence in their medical advisers. Other eminent men who have given their attention to the subject have expressed a similar opinion, and I should say, from what I have had an opportunity of observing, that in proportion to the more perfect medical organisation of a country (which affords the public a guarantee for the efficiency of its medical practitioners) so much the less do quackery and irregular practice receive encouragement; whereas, on the other hand, these evils are the invariable consequence of a defective system under which the public is supplied with a large proportion of incompetent medical attendants. Notwithstanding the gene-

confusion, so that no man could be expected to give or form an opinion but a man who had known by experience the value of conflicting claims."

* After the passing of the Act of 1858, a writer in the "Lancet" (August, 1859) observed: "It should be remembered that Parliament legislated, not because it had any fancy for the subject of medical policy, but because it was absolutely nauseated and disgusted with the whole question. It was completely sickened and tired out, and allowed something to be done which many who supported the bill regarded as an evil rather than encounter the annoyance of further agitation."

ral improvement in medical education, and the great advance that has been made in medical science since Adam Smith wrote his standard work, yet, owing to our inefficient medical organisation, the quotation from it which I have prefixed to these observations is nearly as applicable to the present day as it was to the time when it was penned.

These remarks are corroborated by a recent writer whom I have quoted ("Medical Critic and Psychological Journal"), who observes: "Charlatanism is by no means confined to illegal practice. To see the fullest-fledged charlatanism we need not go beyond the bounds of the profession. The most refined quacks stalk under cover of a legal qualification. The Register may perhaps be held *in terrorem* over the most arrant of those, but after all the only check upon them must be in the tone adopted by the body of the profession.*

Again, "Is it not obviously true that the prosperity of quackery is the measure of want of confidence in legitimate medicine? When we are prepared to satisfy the reasonable expectations of our patients, the demand for quacks will have reached a vanishing point, and the trade that is now so profitable will cease to be worth pursuing. Penal legislation against quackery would produce either a *tracasserie* or a persecution, the first futile, the second unbearable."

Mr. Carmichael observed several years ago, in his speech already quoted: "The community at large is much more deeply concerned than we are in our exertions in the cause of reform. We only look to the preservation of character and our rank in society, but they have to look to the preservation, not only of health, but of life. Ere long, they will be awakened to a just sense of having none but well-educated practitioners, to whom they may with confidence entrust their health and lives."†

* "The profession," said one of its most esteemed members (Dr. Wilks), "is not injured by Morison or Holloway, but by those ten thousand worse charlatans who, under sanction of the law, are eating away our very vitals. Let us look to ourselves; the disease is an internal one."

† Dr. Priestley, in an introductory lecture to the Middlesex Hospital School, justly remarked that the various medical associations formed for the purpose of redressing abuses, and advancing the interests of the medical profession, were apt to dwell more on the hardships inflicted on the men themselves, than on the inevitable and graver consequences which must ensue to the public as the result of these. The member medical, he added, cannot suffer without the

An unbiassed statement of the causes of the deteriorated condition of the profession such as I have presented, greatly elucidates the confusion, or state of chaos, as it has been termed, in which medical affairs have been involved up to the present time. Though a small number of interested individuals may find their advantage in the continuance of the present disorganised state, and be averse from any change, yet all classes of the community suffer more or less from the inefficiency and overcrowding of the profession, and the consequent increase of pushing pretenders, irregular practitioners, and empirics; while the profession suffers from its being lowered in public estimation and confidence, and from the very prevalent impoverishment of a large portion of its members, from which many of those occupying prominent positions are relatively not exempt.* The zealous cultivators of medical science likewise suffer from the want of due encouragement; their numbers are consequently diminished, and the progress of science is materially impeded.

We see, therefore, in the medical system of this country causes operating to deteriorate the profession that are not met with elsewhere in Europe—viz. :—

1. The absence of any legislative supervision.
2. The regulation of medical affairs being left to a number of corporate bodies and universities having conflicting interests.
3. Examiners for medical and surgical diplomas in those bodies having a pecuniary interest in the number of candidates who present themselves for examination, and consequently the overcrowding of the profession, and the introduction into it of many imperfectly qualified persons.

whole body politic suffering likewise, and he should rejoice, as well for the sake of our common humanity as for the credit of our noble profession, to see the major evil more frequently put to the front, and the effect of conditions which lowered the status of medical men shown oftener in the aspects they bore to the welfare of the mass. There was no disguising the fact that it was easier to grow rich by adopting some kind of charlatanry than by following legitimate physic. It was useless to disguise the fact that there were among themselves faults which called loudly for reformation, and which, so long as they continued, must shake public confidence in them.

* The late Mr. Guthrie stated before the Parliamentary Committee that such was at that time the state of poverty of several of the examiners of the College of Surgeons, that the examination fees were a most important consideration for them, and that, in consequence of the advanced age and incapacity of some of them, it was proposed to pension them off upon that fund.

4. The prevalence of favouritism, undue and extra-professional influences, in the election to hospital appointments, and the consequent frequent inefficiency of the teachers in the practical departments of medicine and surgery, and likewise as respects the treatment of hospital patients. Moreover, the great opportunities presented by hospitals for promoting the progress of medical and surgical science are by this means often made but little available for this purpose; while, by the frequent exclusion of highly-qualified gentlemen from the staff of hospitals, a vast amount of talent by means of which these opportunities might have been made conducive to this object and to the public welfare, has been lost to the country.

5. The election, without regard to superiority of qualification, of gentlemen who have held hospital appointments to examinerships, and into the Medical Council, as delegates of the various corporate bodies, whose interests alone they have sought to promote.*

6. The separation in education of medicine from surgery; the too exclusive attention to surgery on the part of a majority of students who in their after career are called upon to practise *medicine*, and the existence of a large proportion of medical practitioners who possess only a surgical diploma.

7. The absence of a due appreciation of professional and scientific claims, which restricts the number of zealous cultivators of medical science, and not unfrequently occasions the ruin or expatriation of highly-qualified men, whose talents might otherwise have been made available towards adding to the stock of knowledge, and promoting the welfare of the community.

8. As a consequence of the last-specified and other causes, the frequent adoption of various indirect and unprofessional

* In my pamphlet on "The St. George's Hospital Medical Staff," I extracted from the Medical Directory of that year a list of the titles and qualifications of the representatives in the Medical Council of the corporate medical institutions and universities of England, from which it appeared that, with the exception of the President (Dr. Burrows) none could lay claim to distinction from their ostensible professional or scientific labours. Indeed, some of them have shown themselves to be especially obstructive as regards reform. Thus, Mr. Arnott and Dr. Storrar moved and seconded a resolution at a meeting of the Branch Council for England, to the effect that "the Branch Council are of opinion that it is not expedient at the present time to engage in fresh legislation." On which a writer in the "Lancet" observed: "This resolution will take the profession by surprise."

means of attempting to succeed in practice, by which ill-feeling and jealousies between members of the profession are fostered, the profession itself is lowered in public estimation, and the extension of quackery is favoured.

The principal requirements to be embodied in a bill for the effectual correction of abuses and for improving the medical organisation of this country appear to me to be the following:—

1. A suitable representation of the medical profession in Parliament, and an efficient legislative superintendence of medical affairs, such as exists in the other civilised countries of Europe.

2. The formation of a competent and disinterested Medical Council for regulating the details connected with medical matters, under the supervision of the Secretary for the Home Department, and accountable to Parliament; and periodical reports of its proceedings to be published. (The Council needs not be wholly composed of medical men, but those forming its most essential part should be well known, irrespective of their connexion with particular institutions, and should be elected by the votes of members of a certain standing in the profession.)

3. The numerous bodies now empowered to grant licences to practise to be superseded by three central licensing boards, one in each of the capitals of the empire; the licentiates in medicine, surgery, and midwifery who pass the examination at one or other of these boards being authorised to practise in any part of the United Kingdom.*

* On a late occasion of the annual meeting of the Edinburgh Medical Society, Professor A. Wood observed, in regard to the expediency of combining and concentrating the too numerous licensing boards: "I must state it as my conviction that there is no one measure that would do more to equalise and make efficient medical examination and testing than the formation of combined boards for licensing in medicine and surgery; composed in England of the Colleges of Physicians and Surgeons, and the Apothecaries' Company; in Scotland, of the Colleges of Physicians and Surgeons, and the Glasgow Faculty; in Ireland, of the Colleges of Physicians and Surgeons, and the Dublin Apothecaries. Thus there would be constituted only three instead of nine licensing boards."—(*British Medical Journal*, April, 1864.)

Many years ago, in my "Remarks on Medical Organisation and Reform," I advocated the formation of three licensing boards—one in each of the capitals of the empire—not, however, to be composed of members of the existing corporations, of which the central examining boards should be entirely independent.

4. The universities, colleges of medicine and surgery, and Apothecaries' Companies, to be empowered as heretofore to grant degrees and diplomas to licentiates who pass their examinations, and who may wish to practise medicine (as physicians) or surgery separately, or both combined. No medical degree or diploma, however, to be conferred upon any one who has not passed the examination at one of the central boards.

5. In no case should examiners have a pecuniary interest in the number of candidates presenting themselves for examination; their compensation should be by a fixed stipend, as it is in other countries.*

6. Among the chief functions of the Medical Council may be specified the supervision of hospitals, both as regards their internal management, and also the competency of the medical officers and lecturers attached to these institutions. Private schools should also be subject to the supervision of the Council, as affording a guarantee of the competency of the teachers.†

* A correspondent of the "Lancet" (May, 1864) remarked on this point: "An attentive perusal of the report of the Medical Council has only confirmed an opinion entertained by me as well as by many others—viz., that a body vested with the power of granting licences to practice should be entirely unconnected with and independent of the old educational or corporate bodies. It should be appointed by and responsible to the general Government, which is the abstract representative of the interests and well-being of a nation, as well as the custodian of its purse. As long as there are rival interests to be promoted and differential advantages to be obtained will it continue to be detrimental to the cause of sound medical knowledge that the universities, colleges, or schools of any corporation, should have the power of granting the *ad practicandum* licence."

† Professor H. Bennett, of Edinburgh, observed in a lecture on "Medical Education:" "Such lectures as are good and well-delivered do not occasion loss of time to the student. If the lecturer knows little of his subject, reads a monotonous compilation, is incapable of fixing the attention of his class, or has not sufficient means for illustration or experiment, his lecture can produce little effect. The chief thing is that pains should be taken to obtain good instructors. It is the lecturers to whom the fault of the inutility of lectures is to be attributed."

