

**Address on the aids and hindrances to the general physician or general practitioner of medicine : delivered at the annual meeting of the Harveian Society of London, 18th January, 1883 / by William Hickman.**

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311  
26

ADDRESS

ON THE AIDS AND HINDRANCES TO

THE GENERAL PHYSICIAN

OR

GENERAL PRACTITIONER OF MEDICINE,

DELIVERED AT

THE ANNUAL MEETING

OF THE

HARVEIAN SOCIETY OF LONDON

18TH JANUARY, 1883,

BY

WILLIAM HICKMAN,

M.B., M.R.C.P., F.R.C.S.,

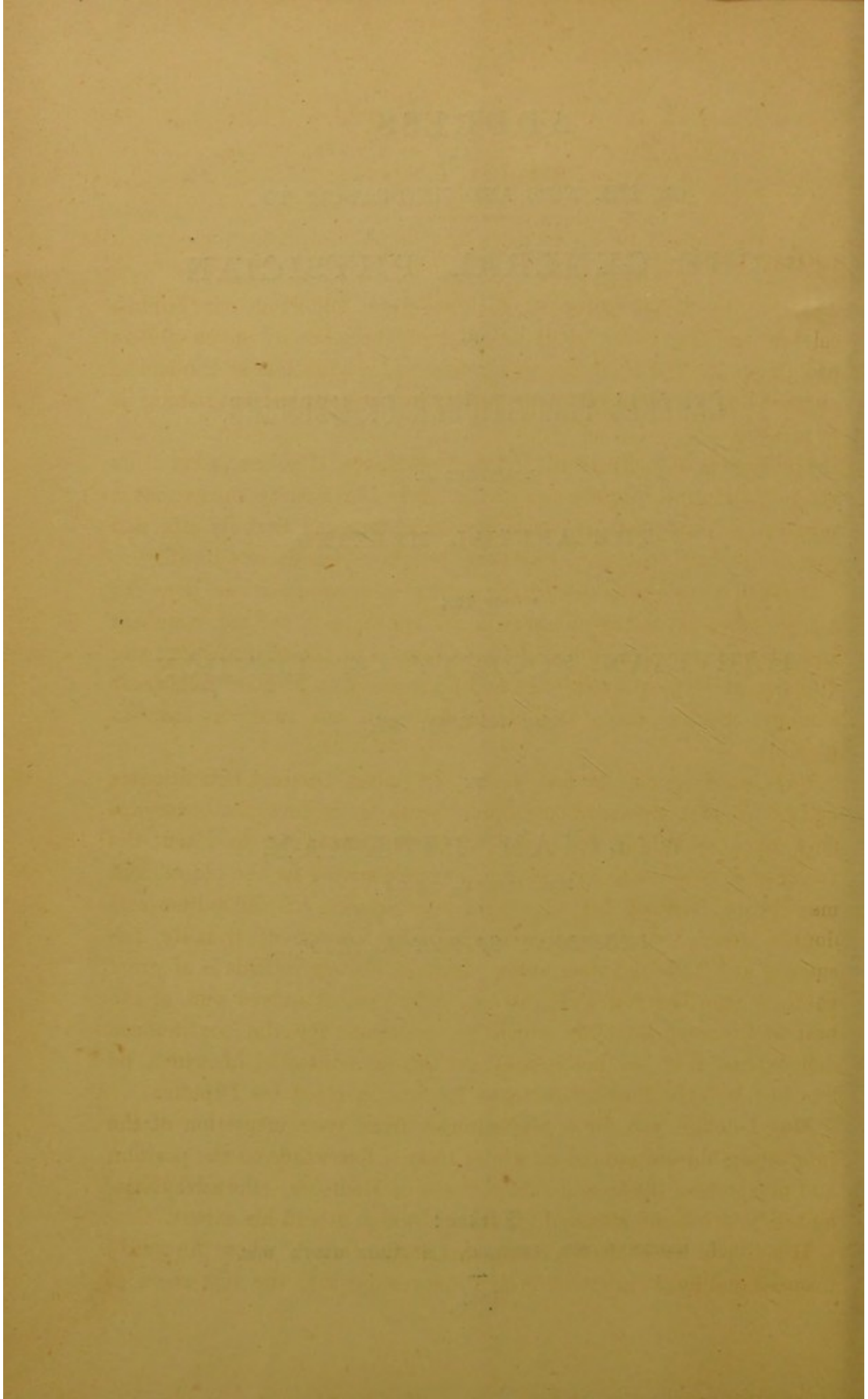
*PRESIDENT OF THE SOCIETY.*



London:

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1883.