The following passages on medical teaching occur in an article, "The Medical Teachers' Association," that appeared in the "Medical Times and Gazette" of May 18, 1867:—

"The system and management of medical teaching is imperfect and wasteful to a degree almost incredible; and of this many proofs might easily be given. Up to this time there exists no common bond of union between the teachers. Medical teaching is with us a private speculation. Every hospital which can succeed in having a hundred

7. Due encouragement should be given by the Legislature to the cultivation of medical science by conferring suitable distinctions and recompenses upon such persons who prove themselves entitled thereto.

8. In the practical department of education means should be adopted for ensuring on the part of students that a greater share of their attention be directed to internal pathology and therapeutics than has heretofore been the case, instead of to surgical pathology and operations.

(The formation of the central examining boards would greatly tend to achieve this object, as persons could not then practise medicine under a mere surgical diploma.)

and odd beds must needs have a medical school attached to it; and no matter whether the various members of its staff have or have not the faculty of teaching, each one must undertake to lecture on some subject required by the medical curriculum of the day. Hence, in the nature of things, arise jealousies and rivalries between the several schools, and the success of each becomes more important than the advancement and perfection of medical education. The consequence is that mere lecturing holds the first place in our system, and men enter the profession absolutely ignorant of the practical bed-side work that awaits them, and have to learn clinical medicine and surgery on their private patients. This state of things is far less possible under the system of endowed chairs and academies of medicine which obtains on the Continent; and it is by the establishment of some such system that we must look for the improvement of medical education in England. At present, the greater number of lectureships are actually a tax on the holder's pocket; and very few indeed pay well enough to induce the most able man to undertake them, and devote to them the time required to make his teaching anything like full and perfect."

In a letter in the same number of the "Journal" Dr. Lionel Beale remarks on this head: "It may be quite true that the clinical practice of our wards—the very highest branch of teaching—is meagrely and unsystematically handled. But if this be so, who is to blame? Is there really much demand for careful clinical teaching in London in these days? The majority of students only require certificates that they have attended. Is it therefore to be wondered at that many students should be careless about attending to this and other branches of study of real importance? Examiners examine in some things, but not in clinical medicine, nor in certain branches of scientific knowledge of the utmost importance to medicine, and he (the student) naturally concludes that his examiners consider these things of very little importance. Of course he agrees with them in opinion, and acts accordingly. It seems to me but fair that the public and the profession should know that the teachers are not responsible for the wretched state of medical education at this present time."

Though there is much reason in these remarks, nevertheless it cannot be denied that, owing to the existing system, many of the teachers are scarcely competent to perform the duties they undertake.

APPENDIX.

A PENDANT TO THE "AUTOBIOGRAPHY" OF SIR BENJAMIN BRODIE.

"If you would know a man's character, look what he does in trifles, and you will be able to form no inaccurate notion of what he would do in greater things."
—(*Sir B. Brodie's Discourse to Students.*)

WHEN treating of medical reform on a former occasion, I stated in a postscript, as directly bearing upon the subject, my conviction, deduced from facts within my own knowledge corroborative of the statements of other unprejudiced parties, whom I quoted, that Sir Benjamin Brodie, notwithstanding his high professional qualifications, was not a fit person to be allowed to take any prominent part in the regulation of professional affairs; that his influence had been exerted in a manner detrimental to the interests of the profession, and that this opinion was shared by a large proportion of its more advanced members, who had paid attention to the course of events relating to it for several years past. Being again impelled to revert to the subject, with every disposition to respect the adage, *de mortuis, &c.*, I might have let the matter of that postscript rest, although the reasons which induced me to append it still exist, but for the partial statements and misrepresentations that have been injudiciously made by some of Sir Benjamin's friends, and in some of the medical journals, tending to convey to those who are not better informed an erroneous impression both of his character and conduct. I therefore deem it incumbent upon me to controvert these partial assertions by an appeal to facts, instead of allowing them to pass in silence; both in self-justification, to prove that I was not wrong in what I had previously advanced, and in order that the profession at large, as well as other persons who take an interest in medical matters, may, on the fair grounds of *audi alteram partem*, be enabled rightly to estimate the real state of the case; for it has reference, not merely to the individual, but also to the evil results arising from the absence of any legislative supervision of the profession.

Sir Benjamin Brodie's eulogists, while in some instances expressing opinions directly at variance with those formerly held by them on the subject, have restricted themselves to making general assertions of an adulatory nature, without supporting them by a single valid fact. I am far from ascribing this circumstance on the part of some of them to an intention wilfully to mislead; but much may be placed to the account of partisanship, much also to that of deficiency of accurate

information, or of others who, not having had sufficient opportunities of knowing much of Sir Benjamin, may have derived their estimate of him from the representations of partial journalists, or from *ad captandum* discourses to students, delivered chiefly with a view to their publication, rather than from substantial grounds on which a just inference might be based. In either case, however, an impartial inquiry will disprove these unmerited eulogies, and I doubt not will justify the conclusion at which so many others as well as myself have arrived respecting this question, which I repeat is not to be regarded as one of a mere personal nature, but as one affecting the greater question of medical reform.

To quote a few of the eulogies published respecting Sir B. Brodie. One of his staunch partisans, Dr. Acland, Regius Professor of Medicine in the University of Oxford, prefixed to the last volume of the "Proceedings of the Royal Society," and also published separately, a biographical notice, which in several passages contradicts itself. Thus, it begins by stating that Mr. Brodie "had in early life no particular advantages," yet a few pages further on it states that "Dr. Denman, Dr. Baillie, and Sir R. Croft, eminent and admirable men, were connected with his family by marriage; that through Sir Everard Home he formed the acquaintance of Sir Joseph Banks; that at the age of twenty-five he became assistant-surgeon to St. George's Hospital, and that in 1811 he began to be a frequent visitor at Holland House." The author then goes on to designate him as being "a gentleman according to his own definition of the word," adding, "He did to others what he would desire would be done to him; *he despised nothing but moral meanness.* He had not the common faults of common men, for he had not their object; though he became rich, *he had not unduly sought riches*; though he was greatly distinguished, *he had not desired fame*; *he was beloved (!) not having courted popularity*; he deferred exclusively to none; he accepted what came to himself unasked; GAVE HIS OWN FREELY TO ALL WHO NEEDED, and sought help from no one but for public ends."

The author terminates by characterising his biography as "a delineation too feeble for so complete a man," adding, "In the quality of his mind *he was not unlike the Duke of Wellington.*"*

Another of Sir Benjamin's personal friends, Dr. Forbes Winslow, designated him in the "Medical Critic" (since discontinued, but of which Dr. Winslow was the editor) as "a great and good man, gifted with an order of intellect which *in any age would have accomplished mighty results.*" A third friend, Dr. Mackesy, in a public discourse spoke of the loss *the nation, the educated world, and the profession in particular* had sustained by his decease, and of "the great influence he steadily brought to bear in raising our social status." "No man," he added, "entered more feelingly into the hardships of the toiling and struggling practitioner."†

* It will be remembered that Dr. Acland is the delegate of his university in the Medical Council, and that it was he who proposed Sir B. Brodie for its president. In a former pamphlet I quoted from the Medical Directory his professional titles and qualifications.

† Dr. Mackesy, whose name was doubtless previously unknown to the profession in Great Britain, is a wealthy Irish provincial physician, who, though neither scientifically nor professionally distinguished, was elected President of the Royal College of Surgeons of Ireland.

The following observations were likewise made by some of the organs of the weekly medical press. On his retirement from active life, the "British Medical Journal" observed (March, 1861): "Sir B. Brodie is a man whose whole conduct throughout his long career stands before us as a model for imitation. In all cases of doubt or difficulty in which the interests of the profession have become entangled and compromised, the eyes of the profession have looked to Sir B. Brodie for a hopeful solution of the difficulty."

The "Dublin Medical Press," which it may be noted *en passant* formerly said "no man had more enemies in the profession than Sir B. Brodie" (and not without reason), remarked in 1862, "His aim and effort were ever directed to the advancement of the public status of medicine and its disciples rather than to his own aggrandisement."

"It would be difficult to conceive of any man," says a recent writer in the "Medical Times," "who in person, speech, writing, or *deed* gave greater evidence of thoroughness, truth, and sobriety, and of the absence of anything glaring or ostentatious."*

The "Lancet" also thus recently eulogised Sir Benjamin: "The great surgeon, the not less great philosopher, the accomplished gentleman. It may be truly said that this century has not witnessed a man who has done so much to raise the profession in public estimation and confidence. He steadily looks to the benefit of mankind as the supreme end and object of his art."†

That members of the medical corporations, representatives of those bodies in the Medical Council, personal adherents, and supporters of the system of misrule which Sir B. Brodie has been instrumental in upholding, should sound his praises, is only what might be expected; but that some medical journals should have re-echoed their voice, in some instances in opposition to their previously - expressed sentiments, can only be accounted for, when not referrible to intentional misrepresentation, by the supposition of their being of late years under the management of different editors, not sufficiently conversant with the state of things at an earlier period; for there was nothing in the conduct of Sir B. Brodie during his later years that would justify a reversal of their prior estimation of it, and in so far as I am aware, there is no distinguished and unbiassed member of the profession cognisant of the facts, who could be found to endorse this extravagant panegyric;

* This statement, it will be seen, strikingly contrasts with the extract I have introduced further on from the same journal.

† The fulsome adulation of Sir B. Brodie in the "Lancet" of late years is best controverted by a reference to its pages of a prior date. Among other absurdities is the following passage: "Such a man as Sir B. Brodie would add lustre to the House of Lords. His elevation to the peerage would obtain for the Prime Minister *the gratitude of the profession, and the admiration of the whole civilised world.*"

The "Medical Times" remarked on this occasion: "The 'Times' has given an official denial to the report [of a peerage about to be conferred], which is generally regarded as a piece of clumsy flattery of a man who, for two-thirds of his life, was the object of incessant abuse in this very journal."

The "Medical Circular" characterised the report as "a mere hoax, and a most injudicious one, on the part of the 'Lancet.'"