## A D D R E S S.

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GENTLEMEN,

We to-day complete the first year following our Jubilee celebration; the work done in it gives promise of much future usefulness, and I trust that our Centennial celebration at the end of another fifty years may find our Society as vigorous and flourishing as at present.

The success of an Institution is some evidence, if not an index of its utility,—the continued success of the Harveian Society shews that it supplies a want not otherwise provided for, and that its aim and objects are duly appreciated by those to whom it addresses itself.

On such occasions as this of our annual conversazione we hope for a large accession to our numbers, and I appeal to all the non-members now present who, like ourselves, are desirous of the advancement and diffusion of Medical knowledge and the promotion of good fellowship amongst medical men, to come in and join our ranks as soon as possible.

Ours is a local Society and essentially one of General Practitioners and of friends; we are all on equal terms, we believe that everyone may have something to impart, everyone something to learn, the youngest is listened to with as much consideration as the oldest, and may bring forward his successes and failures, his difficulties and doubts, assured of interest and sympathy, certain of friendly discussion and helpful information. Such a Society as this is of great value to the General Practitioner, is at present indeed one of the best of the very few aids which he possesses for the continuance and extension of his medical education, an education of which he has but laid the foundation when he has obtained his Diploma.

May I detain you for a few minutes from your inspection of the interesting objects around us whilst I say a few words on the position and prospects of the General Practitioner of Medicine,—the advantages and difficulties, the aids and hindrances which attend his career.

His difficulties probably commence at the outset, when the newly licensed and duly registered Practitioner steps into the sick room of

his first patient, quite possibly the first sick room other than an Hospital ward he has ever entered, and when he has to answer the multitudinous questions of patient and friends as to a hundred details on which he has never had occasion to bestow a thought. He may be quite prepared to diagnose a tumour of the brain or an aneurism, but has rarely if ever seen a case of measles, or scarlet fever, has certainly watched neither, nor a case of Typhoid, throughout its course and its often tedious convalescence, and he is as likely as the oft quoted London M.D. to mistake a case of Small Pox for some unusual form of skin disease.

There is no doubt that the teaching in our Hospitals and Medical Schools has much improved during the last twenty years, but much yet remains to be done, especially in the way of separating the School work from the Hospital work and in the insistence on more practical teaching with regard to the latter.

There has long been a kind of rivalry between the "examination" and the "curriculum," some laying more stress on the one, some on the other. I should say let the Examination be the great test of the school work, the Curriculum carefully supervised and faithfully followed, the voucher for the Hospital or practical training.

No student should enter the Hospital until he has passed a satisfactory examination in Natural Philosophy, Chemistry, Logic, Anatomy, Physiology, Botany, Materia Medica and Pharmacy; let the work for this as for the preliminary examination in General Education be done anywhere and in any way the student pleases,—only make the examination thorough and practical, and teachers will provide the thorough and practical knowledge.

Hospital and practical work and actual medical study could then be entered upon without distraction, and carried on upon a sound basis of preliminary knowledge; the crowding in the wards would be diminished by the absence of the previous examination failures (amounting to nearly one-third of the whole body of students) and of the usually undue proportion of first and second years' men whom curiosity or compulsion drives uselessly from bed to bed.

The four years or less now allotted to learn the whole science and practice of medicine from its simplest rudiments upwards will before long be seen to be a ridiculously short time; I would suggest its being supplemented by twelvemonths' actual practice under super-

vision as an Assistant or a Dispensary Medical Officer, the Practitioner before getting his full license gaining some practical experience in a kind of "curacy," surely quite as appropriate and necessary in the cure of bodies as of souls. This would also take the place and be an improvement on the old apprenticeship system so much regretted by some, but under which I am inclined to think the student acquired as much that it was necessary to unlearn as to retain.

But the education of the Medical Student has been for so many years and continues to be such an object of attention with the numerous Medical Corporations and with the General Medical Council that it may seem superfluous and intrusive for me to animadvert upon it; I should like however to draw your attention to the fact that the governing or executive portion of each of these bodies consists almost entirely of Hospital Physicians and Surgeons, and Specialists, and that the General Medical Practitioner has no direct representation in any one of them; under such circumstances one can easily conceive that the general tendency of the medical education of the period would be to produce Hospital men and Specialists rather than good all-round practitioners.

What means has the General Practitioner of increasing and extending his knowledge of the ever-advancing science and practice of medicine?