The "Dublin Medical Press" remarked on this occasion: "The proposal to admit Sir B. Brodie as a peer was indignantly scouted by the Government in the House of Lords."

while, on the other hand, there have not been wanting unprejudiced persons whom it has induced publicly to express their dissent from these one-sided assertions. Thus, a writer in the "Medical Circular" (May, 1865) under the signature of "Vigilans," referring to the *outré* praises bestowed upon Sir B. Brodie in a review of his "Autobiography" and works in the "Lancet," remarks that he is there portrayed "in colours which he most certainly did not deserve," and in disproof of which the "Lancet" itself may be quoted when the late baronet was plain Mr. Brodie.* "I say," the writer adds, "he was not a man of a singularly open and liberal mind; I say he was not a 'perfectly honest' though he was 'a very courteous and accomplished man.' But courtesy is often another word for deceit, and his accomplishments may have embraced *deceit, trickery—aye, and knavery.* From a personal knowledge of the man, my obituary notice of him would be brief. He was an accomplished surgeon, but of his personal character, *the less that is said of him the better.* I have very grave doubts, indeed, whether great success in medical practice is possible associated with genuine honesty."

Without, however, dwelling upon the unfounded assertions of interested "friends" or partisans, let us judge from actions, and we shall see how far they are justified by a reference to facts. Where is there any one fact showing that the influence of Sir B. Brodie "was employed in raising our social status?" or that the present century "has not witnessed a man who has done so much to raise the profession in public estimation and confidence?" Why, it is a matter of notoriety that the profession has become more and more lowered in public estimation and confidence within the last thirty or forty years—in short, ever since Sir B. Brodie took an active part in its affairs; to which circumstance I conceive this deterioration to be in some degree owing. Can the charter which he caused to be forced upon his reluctant colleagues in the Council of the College of Surgeons by earwiggling the Minister of the day (who bore the odium of passing the measure, its originator keeping concealed in the background), be considered as having tended to raise the social status of the profession?†

* The alliance between the parties appears to have dated from the time when Sir B. Brodie gave his evidence in favour of Mr. Wakley, junior, in a trial consequent on an inquest held at the Free Hospital on a fatal case, in which Mr. Wakley (one of the surgeons) was implicated. Subsequently, when the conduct of another surgeon of this hospital was likewise subjected to judicial inquiry, on account of a fatal case, the tone assumed by the "Lancet" with reference to it being in opposition to this surgeon, was strongly condemned by the profession, and the journal was in consequence on the point of being excluded from the library of the Medico-Chirurgical Society, when at the meeting in which the question was to be decided, Sir B. Brodie, who did not attend the meetings for discussing professional subjects, came to the rescue, and made one of his sophistical speeches, which, aided by a strong party muster, averted the exclusion by a small majority.

† The late Mr. Guthrie declared that forty-nine out of every fifty members of the profession were opposed to the charter, which created by arbitrary selection, and with but little regard to superiority of qualifications or professional standing, a higher grade of Fellows, above the whole body of members of the College, all of whom legally possessed equal rights and privileges.

When this question was brought under consideration in the first Parliamentary committee on medical reform many years ago, Sir Anthony Carlisle, on being questioned, replied: "I am of opinion that if you elevate one grade in the pro-

Nevertheless, in an adulatory biographical sketch that appeared several years ago in the "Lancet," no public measure or act could be brought forward on behalf of Sir B. Brodie beyond this charter, which the writer considered as beneficial on account of its provision with reference to the election of councillors, giving credit to Sir Benjamin for the "introduction of the representative principle into the College of Surgeons."† Such a principle has, however, never been acted upon.

If the profession has looked up to Sir B. Brodie for relief or assistance in "cases of doubt or difficulty," it has looked in vain, for no instance can be cited in which so just an expectation from one possessing such influence has been either realised or satisfactorily responded to; nor, indeed, can any instance be adduced by his partisans in which Sir Benjamin's influence has been so exerted in a manner calculated to benefit the profession; though doubtless there has been plenty of talk and of pretended interest which may have led many persons to suppose that his influence had been or would be exerted for this object. Again, can a single instance be adduced of his giving "his own freely to all who needed," or of his influence being employed, or of personal effort being made on his part, to relieve or assist the "toiling and struggling practitioner?" The only persons whose advancement Sir Benjamin has sought to promote, have been hangers-on, or private assistants, upon whose subserviency he could count, but who, it is scarcely necessary to say, were never likely to distinguish themselves; the latter having doubtless paid a handsome premium for the privilege of being drawn in his wake from the obscurity in which they would otherwise have justly remained. On the other hand, it is well known that, in order to bring forward his *protégés*, he has retarded the advance of some and destroyed the professional prospects of others, men who had given proof of high ability, of which I have cited some examples.

It may farther be asked whether Sir B. Brodie's defence of the proceedings of the College of Surgeons Examiners (which had repeatedly been highly censured) was calculated to benefit the profession, when, on a comparatively recent occasion, on application being made to him, as President of the Medical Council, by bodies of practitioners from different parts of the kingdom for redress against the shameful conduct of the Court of Examiners in admitting to the College membership persons who it was known had not gone through the

fession of surgery you degrade the others. You must then have two diplomas, and all who possess the first would feel themselves injured. We have no right to set up another class of surgeons. Men must make themselves eminent. I do not think that institutions can do it for them. There would be great danger in the experiment; I think it would fail."

Dr. Webster, of Dulwich, remarked on this subject at a public meeting: "A superior grade in the College of Surgeons was a favourite scheme of Sir B. Brodie's, in accordance with a paper published in the "Quarterly Review." The same state of things has created heart-burnings in the College of Physicians for 200 years."

† The "Medical Circular" observed on this head: "As the recognition of the principle was merely a concession to the reiterated demands of the profession, we cannot give Sir B. Brodie much credit for the construction of a charter on that basis, and inasmuch as that concession was associated with great injustice, we do not well see how he can be excused of all blame."

course of study required by law, he attempted, in a published reply to these applications, to justify this conduct by a reference to the "vested interests" preserved under the Apothecaries' Act of 1815, and by sophistical reasoning that would not pass current with any thinking person.

Sir Benjamin Brodie's evidence before the Parliamentary Committee was as unsatisfactory as could be; and if he gave up when he did the posts of examiner at the College and of surgeon to St. George's Hospital, was it really, as has been said by one of his adulators, in order to make way for junior men, or was it not rather because he found his time might be otherwise occupied more profitably to himself? It is a very common thing for physicians and surgeons, who have acquired large practice through their connexion with hospitals, to give up their posts in these institutions when the object of this connexion has been achieved. So unpopular was Sir B. Brodie with the hospital students, on his retirement from the surgeoncy, that the attempt to get up a subscription among them, under the auspices of his private assistant, Mr. Charles Hawkins, in order to present him with a suitable testimonial, failed, and only a bronze medal with his profile could be produced from the proceeds.

This unpopularity among those connected with the hospital, as well among the profession, was fully deserved, for the whole proceedings of Sir Benjamin connected with the elections, and with the management of its affairs, tended in no small degree to lower the profession in public estimation, and were highly injurious to the institution itself, as was acknowledged by most of the medical journals, and by some of the organs of the political press of the day; causing it to be designated as "a focus of intrigue," and rendering it, as a school of practical medicine and surgery, during the predominance of his influence, inferior to most of the other large metropolitan hospitals.

The "Lancet" (January, 1856) adverted to the "sorry figure made by this hospital in the 'pass' and 'honour' lists of the London University in the annual competitions, which bring together all the foremost students of the kingdom."

As respects the financial mismanagement of this hospital, which a few years ago attracted some share of public attention, we read in the volume of the "Lancet" for 1834: "The board of management, though professing to be open to every governor, is composed of the medical officers of the hospital, and the expectants and dependants attached to Sir B. Brodie, who are all rigidly punctual in their attendance, and vote as he may wish. These parties, having supreme control at the weekly board, proposed a committee to amend the laws, and then *nominated themselves and their friends* as that committee. They then drew up a code which proposed to give unlimited power over the funds of the institution, and over all the offices, to the weekly board. The great body of governors were not made sufficiently aware of the importance of inquiring into the business of the institution, or they would undoubtedly have attended more fully, and not left its

* "The business of examining candidates [to men who have obtained wealth] becomes after some time very irksome, being very little compensated."—(Brodie's "Autobiography.")

arrangements in the hands of the medical officers and their immediate friends."*

This state of matters did not fail to produce baneful effects, and the number of subscribers, especially in the district where the hospital is situate, greatly decreased. Some years afterwards a glaring instance of malversion of the funds gave rise to indignant comments in several of the journals, as well as on the part of individuals—viz., the grant voted by the weekly board of 200*l.* per annum towards paying "the rent, taxes, and repairs of the premises in Kinnerton-street," which Sir B. Brodie admitted was his property, he having formed there a medical school, with the object of supplanting the efficient school next door to the hospital, that had been established several years previously by Mr. Lane (who was opposed by Sir Benjamin on his thrice canvassing for the assistant-surgeoncy at St. George's). The part of the report published by the board respecting this job, falsely stated that the measure had "obtained the direct support of the governors," the vast majority of whom knew nothing about the matter. On this occasion, a correspondent of the "*Lancet*" wrote: "There is an account in a recent number of the board's voting 200*l.* a-year to support an unsuccessful speculation of Sir B. Brodie's, notwithstanding the opinion of one of the most eminent lawyers of the Chancery Bar that such misappropriation of the funds of the charity was illegal."

The grounds on which the proposition for the grant was made are thus stated in the report issued by the board (1849): "*The medical officers and lecturers are unanimously of opinion that it is reasonable that the governors of the hospital should provide lecture-rooms for giving instruction in anatomy and chemistry. They have arrived at this conclusion, after a careful inquiry into the practice of other hospitals, and after satisfying themselves that it is indispensably necessary to the welfare of this institution that the pupils who are to be employed as house-surgeons and dressers should be taught anatomy and chemistry in connexion with the hospital.*"

The falsity of such reasoning must be evident on the slightest reflection; for how could the welfare of the charity be affected by the pupils deriving their anatomical and chemical instruction from any particular school, even supposing it to possess teachers of the highest reputation? If other metropolitan hospitals have anatomical schools attached to them, they have been able to cover their own expenses; but if not, they would never have been allowed to appropriate to this purpose funds subscribed exclusively for the benefit of the sick poor. In this instance, moreover, there was no occasion at the time for the formation of another school in this part of the town, as was proved by its not succeeding. When the subject was subsequently brought before a general board, Sir B. Brodie affirmed that his school had been rendered necessary by the bad conduct of the pupils of Mr. Lane's school. This aspersion was indignantly refuted by one of the

* At a meeting of the governors (July, 1834), the Earl of Roseberry in the chair, "held for the purpose of considering the new law for the regulation of the hospital, the amendment which was proposed in opposition to the measure brought forward by the board, and advocated by its adherents, was negatived by a small majority (38 to 31). Of the majority twenty-eight were medical governors dependants of Sir B. Brodie."—(*Lancet*.)

teachers present (Dr. Wilson), on which Sir Benjamin left the room without replying; neither did he answer a letter subsequently written in the joint names of Mr. Lane and Dr. Wilson, requesting to know on what grounds he had made this charge.

Some years later, the number of West-end students having increased, the Kinnerton-street school more than covered its expenses; nevertheless, the 200*l.* a-year has still been drawn from the hospital funds on its account—the sum thus appropriated now amounting to not much less than 4,000*l.**

From the letters which were published in the "Times" about six years ago with the signature of "A Governor," it appeared that of the 225,000*l.* which St. George's Hospital possessed when the committee of management—subject, as we have seen, to Sir B. Brodie—was formed, there remained *nothing*. The Board has since been repeatedly soliciting by advertisement aid from the public. "Had the weekly board," remarks "A Governor," "contented themselves with spending the interest of their capital, in addition to their other sources of income, they would now have had an endowment of 350,000*l.*, with the produce of which they might have relieved the sick for ever, and they would have been in as good a financial position as any hospital in London. The management of the hospital," he adds, "practically rests with a very small number of individuals, though it is theoretically supposed to be under the control and management of many hundred governors, over whom, however, the blame of mismanagement can be spread should anything go wrong. One of the most intelligent and benevolent supporters of the hospital [Mr. Holland] resigned his office [of treasurer] when the present system of improvident expenditure was resolved upon, causing his earnest disapprobation of it to be recorded in the minutes of the weekly board."—"Times," July 16, 1860.)

A few days after the publication of this letter, a gentleman also wrote to the "Times," stating that he had been requested to reply to it, but that a worse choice of a defender of the management could hardly have been made, inasmuch as he cordially concurred in the justness of "A Governor's" observations. He likewise adverted to the comparatively little support the hospital received from its

* Prefixed to the recently-published "St. George's Hospital Reports," is an account of the hospital school by Dr. Page, the senior physician, who says on this subject: "Some disagreement having arisen between Mr. Lane and a majority of the medical officers of St. George's, it was deemed advisable by the latter to have an anatomical theatre and lectures more closely connected with the hospital staff, and under their entire control. Suitable premises were accordingly engaged in Kinnerton-street. The capital was advanced by Sir B. Brodie. In 1849 the whole financial arrangements of the school were reconsidered, and put upon a *juster* footing. It was thought expedient to bring the subject of the finances of the school under the consideration of the governors of the hospital. After a careful deliberation, a majority of governors (the weekly board) decided that aid ought to be given to the support of the school, and voted a grant of 200*l.* per annum. Though inadequate to defray the rent and other expenses of Kinnerton-street, the grant is a gratifying earnest of the recognition of the school, and of the interest felt by the governors in the education of medical students."

This account appears to be the only literary production of Dr. Page, whose qualifications are thus specified in the "Medical Directory": "Physician to the Economic Life Society, Physician to St. George's Hospital, and late Lecturer on the Theory and Practice of Physic, late Faculty Student Christ Church, Oxford."

wealthy neighbourhood, many of whose residents contributed to other London hospitals.

The "British Medical Journal" of that date published an article on "Hospital Extravagance," the writer of which, after mentioning St. George's Hospital as "a glaring instance of profligate expenditure and cringing supplication for increased means," added, "enormous sums have been from time to time bequeathed to it, but the governors, or rather the active clique who always manage these things, elected to live upon their capital instead of their income. Notwithstanding that a very cornucopœia of wealth has been showered upon this hospital, it is obliged to confess that its expenditure exceeds its income by 6,000*l.* a-year, and, what is worse, the very springs of charity appear to have been dried up in its wealthy neighbourhood, the richest quarter of London contributing only 780*l.* per annum towards its funds." The writer of a leader in the "Medical Circular" does not, however, ascribe the disappearance of the hospital funds solely to a profuse expenditure, as he observes: "We have organised the vice [corruption] into a system. There are Sir John Dean Pauls amongst us yet—good men, charitable men, until they shall be found out. This large sum is gone, irretrievably gone, and instead of being independent, as they might have been, the governors [board] are suing for public charity to keep them out of the maze of trouble into which they have been plunged."

Thus we see that for thirty years the affairs of St. George's Hospital have been managed by a board subservient to Sir B. Brodie, which has been able to carry out its objects, both as respects the disposal of the funds and the nomination to vacant offices, notwithstanding the strong opposition that has at times been made by independent governors who sought to promote the welfare and improve the efficiency of the institution for the objects for which it is designed. During nearly the whole of this period Sir B. Brodie was the acting trustee (the funds are vested in the names of the trustees), a connexion of his (the late Mr. Serjeant Thompson) being treasurer during the greater part of it, the other treasurer resigning in consequence of the financial mismanagement, and protesting against the proceedings of the board.*

We further see that under this management the large property the hospital possessed has disappeared, and that the 200*l.* a-year illegally granted by the board in 1848 for a purpose wholly unconnected with the objects the charity has in view, has ever since been paid, notwithstanding the alleged reason for the grant has for many years ceased to exist, and notwithstanding the want of funds, for an increase of which the board has been soliciting public aid. Moreover, as respects the elections of medical officers, we see that while gentlemen of acknowledged high capability—to some of whom I have referred in a former pamphlet—have been, through the undue influence exerted by Sir B. Brodie, prevented from occupying posts to which their claims entitled them, others have been allowed to fill those posts who have had no valid title to preference, and who were never likely to do credit to

* In the annual reports of the hospital affairs, prefixed to the list of subscribers, there appear among the instances of the "liberality of individual benefactors" and of "private munificence" the two prizes competed for by the hospital students, bearing the designation of Sir B. Brodie's and Mr. Thompson's prizes, the value of the former being 5*l.*, that of the latter 3*l.*

their nomination.* Consequently, with two or three exceptions (specified in "The St. George's Hospital Staff," pp. 39-40), little or nothing was done during those years by the medical officers towards contributing to the stock of medical or surgical knowledge, while, as regards practical instruction, this school was extremely inefficient.

Those persons who have been present at the delivery of Sir Benjamin's addresses to students, in the board-room of St. George's or elsewhere, as well as the larger number who have perused them on their publication in the medical journals, could scarcely fail to be struck by the seeming earnestness with which he sought to inculcate upon his audience the necessity of the medical practitioner's being distinguished by "an upright bearing, liberality, generosity of character. . . . Above all, you must be gentlemen," &c. If it be allowed to apply the *argumentum ad hominem* in this case, I think it would not require a very strict investigation to form an opinion as to how far Sir Benjamin's own actions have been in accordance with the ennobling sentiments to which he has given utterance on similar occasions. To cite an instance or two in which his acts were in direct opposition to the tenor of his discourses. Several years ago an appeal was circulated among the profession residing in London, on behalf of practitioners' widows and orphans who had been left destitute. The circular contained a long list of subscriptions and donations that had been already made. In that list the name of Brodie appears, with five or six other names, opposite to a donation of a pound or a guinea; this sum being the contribution of a man in the receipt of, perhaps, the largest professional income, owing, in no small degree, to the recommendations of general practitioners in various parts of the country. It appeared, by a subsequent list, that he had made an additional donation of five pounds, and had become an annual subscriber of *one pound*. A little further on in the alphabetical list are seen two other well-known names—viz., Dr. Burrows, who had made four donations amounting to 37*l.*, and Sir James Clark, who, besides an annual subscription, was a donor of 40*l.* In the first list of donors to the subsequently-established Benevolent College (for granting pensions to poor and disabled practitioners, and for educating the sons of those who died in poverty) the name of Brodie does not appear, but it is subsequently placed opposite a donation of 10*l.* (the lowest sum constituting a life-governor), being half that given by his next-door neighbour, Mr. Yearsley, the aurist, and a tenth of the amount contributed by Sir John Forbes.

In his professional relations with individuals, likewise, Sir Benjamin has acted, on several occasions that have become known, in a manner very different from what might have been expected from the tenor of his public discourses. The following instance came under my cognizance several years ago: A gentleman formerly practising in a town some miles from London, who had in the course of his practice recommended patients to consult Sir B. Brodie, called upon him at a subsequent period, to ask his advice upon his own case, and while

* On ultimately retiring from the contest, after three unsuccessful attempts to obtain the assistant-surgeoncy, Mr. Lane circulated among the hospital governors an "appeal," in which he stated that he found it "useless to contend against the influence unjustly exerted by Sir B. Brodie, to the prejudice of his just claims."

proceeding to show the part affected, was told to "make haste." On which he said he was aware his time was valuable, and that he did not wish to take it up without making compensation. Sir Benjamin then gave a more particular attention to the case, and after recommending what he thought advisable, took the proffered fee of 2*l*.

Some years ago a medical friend told me that a banker or merchant from Hamburg, residing, in reduced circumstances, in a suburb of London (Camden or Somer's-town), who had a small stone in his bladder, inquired beforehand what would be Sir Benjamin's fee for performing lithotomy. A sum was agreed upon, and the operation was successful. On subsequently visiting the patient, the operator proposed to make an exploration of the bladder, to ascertain whether anything remained, and afterwards sent a note (which my friend saw) requiring five additional guineas on that account.

"What a shabby fellow Brodie is," said to me a gentleman of my acquaintance with reference to a friend, who went to consult him about some complaint of the ear, when he referred him to a neighbouring aurist, taking, however, the proffered fee as if he had prescribed.

Subsequent events seem to have fully confirmed the justness of the observations made many years ago by the writer of a series of sketches of eminent medical men—under the name of "Probe"—which appeared in the "Medical Times" (vol. ix.) :—

"There have been," says this writer, "many sketches of Mr. Brodie; flattery, interest, and friendship have essayed to represent him in the most favourable light; and, perhaps, the warmth of the personal estimate prevents its being a correct likeness. We prefer the daguerrotype style, which gives the man as he really is, without fiction, flattery, or fallacy.

"Sir B. Brodie is a very hard-working, clever, and intelligent man, an accomplished surgeon, a studious physiologist. He has no pretensions to genius. Some of his injudicious friends, when they place him on a very elevated pedestal, and genuflect before it, make themselves and the object of their idolatry ridiculous. His career has been marked more by consummate tact than by commanding ability, favoured by auspicious circumstances and sustained by untiring perseverance. In his lectures no pains are spared to make them perfect; in his essays and orations all is mechanical regularity; he adds line to line, sentence to sentence, page to page, like a carpenter making a chest of drawers. He is not particular from whom he takes his materials. In everything he is cautious, cool, calculating, deliberative. Every step is weighed; every word is balanced upon the lip before it is uttered. The simplest act is enveloped in mystery. He fancies himself the prince of medical diplomatists; he loves intrigue; language he thinks given to conceal his thoughts; he is the most natural Jesuit we ever knew; it is not the triumph of art in him, it is his disposition. They say that the same dissimulation, or rather indecision, marks his course in general politics; that he plays Pan-gloss well, and is all things to all men, and is only consistent in consulting the instincts of his own interest. He was considered as a medical reformer until his evidence before the committee of the House of Commons astonished us with its startling tissue of contradictions, in which he subtilised and sophisticated until he succeeded in rendering himself unintelligible. The narrow and illiberal views which he

sketched out there he has carried into effect in his late notable scheme of professional degradation.

"Sir B. Brodie is a spare, delicate man, with a sharp, intelligent, careworn face. His features are good; a prominent, well-shaped nose, placed obliquely, gives him two distinct profiles, so that, like a Roman divinity, he may be said to have duplicity stamped upon his countenance. His forehead is more broad than high, always in our mind the indication of the possession of talent; eye sunken, denoting absence of great command of language, perceptive organs very much defined, *secretiveness and acquisitiveness large, and self-esteem towering above all the rest.* The eye is sharp, penetrating, reminding us of the 'canny' expression so common in the Highlands of Scotland. He is admitted to be a man of quick and nice discrimination; his detection of disease rapid; his treatment bold and decided. His mind, though not sufficiently original to be classed with men of genius, possesses a great fertility of profound and practical reflection. His profession has been the food of his meditations. The ardour with which he has cultivated it proves that it has been entwined with his warmest predilections: as an author, plain, precise, almost to a fault—no ornament, no illustration. He never takes up a leading principle, placing it in a variety of views. He takes care to keep his name before the public eye at stated intervals. He loves notoriety, though he is too wily not to affect to avoid it."

With respect to some of the scientific and professional labours of Sir B. Brodie, this writer remarks: "He supported his experiments [on animal heat arising from nervous influence] by much specious reasoning. Magendie, Heuser, Huller, Carpenter, and Liebig, have demolished all the ingenious but erroneous statements upon this subject, and with it all claims to a great discovery in physiology. His work on diseases of the joints was written principally in the form of cases, plain and unassuming, on a subject that had been much neglected; the composition simple, perspicuous, and full of judicious, if not original, opinion."*

Without any disparagement to Sir B. Brodie's professional claims to distinction, yet in a scientific point of view he must be considered by impartial persons competent to judge of his labours in this department as having been a "vastly exaggerated man," who, having had considerable extrinsic helps to his advancement, was enabled with his comparatively slender claims to scientific eminence to stand out in a prominent light, from meeting with but little competition in a country where the cultivation of science, if not positively discouraged, yet meets with no encouragement. Though Sir Benjamin's physiological

* M. Richet, in his prize memoir, "Sur les Tumeurs Blanches," published in the "Memoires de l'Academie de Medicine" (1853), expresses the following opinion upon this work: "Though conceived in a good spirit, it unfortunately is based upon data which are altogether inexact. It may suffice to refer to the ulceration of the cartilages. He bases his opinion upon several cases which are incomplete, and consequently valueless. He made his dissections with preconceived ideas, and he restricted himself to a much too superficial examination: he only saw the symptom, the principal phenomenon escaped him." M. Bonnet, in his elaborate work on "Diseases of the Joints," likewise exposes some of the doctrinal errors of Brodie's work, and a correspondent of the "Medical Times" remarked, "Many clever writers have registered their dissent from its doctrines."

investigations were zealously conducted, their conclusions were found to be inexact, and were disproved by subsequent investigators in the same field.*

"It cannot be said," remarked a writer in the "Medical Circular" (October, 1864), "that Sir B. Brodie had a suggestive or imaginative mind, or any of those qualities that constitute genius and enable a man to force his way against adverse circumstances, or to leave a perpetual mark on the science of his age. His name is unassociated with any bold operation or remarkable improvement in the surgical art." The "Medico-Chirurgical Review," in its notice of Sir B. Brodie's "Autobiography," adverting to his works, remarks: "After all, he gained more credit for acumen perhaps from his 'Lectures on Certain Nervous Affections' than from any others of his writings." These "Lectures" chiefly treated of a form of functional paralysis occurring for the most part in young or middle-aged females, of the nature of which when the lectures were delivered he offered no explanation, merely designating this kind of paralysis as "hysterical." In the first edition of my work on "Nervous Disorders" (a copy of which was sent to Sir Benjamin), I ascribed this affection to a state of debility or inactivity of the volitional faculty, which explanation was given by Sir Benjamin when these lectures were published in a separate volume, without there being any acknowledgment of the source whence he derived it—*this being the only passage marked in italics in his book*. The justness of this explanation, of which Sir Benjamin assumed the credit, has since been generally acknowledged, and has had great influence in improving the treatment of these affections.

As respects Sir Benjamin Brodie's non-professional and non-scientific publications, I consider that they rather detract than otherwise from the reputation of a man of science and letters—which opinion is corroborated by the reviews of them in some of the literary journals—and that they have served no useful purpose. Nevertheless, in this respect also their author has been in certain quarters made the subject of extravagant panegyric. His "Psychological Inquiries" was cried up to the skies in the "Lancet" as being a something transcendental, which would alone have ensured the author a high reputation; and yet the book is a mere hash-up, in the form of dialogue, of well-known physiological facts with comments thereon, of a popular nature. The expectation of there being something superior on the subject of

* Especially as regards the dependence of animal heat on the nervous system, and the dependence of the secretion of the gastric juice on the eighth pair of nerves. With respect also to a conclusion at which he arrived, as to the effect of tying the hepatic duct in arresting chyli-faction, an eminent physiologist observes, referring to some other experiments: "These results disprove the opinion of Brodie, who believes the bile to be indispensable to the formation of chyle. Some writers," he adds, "have pretended, with Brodie, that the brain and spinal cord exercise a direct influence on the secretion of urine, which they conceive to be dependent on these organs. We have refuted this opinion in a convincing manner."—(Brachet's "Physiologie," 1855.) Another distinguished foreign physiologist, on passing in review the opinions of the most eminent investigators in this department, does not mention the name of Brodie; and in a subsequent part of his work only adverts to one of his conclusions to demonstrate its invalidity.—("Leçons de la Physiologie du Système Nerveux, par M. Berard, Membre de l'Institut.")

psychology in a publication to which the name of Brodie was appended carried the work to a third edition, but disappointment could not fail to ensue on its perusal, when there was found to be but little reference to psychology, in the proper sense of the term; it consequently soon fell into oblivion; and on a second series, more meagre in originality than the first, being published, it met with but little demand.*

The "Dublin Medical Press" remarked on this head (December, 1862): "Among those medical men who combine high professional reputation with distinction in the world of letters he was foremost. His 'Psychological Inquiries' were highly appreciated by the non-professional public. His paper on Homœopathy in 'Fraser's Magazine' is an admirable sample of clear philosophical reasoning, forcibly expressed, and full of conviction for those who desire to deal with the subject intelligently." Dr. Acland, speaking of this paper in his biographical sketch, says respecting it: "Full of years and vast experience, he felt himself called upon to leave, *as one of his last legacies to his countrymen, his manly answer to some ill-grounded fallacies which fashion supports under the guise of medicine improved and reformed.*"†

* "As his second volume," says the reviewer in the "Lancet," "must necessarily pass through several editions, 'Psychological Inquiries' will be looked upon as a standard work—a work so creditable to its venerable author, that if he had written nothing else it might be justly regarded as sufficient to constitute a noble monument to his memory." On the other hand, the "Athenæum" says of it: "This work imperfectly fulfils the promise on its title-page." It is similarly estimated in the "Glasgow Medical Journal," and the "Boston Medical Journal" (June, 1858) likewise states the title to be a misnomer, and that the work is rather a popular than a scientific one.

"The intrinsic merits of this volume," says its reviewer in the "Critic," "would not obtain for it a wide and lasting reputation. As a thinker, Sir B. Brodie is neither very deep nor very bold. The title is not quite correct, for it is rather to physiology in a large, than to psychology in a limited sense, that the work relates. Sir B. Brodie belongs to a class of writers useful, probably, but neither stimulating nor suggestive. In an age of mediocrity and mammon, to give pungency to platitudes becomes a leading art. In this art our author excels; but it is an objection to platitudes that they are only half truths, or superficial truths. Sir B. Brodie has no descriptive, no dramatic power—*Eubulus*, *Crites*, and *Ergates* are the merest shadows. When, likewise, he attempts to paint a scene for us, we receive no distinct or vivid impression."

A correspondent of the "Lancet" who signs himself "Eubulus," referring to Sir B. Brodie's "Autobiography," admires the profound skill displayed by its author in the acquisition of wealth and honours, adding, "As an anatomist and surgeon Brodie is not to be compared to Sir A. Cooper, yet he acquired honours that were never conferred on Cooper."—(May, 1865.)

† This letter contains no arguments against the system beyond what had been brought forward by myself and others; while the homœopaths looked upon it as a godsend, by its having the effect of again drawing public attention to a subject that was greatly on the wane, and from its giving some of them an opportunity of writing pamphlets in reply to some statements of Sir B. Brodie's easy to be controverted; on which account I was induced to publish a rejoinder to these replies, with the object of setting the matter in its proper light (as a supplement to the fourth edition of my "Homœopathy and Hydropathy Impartially Appreciated"). The "Letter" was somewhat sharply criticised in some of the French medical journals. The "Gazette Medicale de Paris" (December 7, 1860) remarked on it: "Each country is more or less acquainted with its own temperament, and possesses remedies which respond to its idiosyncrasies. Let us hope that this letter will produce upon the homœopaths the effect of certain insecticide powders. But if

Sir Benjamin's long letter to the "Times" on the evils of smoking was severely criticised in some of the journals as being uncalled for, and as containing no new arguments, but some erroneous statements easily controverted.* This criticism doubtless deterred him from again seeking by this means to keep his name before the public, after retiring from active professional life.

From the directions given by Sir B. Brodie for the republication of his collected works at a high price (2l. 8s.), under the editorship of his former private assistant, it appears that he contemplated they would be in some demand; as if many persons would be likely to care for old, well-known opinions—some dating from the beginning of this century—or for works that have been superseded by more modern productions on the subjects. Several persons were curious to see what Sir Benjamin had to say for himself, and the prefixed "Autobiography," separately sold, reached a second edition. The publication of the works was, however, a failure; and it would surprise me to learn that more than fifty or sixty copies were sold. Indeed I think there are but few of the more advanced members of the profession who would accept these volumes as a gift, if the obligation of wading through them was made a condition of their acceptance. If Mr. Hawkins could have produced a moderate-sized volume, comprising a summary of his patron's observations, and comparing them with the opinions that have been subsequently expressed by other labourers in the same field of research, so as to have presented a sketch of the actual state of science in so far as regarded them, it would doubtless have met with acceptance from the profession. This, however, was scarcely to be expected; all that could be looked for from him was the bare reproduction of the *verba magistri*, which has appeared.

"Successive sovereigns," says Dr. Forbes Winslow, in the article referred to, "had conferred upon Sir Benjamin the highest dignity accorded to members of his profession, that of attendance upon royalty." The serjeant-surgeoncy, be it observed, is an appointment for life, but I believe Sir Benjamin was never called upon to attend either King William, Her present Majesty, or the Prince Consort. This appointment on the accession of the King was fully intended for Mr. Keate, in consideration of his long services rendered to his Majesty when Duke of Clarence, and to other members of the Royal Family. A statement of the manner in which Mr. Keate was supplanted appeared in the "Lancet" (November, 1833), under the heading of "Intercepted Letters," suppositiously addressed by Sir H. Halford to Dr. Seymour, the writer of which appears to have been

we may judge of English public spirit from that of France, the remedy would appear to us to be worse than the disease." The "Gazette Hebdomadaire" (November, 1860) also thus speaks of this publication: "We much fear that it will fail of producing its full effect. Who knows whether homœopathy will not find its account in this lecture? We may see what a career is thus opened to malignity; we may likewise foresee what a deluge of replies will be called forth by this provocation. Leave time to do its work; it will soon finish wearing out this threadbare cloak, of which they seek to conceal the holes with ill-assorted patches."

* "What powerful motive can have induced Sir B. Brodie to write to the 'Times' on the subject of tobacco?"—(*Medical Circular.*)

pretty cognisant of the circumstances of the case. "You are, I believe," he says, "in possession of most of the facts relative to the means by which Brodie obtained the appointment, and how cleverly we diddled poor Keate. It was his [Sir W. Knighton's] invisible influence that forced Brodie's attendance on the late King, and our beloved monarch, who was as sharp and clever a gentleman as ever I saw, burst forth one day and exclaimed, 'That d——d fellow Knighton brought me a Methodist parson yesterday, instead of sending my own surgeon.'*" Knighton was bound to get this appointment by hook or by crook for Brodie, for reasons I may tell, but dare not write even to you, my kind friend, as you know how nicely he managed your own little matters in getting you appointed to St. George's Hospital. Sir William Knighton being dismissed from the household of his present Majesty, and having got into *mauvaise odeur*, got Sir Wathen Waller to state to his Majesty, that the appointment of sergeant-surgeon was promised by his beloved brother, some time previous to his death, to Mr. Brodie. The hoax answered, and the appointment was accordingly given to that surgeon. Many hours had not elapsed before the Royal eyes, which had been blinded by that old oculist, Sir W. Waller, were opened, and the King, as you well know, expressed in the most unequivocal terms his regret in having thus hastily 'fooled away the office,' and said that he had been 'taken by surprise,' or it certainly should not have been so disposed of to one who had no claims on his Royal favour; and you must be quite aware that King William never admitted Brodie, but has loaded 'honest Bobby Keate,' as he calls him, with marks of attention and kindness.†

"I find that Mr. Brodie's interview with Lord Melbourne (then Prime Minister) has done anything but good. Lord Melbourne observed to a friend of mine, that Mr. Brodie had an air of humility and simplicity in his manner; yet, being a half-believer in phrenology, he thought that Mr. Brodie appeared to have the organs of '*secretiveness and acquisitiveness of their full size.*'"

On the issuing of a manifesto by the Council of the College of Surgeons, under the presidentship of Sir B. Brodie, in reply to the animadversions which were called forth by the partial mode in which the selection of Fellows was made after the charter was obtained, the following indignant remarks appeared in the "Times":—

"The more that manifesto is considered, the more decided must

* The friendship between Sir W. Knighton and Sir B. Brodie is referred to in the "Autobiography;" the latter having done his best to exculpate Sir William from the charge of his having improperly treated the case of a noble duke who died under his hands. Dr. Seymour's father, who resided at Brighton—where George IV. passed most of his time—was a friend of Sir W. Knighton, and through his instrumentality obtained Sir B. Brodie's support to his son's canvass for the physicianship to St. George's Hospital—with which he had previously no connexion. We have nevertheless seen the reply which Sir Benjamin made to Mr. King, that no one who had not been educated at the hospital had any chance of succeeding in canvassing for a medical post in the institution. It appears from a late statement in the "Lancet" (1865) that Sir Benjamin succeeded in ingratiating himself with the King, as we are there informed that he "was a great favourite of George IV., and attended him closely in his last illness. *He visited the King at six in the morning, and stayed chatting with him a couple of hours.*"

† Mr. Keate received an apology from William IV., who expressed his regret that he could not acknowledge his services as he wished. He told me that some indirect influence had been employed to prevent his nomination to the office.

be the conviction that the Council have not only wilfully and systematically, but from mere mercenary motives, betrayed the trust reposed in them.

"According to Mr. Abernethy, medicine and surgery are one and indivisible. According to the oracle at whose shrine Sir James Graham bows, and by whom he has been involved in his present Benjamin's mess, medicine and surgery are to be treated by the Legislature, for the purpose of securing an income to the Council of the College of Surgeons, as totally distinct and irreconcilable.

"Ignorance, blundering, obstinacy, almost any defect of the head may be tolerated in those holding official positions, provided they be not suspected of dishonesty, but when once misrule is found to proceed from motives that cannot be justified, farewell to the prestige of office; reform then becomes inevitable."*

In the pamphlet which I published soon after the passing of the Medical Act, after referring to the strong animadversions that had been from time to time made on Sir B. Brodie in political and medical journals, I stated that "one who could supplant [in the serjeant-surgeony], in the manner recorded, a colleague of whom he was accustomed to speak as his friend—who could take a fee of two pounds from a practitioner known to him, under the circumstances I have mentioned (as told me by the gentleman himself)—who, while inculcating upon students the necessity of 'liberality, generosity of character,' &c., could allow his name to appear in a long list of contributors to the relief of destitute widows and orphans of medical men as a donor of a pound or guinea, and whose contribution to another benevolent medical institution was of insignificant amount—who could asperse the conduct of a body of students, and shirk making any reply to the indignant inquiry made by two of the lecturers of the school as to the grounds of his accusation—who could go about to disparage a candidate for the surgeony among the governors of an institution with which he was not connected [Charing-cross Hospital]†—who, moreover, could procure through the instrumentality of a packed board a grant of 200*l.* a-year for the support of his Kinner-ton-street School, notwithstanding such an appropriation of the hospital funds was declared by counsel to be illegal, and who could continue to draw this amount for a series of years after the school became able to pay its own expenses, and the hospital being in want of funds—which were solicited by advertisement—such an one," I said, "most unprejudiced persons would, I doubt not, agree with me, is not a fit man to be President of the Medical Council." I added that "such an one, be his professional or scientific qualifications what they may, is not, I think, the person who should be allowed to have the chief voice as to the disposal of the large sum of money collected under the registration clause of the act. There was no occasion for the imposition of any such tax, but as it has been paid by the great majority

* In his article on "Medical Reform," published some years previously in the "Quarterly Review," Sir Benjamin remarks: "It is in the nature of corporations, as of individuals, to like the acquisition of wealth, and it is to their interest to have as many applicants for their diploma as possible."

† One of the governors who had supported Mr. Hancock in his canvass told him he could no longer do so, after what he had heard of him.

of practitioners, it is mainly upon the President of the Council, in the absence of auditors, that the responsibility will devolve of rendering an account of the way in which the money is disposed of." How far these remarks (published in 1859) were justified may be inferred from what has since been made public, both as regards the "absorption" of the 200,000*l.* which St. George's Hospital possessed till the management of the funds was assumed, notwithstanding strong opposition, by the Brodie clique constituting the weekly board, and also as respects the registration money, no satisfactory account having been given of the large amount comprised in the first year's collection. The balance-sheet was published without the usual appendage to similar documents of the names of a treasurer or of auditors.* The amount received was 35,836*l.*; the expenditure for the year, amounting to 8,165*l.*, was specified under the following items: 2,450*l.* for members of the Council, and 700*l.* for their travelling expenses (altogether 3,150*l.*), 500*l.* on account of the Pharmacopœia, and then, included under one item, for printing, stationery, rent, and salaries, £4,229, of which, *per contra*, there is an item of one shilling due to the registrar, this being the only minute item given.

This off-hand statement gave rise to a letter to the "*Lancet*," wherein the writer observes: "There are many points in the last abstract of income and expenditure which call for strict inquiry, and which ought to be explained to the profession, for whom the Council only act as trustees. According to the abstract for the year ending June, 1861, the Council expended the enormous sum of 8,165*l.*, with a real income of about 3,000*l.* The Council have been at no expense for meeting, or even for refreshments, the two Colleges of Physicians and Surgeons having liberally granted to them the use of their buildings free of expense."

The only salary paid is 500*l.* a-year to the Registrar. No reference is made to the compensation of the President, who, as no definite sum was allowed, perhaps considered himself entitled to perquisites, in accordance with the sentiments he expressed on the occasion of a discussion in the Board-room of St. George's Hospital respecting the election of his private assistant, Mr. Cutler, to the assistant-surgeoncy.

In one of its first meetings in 1861, a motion was carried in the Council for the formation of a finance committee. Two or three days afterwards, the President, who had already presided, and who had given no intimation of any such intention, sent in his resignation by a letter, which was read in silence, without eliciting any comment, and it was only at the second subsequent meeting that a vote was passed expressive of regret at the Council's losing his valuable services. That this resignation was as unexpected by the profession as it was by the Council, appears from the comments made upon it in some of the medical journals. The "*British Medical Journal*" was then disposed to ascribe it to the President's letter, exculpating the Examiners of the College of Surgeons from blame, for granting the

* On the occasion of the conviction of the Rev. Mr. Fletcher—who acted in the joint capacity of trustee, treasurer, and secretary to the Bilston Savings' Bank—of having appropriated to his own use 8,000*l.* of the funds of the institution, the "*Times*" observed, in a leading article, "respectable names and elaborate regulations are of no kind of avail as long as the accounts are without practical supervision and audit."

diploma to two unqualified persons ;* but in the subsequent eulogistic biographical notice which appeared in that periodical, it is attributed to his failing eyesight, "which rendered him incapable of performing the duties." If so, why did he not resign prior to, or at the first meeting, on beginning the session, personally stating his inability to continue to fill the office, instead of resigning by a letter immediately after the decision was come to to establish a finance committee? Under this new management, we find the expenditure for the year ensuing estimated at less than one-half the amount of the preceding year—viz., 3,862*l.*, of which sum 1,057*l.* (much less than half placed opposite the corresponding one of the former year) is put down as fees paid for the attendance of Members of the Council, and *only* 437*l.* opposite the item comprising printing, postage, advertising, *rent*, &c., for which objects (with the sole addition of the Registrar's salary of 500*l.*) 4,229*l.* is set down as having been expended the preceding year.

Mr. Charles Hawkins has prefixed to the "Autobiography" the opinions of some of Sir B. Brodie's friends respecting his character. This was doubtless done from the knowledge that an attempt at vindication was required. Can any one imagine Sir Astley Cooper's biographer appending to his published "Life" testimonials as to *his* character? *Qui s'excuse s'accuse*. Among these panegyrists is M. Giraldés, an eminent Parisian surgeon, whose praise, however, is restricted to Sir Benjamin's professional labours. Another is Dr. Babington, who remarks, "I never knew a man of a more single and upright character, one more free from affectation or presumption, or who *more completely impressed me* with a belief that the main object of his efforts was, wholly irrespective of self, to benefit those by whom he was consulted." It was an essential part of Sir Benjamin's "little game" to endeavour to impress people with an opinion of his uprightness and disinterestedness, and many persons who had no opportunity of knowing the objectionable features of his career have been led to form a partial estimate of him, deduced, it may be, from *ad captandum* discourses to students, duly published in the medical journals, or from the adulation of interested partisans; which estimate would have been very materially modified by a knowledge of actions but little in accordance with the sentiments expressed.† His "Autobiography," evidently composed with much care, and written with an air of candour, has the sole object of presenting its author in the most favourable light ;‡ but from an impartial survey of Sir Benjamin's public conduct,

* "Whether or not the retirement of Sir B. Brodie has anything to do with his celebrated letter—which has been read by the whole profession with sorrow and regret—we cannot say, but the coincidence is singular."

† *Fluellen*: I do assure you he spoke such prave 'ords at the pridge as you shall see in a fine summer's day.

Gower: 'Tis an arrant counterfeit; a gull.

Fluellen: I do pelieve he is not the man he would make the 'orld pelieve he is. ("Henry V.," Act iii.)

‡ The writer in the "Medical Times" already quoted ("Probe") remarked respecting self-biographies, though without reference to any one in particular: "They are amusing, as they prove how glowing, how minute in detail, men become when inspired by self-love; how ingenious they are in putting a good face upon a bad cause; the ease of execution with which they can convert a very little man into a very great man. Every useless theory, every obsolete incubation, and literary

and from the record of several reprehensible acts, the only just conclusion that can be deduced is that, how much soever he may have endeavoured to conceal it, throughout his career he was actuated by motives of a purely egotistical character, among which the *amor nummi* and self-esteem were predominant;* and it must, I think, be clear that the animadversions that have at various times been made upon him were neither dictated by personal enmity nor made upon insufficient grounds. To refer merely to two or three passages that I have quoted: Why should one writer have remarked that he may "be said to have duplicity stamped upon his countenance?" Why should the "Times" have coupled the term "dishonesty" with an allusion to Sir B. Brodie? Why should a writer in another medical periodical, when it became known that the St. George's Hospital property had been all "absorbed," have alluded to the "Sir John Dean Pauls amongst us; good honest men till they shall be found out?" Why should a recent writer in the same periodical have mentioned "deceit, trickery, and knavery," in reference to him? Then, again, who but Sir B. Brodie, as President of the Medical Council, was accountable for the manner of disposal of the registration money collected the first year after the passing of the Act? We have seen in the account rendered that the large sum of 4,229*l.* formed a single item for matters of little import, which (with the exception of 500*l.*, the registrar's salary) the next year, when the money affairs of the Council were under the management of a finance committee, amounted only to about a seventh of the sum (437*l.*), though there could have been but little more required under this head during the first year than during the second—certainly nothing that could account for this enormous difference. Moreover, could it fail to strike many persons as

antiquity which they had compiled and manufactured, was dusted and forwarded. It seems to be a law of nature that where a man has a chance of praising himself he will generally give himself the full benefit of his own approbation, and carefully avoid giving prominence or reference to unfavourable particulars that may tend to lessen the extent of his reputation."

"Pride," says a recent medical writer, "not unfrequently seeks to hide itself in great gentleness, mock modesty, and high religious profession. When there is a softness of manners, extraordinary amiableness, a parade of kindness and sympathy, where things can be effected by secret stratagem, contrary to the professions of avowed kindness, pride, yea, consummate pride, may be detected. There is the solicitude for notoriety, while the mind is weak enough to endeavour to conceal it in the vestments of humility. The common eye does not always detect the falseness of the character, but renders it the desired homage, fanning the flame of self-love."—"A Commentary on Medical and Moral Life," by W. Cooke, M.D.)

* Sir B. Brodie has sometimes been compared with Sir A. Cooper; it is only, however, in a professional point of view that any grounds for comparison can exist, for otherwise, both in aspect and demeanour as well as in actions, there was a striking contrast between these two distinguished surgeons. Let any one consider how far the ennobling sentiments publicly expressed by Sir B. Brodie on several occasions, and the eulogiums of his friends, accord with his paltry contributions to professionally benevolent institutions, and to his instituting an annual prize of the value of 5*l.*, to be competed for by students of the hospital from which he was unlawfully drawing 200*l.* a-year. There is no contribution recorded of him being made for any benevolent, professional, or scientific purpose; nor is anything bequeathed for such a purpose; whereas, besides what Sir A. Cooper did in his lifetime, he instituted a prize of 300*l.* to be triennially awarded towards the promotion of surgical knowledge.

very suspicious that, soon after the commencement of the second session of the Council, and on the formation of a finance committee, Sir B. Brodie, instead of facing the members of the Council, should have by a letter resigned the presidentship—of which no previous intimation had been given, and which last took the profession, and doubtless the Council itself, by surprise? These matters ought to have been made the subject of a searching investigation. Nothing can more strongly evince the necessity for an efficient legislative supervision of medical affairs than the laxity which too often prevails in the financial management of charitable institutions.*

It is certainly discreditable to the Legislature that the only means likely to procure redress for abuses to which the medical profession has been so long subjected, should be by making an appeal to public opinion. Several years ago, regarding the pages of a medical journal as the most proper medium for endeavouring to attain this object, and believing in the sincerity of the late editor of one which has made great semblance of devoting itself to promoting the interests of the profession, I published in the "Lancet" a series of observations upon its condition, in the course of which I stated some circumstances showing the injury resulting from individuals being allowed to exercise undue control over its management, and the unfitness of Sir B. Brodie to take a prominent part in its affairs; the justness of this opinion being, I submit, fully confirmed by what has subsequently been brought to light. This part of my observations the professed advocate of the reform of abuses declined to insert in the journal, though he did not doubt the truth of the statements; and shortly afterwards there appeared in its pages the adulatory biographical notice to which I have referred; since which the "Lancet" has taken every opportunity of "fooling to the top of his bent" the object of its adulation, in positive contradiction to the opinions expressed of him at a former period.

The circumstances to which I have adverted are well known to many members of the profession, to many of the Governors of St. George's Hospital, and to others of the general public. They were repeatedly animadverted upon during the lifetime of Sir B. Brodie, but it did not suit him or his friends to notice those animadversions. When therefore Sir Benjamin's panegyrists seek in their *ante* or *post obit* comments to represent him as a man the nearest approaching to perfection, it becomes necessary on the part of an impartial observer to show how far such a representation is warranted by an exposition of the true state of the case.†

* Adverting to a case of embezzlement of funds of the Liverpool Hospital, for which a trustee named Anderson was committed for trial some years ago, the "Lancet" remarked: "The embezzlement of hospital funds is certainly one of the gravest offences of which a man can be guilty. It involves a treble breach of trust. It is a robbery upon the donors, the trustees, and the poor. Such an offence passes beyond the moral bounds of a misdemeanour. The judge properly remarked that 'this was one of the worst forms of embezzlement; for here was a man entrusted with funds for a charitable purpose, appropriating these funds to his own uses.'"

† The following remarks on "Medical Friendships and Undue Influences" appeared in a Parisian medical journal ("Gazette des Hopitaux," December, 1864) with reference to a bygone time, when a spirit of professional clique and *camaraderie* prevailed in Paris:—

"Every one knows what these pernicious and shameful influences can effect

In again bringing this subject forward I disclaim being actuated by personal feelings; but I have acted from a sense of duty to the profession, and in order to justify the opinion I formerly expressed. Should any reply to the observations I have deemed it necessary to make be forthcoming, all I request is—as I do not myself publish anything anonymously—that the parties will append to it their names (unless in an editorial capacity).

Had I merely consulted my own wishes and convenience, I should have abstained from further occupying myself with medical reform; but, inasmuch as a satisfactory settlement of the question seems likely, by the course of proceeding contemplated, to be put off to an indefinite period, I should consider it a dereliction of duty not to make another effort in the cause. Should no good result ensue, at all events ignorance can no longer be alleged of the actual state of matters, which I have endeavoured faithfully to represent.

in the medical body. We readily admit that there are really legitimate and useful influences. Men of acknowledged merit and incontestable honesty cannot abdicate the exercise of any action upon their brethren. Their so doing would be wrong, and detrimental to science. But such men do not seek to impose their will upon others in order to promote by any means the advancement of their friends. If they recommend a man for the occupancy of a post, it is from a full knowledge of him, and because they are sure beforehand that their *protégés* will do credit to their honest recommendation; and they use their influence with a certain reserve. They do not require that their *protégés* should at all events (*quand même*) attain to a position; they only require that they should be heard and impartially judged of according to their merits.

“This man of whom we were just speaking did not in the least concern himself as to whether those whom he supported and pushed on so energetically were calculated to fill the posts they sought to occupy; it sufficed him to know that they were of his friends and flatterers. Neither did he concern himself as to whether in the contest he destroyed the prospects of another, or kept back a man capable of rendering service to the community and of furthering the progress of science; he only knew that he was not of his friends, and would never have been harnessed to draw his chariot. Oh shame! there were always to be found men mean-spirited enough to enter into such miserable calculations, who were but too happy to be of use to this power and become his *friend*. These times have happily passed away from us; may they never return!

“Everything in this world comes to an end, and one day the *friend* slept in an eternal sleep. Do you not inhale the fumes of the offered-up incense? Do you not hear this concert of praise! Listen, all the *friends* will pay their tribute: ‘He was a good man, his heart was pure as gold; his feelings for others were those of a father; his disinterestedness was sublime. All in him was perfect, and came up to the height of his incomparable genius.’ But, in truth, this man was a bad man, of a mediocre and narrow mind, an egotistical calculator, who never gave anything but for an equivalent. His influence was perniciously exerted, and served only to demoralise. Happy are the times which know neither such friendships nor such influences.”

ADDENDA.

THE following extracts are from a review of "The Medical Profession in Great Britain and Ireland," and "The St. George's Hospital Medical Staff," which appeared in the *Gazette Medicale de Paris* (May, 1860):—

"The state of moral debasement in which the medical profession in England languishes has been for several years past the object of the thoughts and legitimate complaints of the most eminent practitioners of that country. Meetings, commissions, associations, have been formed with the view of studying and of proposing, either to the Ministers or to members of Parliament, measures to be introduced into legislation in order to put an end to the evil. From every side plans have been brought forward, each of which has been cried up by its author as the only remedy, and which on slight examination have been found to be either impracticable, unjust, or insufficient. Amidst this universal agitation, this confusion of ideas and of means, there remained but one course to take; this was to study seriously the mechanism of the medical institutions and the conditions of the profession in other countries; to compare these institutions and conditions with those of England; and to draw from the comparison conclusions which might serve to ameliorate the state of the profession in England. This is just the task which Mr. Lee imposed upon himself, and we may at once say that he has known perfectly how to accomplish it, after having made many prolonged visits to the Continent, and seen with his own eyes the working of the medical institutions in the most highly-civilized countries.

"The general remarks on the state of the profession in the first chapter exhibit, from a variety of medical and non-medical quotations—in accordance with the aim of the author—a tolerably complete view of the sad state of English medicine. Indifference on the part of Government and of Parliament with respect to medical affairs; uncontrolled power of the corporations (about twenty in number) which have the right of conferring diplomas; conflicts between these different corporations, each acting for its own interest, and not for the interest of the general body of practitioners; instead of union, consistency, and strength before the public, disunion, rivalries, and jealousies; instead of dignity, debasement of character, as well as of position, in the public eye, as compared with the other professions of the Bar and the Church; instead of protection in justice against charlatanism and the illegal exercise of medicine, there is scarcely tolerance and the recognition of the rights of the practitioner; lastly, instead of a position in society and in the State commensurate with the importance and the grandeur of the art, only money, if it can be acquired. Such are the complaints which English medicine utters while loudly calling for the cessation of so many evils, by means of a reform, which, by causing the mass of corporations to disappear, or by depriving them of the power of granting diplomas, would bring back the medical body to the union which can alone give it strength.

"In the three following chapters the author examines successively the medical organization of France, Italy, and Germany. It is from official documents that he has derived information, and in seeing the wheels act

that he has understood the mechanism of those various institutions which he has described with great clearness of exposition, and which he has appreciated with impartiality and a remarkable justness of view.

"In the second work Mr. Lee undertakes to expose the abuses to which the mode of conducting hospital elections gives rise; which abuses he regards, with reason, to be one of the principal causes which have tended to deteriorate the medical profession in England. Thus influences of all kinds, of family and fortune, intrigues of every sort—such are the means by which access to posts in hospitals is obtained, instead of high professional knowledge, the most brilliant scientific titles, the most elevated merit. Thus in a period of seventy years, of forty physicians and twenty-eight surgeons who have composed the medical staff of St. George's Hospital, the names of six only have survived oblivion.

"Mr. Lee adduces several instances of men remarkable for their talents who have failed in their candidature for posts at the hospital, while their competitors, less learned, but better supported, succeeded; and he ascribes a great part of this undeserved success to the unjustly-exercised influence of a celebrated surgeon, in whom a high professional and social position has not extinguished petty passions and paltry jealousies. We find it difficult to believe that all this degrading and detestable work can be absolutely necessary for the success of a candidate. What are the consequences of such proceedings? When it is considered what are, scientifically speaking, the men who have recourse to these means; when we reflect that these men, by the very fact of their position in hospitals, *become the masters and instructors of young men, and that they constitute the members of the corporations which confer diplomas*, we may well ask what are the generations of practitioners which they form?

"The memoir is preceded by some remarks on the Medical Act of 1858. This Act has added almost nothing to the advantages formerly possessed by practitioners; it has not, in fact, in anywise altered the previously-existing conditions of medical education, and has formed a pretext for imposing an additional tax upon practitioners. In every point of view this Act has been received with but little favour by the medical body. Some have seen in it only a preservation of the privileges of the corporations, and the retention, or nearly so, of the ancient state of things; others, the greater number, have been aggrieved by this new imposition upon them; some have seen with pain the choice which has been made of the President of the new Medical Council. This is, at least, what results from the numerous citations which Mr. Lee has made from the various journals, to which he has added his own remarks. The perusal of these two memoirs, while showing us how much remains to be done for English medicine with regard to institutions and professional conditions, in order for it to arrive at the degree of elevation and social dignity which medicine occupies with us, leaves us room to hope that it will yet see brighter days. We have, as a guarantee of this hope, the zeal and the talent of men who, like Mr. Lee, work for its regeneration."

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COPY OF TESTIMONIALS FROM EMINENT FOREIGN SURGEONS SUBMITTED TO THE GOVERNORS OF ST. GEORGE'S HOSPITAL, ON THE OCCASION OF A VACANCY IN THE OFFICE OF ASSISTANT-SURGEON.

M. ROUX, *Professor of the Faculty of Medicine, Member of the Institute, Surgeon to the Hôtel Dieu, &c.*

I certify having known very particularly Mr. Edwin Lee during the different periods of his residence in Paris, that he has attended with remarkable assiduity my visits and operations at the Hôtel Dieu, and that in the relations which he has had with me, I have repeatedly been enabled to perceive the good spirit by which he is animated, to convince myself of his extensive information, and that, if favoured by circumstances, and placed upon a fitting theatre of observation, he will not fail to become a distinguished man.

M. VELPEAU, *Professor of the Faculty of Medicine, Member of the Institute, Surgeon to the Hospital la Charité, &c.*

I certify having known Mr. Edwin Lee for about ten years, and have been able to assure myself of his zeal in attending our visits and operations, of the solidity of his knowledge, and that at the different periods of his residence among us, I have always seen him pursue with ardour his medico-chirurgical studies.

M. LISFRANC, *Professor of the Faculty, Surgeon to the Hospital la Pitié, &c.*

I certify that Mr. Edwin Lee has followed with much zeal and exactness my clinical courses at various periods for several years, and that he has always exhibited proofs of a high intelligence, and of very distinguished talent.

M. RICORD, *Chief Surgeon of the Hospital du Midi.*

I certify that Mr. Edwin Lee has followed at different periods, during several years, my hospital visits and practice, and that in the scientific relations which we have had together he has always given me proofs of a profound and varied knowledge in medicine and surgery.

M. CIVIALE, *Inventor of the Operation of Lithotrity.*

Mr. Edwin Lee has followed during several months, and at various times, my practice at the Hospital Necker, and has assisted, with much zeal, at a great number of operations of Lithotrity, both at the hospital and in my private practice.

M. SICHEL, *Surgeon to the Ophthalmic Dispensary, Paris.*

I beg to certify that I have known Mr. Edwin Lee for several years, during which he has repeatedly attended my courses and clinic on the diseases of the eye, and that he has fully availed himself of the opportunities which he has enjoyed in order to acquire very extensive knowledge in the diagnosis and treatment of eye diseases.

M. ROBERT, *Surgeon to the Hospital Beaujon.*

I certify that Mr. Edwin Lee has followed my courses of operative surgery,

and that, in the numerous relations which I have had with him, I have been able to appreciate his extensive information and surgical skill.

Professor DIEFFENBACH, of *Berlin, Chief Surgeon to the King of Prussia, &c.*

Mr. Lee, whom I have known for some years, is a gentleman of excellent disposition, high talent, and great knowledge as regards practical medicine and surgery. As an author, he has already attained a distinguished name, and the scientific world hails with satisfaction any production from his pen. It is, however, more particularly to be desiderated that Mr. Lee should be afforded the opportunity of distinguishing himself in an honourable position connected with a large hospital, which, with his superior talents, he will assuredly not fail to do.

Professor VON WALTHER, of *Munich, Surgeon to the King of Bavaria, &c.*

Mr. Lee attended with the greatest assiduity and attention, during his residence at Munich of several months, the surgical and ophthalmic clinic under my direction, and I was consequently able, with much satisfaction, to appreciate his superior knowledge in medicine and surgery, his sound judgment, and his zeal in the cultivation of medical science. Being already known as the author of several instructive works, I can only congratulate his country, and any hospital to which he may become attached, on possessing such an acquisition.

Professor VON AMMON, *Surgeon to the King of Saxony, &c.*

Mr. Lee, whom I have had the honour of knowing during several years, has afforded me frequent opportunities of convincing myself, from the experience I have had of his judgment in individual cases of disease, of his extensive knowledge of medicine, surgery, and eye diseases. I beg further to add that Mr. Lee has acquired a complete knowledge of the state of medicine and surgery in Germany, which distinguishes him from most of his compatriots.

Professor STROMEYER, of *the University of Munich.*

I had been acquainted several years with Mr. E. Lee, when the opportunity was afforded me of testifying in writing that he is the most highly-informed young man of his country and profession whom I have known. His profound acquirements in the various branches of medical science render it difficult to say whether he is more proficient in medicine or in surgery. It is to be wished that he may occupy in his own country a position commensurate with his zeal and talents.

Professor RADIUS, of *the University of Leipsic.*

I have known Mr. Lee for several years, by personal acquaintance during his sojourns at Leipsic, as also from his works, and therefrom entertain a very high opinion of his proficiency in practical medicine and surgery. On account of his acquirements he was elected a foreign member of the Medical Society of this city.

Professor ANDREINI, of *Florence, Surgeon to the Grand Duke of Tuscany.*

I have with much satisfaction known for several years Mr. Lee, who has attended my clinique in the Imperial and Royal Hospital; and in the medico-chirurgical argumentations which I have held with him, I have always admired his profound knowledge, and the rare ability with which he is endowed.

Works by the same Author.

SELECTIONS FROM NOTICES
OF
MEDICAL AND SURGICAL WORKS
ACCOMPANYING THE TESTIMONIALS.

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