His first and great aid will naturally be found in the literature of his subject, and here assuredly he will not lack material. Escaped from his text books he will probably be desirous to know something of the ancient authors, be eager to look through the works which have made illustrious the honoured names which have dimly flitted before him throughout his Collegiate career, he will be anxious to read those monographs and treatises, characteristic monuments of the patience and labour of the early days of the present century. Alas! he has no time for any of these, the current literature of the day will imperiously demand and monopolise his whole attention. The annual increase in Medical literature alone at the present time amounts to 1500 volumes, 2500 pamphlets, and 850 volumes of journals and transactions. Truly, "In the making of books there is no end."

Surrounded by such an enormous mass of material how is the practitioner to choose? The critiques and advertisements do not help him much with their assertions, that each book is one that

should be in the hands of every practitioner, and that each journal is started to supply a long felt want. What strikes one especially about the medical works of the present day is the number and constant succession of new editions, a book is published one year, it appears in a second and "enlarged" edition the next year, very soon re-appears in a third edition "carefully revised," and is very certain to come out eventually in a fourth edition "entirely re-written."

Now it seems to me that a book which requires revising so shortly after publication has hardly had sufficient revision whilst in manuscript, and a book which requires so soon to be re-written had better have remained previously unwritten. At all events every one who has bought or read the early editions will have wasted his money or his time.

One can hardly be quite so restrictive at the present day, as was the great Sydenham in his day, when he limited his young friend's library to Don Quixote; but a good rule would be to confine one's reading to the works of men who have at least some 20 years standing; who have gained and digested their experience, who have modified and steadied their views, who have made and maintained a reputation, and who write from practice instead of for practice. This restriction will still leave the practitioner far more matter than he will find time to read, although it is one of the great drawbacks of our profession that there is comparatively little of this class of literature; the successful man, the man of extended knowledge and ripe experience having little or no time to record his experience for the benefit of others.

As regards Medicine it may be said that Reading makes a full man, Practice a ready man, but Pathology an exact man. There can be no question as to the advantage to the Practitioner of maintaining and increasing his knowledge of Morbid Anatomy and Pathology. This can only be done by means of frequent Post-mortem examinations. Other things being equal the man who has made most post-mortems will be the best Practitioner, and much to the extent of his advantages in this respect will the Hospital man be, and feel himself to be, a better man than the outside Practitioner who lacks these advantages. Everyone, even the most ignorant patient and the most inexperienced practitioner has a pathology of some sort, and the fewer opportunities he has of acquiring a correct one the more in-

accurate will be his pathology. As Hughlings Jackson has said, "If a man makes no post-mortem examinations he will have no trustworthy materials for thinking on cases of living people." If a man never has his diagnoses confirmed or disproved, his knowledge must be inexact, his experience more or less illusive; erroneous opinions will be persisted in, correct ones will be held less confidently than they should be; he will become either distrustful or over-confident.

Pathology is the basis of all rational treatment, it lies at the root of every advance in the science, of every improvement in the art, of Medicine; it, as well as physiology, has no doubt made enormous strides during the last few years, but the knowledge of it requires to be popularised and diffused amongst the profession generally, and thus made more useful to the community.

How often one meets with cases in which it is impossible to make a correct diagnosis of the disease, or of the cause of death, how frequently different opinions are expressed by equally eminent men about the same case, and how often does it not happen that the plausible guess, or the ignorantly impudent statement of a quack outweighs the discriminating diagnosis of the skilled Practitioner; without post-mortems in such cases it is impossible to elicit the truth, to prevent discredit being thrown on the Profession.\*

If necropsies were the rule instead of the exception our mortality statistics would be enormously increased in value; something too might be gained even from the simplest and least doubtful case, and in private practice much more may often be learned from an individual post-mortem than in public or Hospital practice, the patient in the latter case having usually been but a very short time under observation, whereas in private practice the examination may explain and throw light on the history and symptoms of a life-time. The Practitioner would also be led to watch with a greatly increased interest all the signs and symptoms of every case under his care, and

\* I was called after a lapse of some months to a patient in whom I had previously diagnosed an abdominal aneurism; I found the patient dead and blanched, and therefore suggested a post-mortem examination in order to ascertain the exact cause of death. The next day, however, I was informed that there was no necessity for any examination, as a gentleman under whose recent care the patient had been had sent a certificate in which the cause of death was duly set out as "Hysterical disease of the Spine!"



a vigour and certainty would be imparted to his practice which could be obtained under no other circumstances. A large number of cases too occur in private, of which very few are seen in Hospital practice, and these present a vast field for future pathological research.

One of the principal objections to the adoption of Cremation is the facility it might offer for the early effacement of traces of foul play; this would be obviated by a recognised system of mortisection, which must therefore precede any general substitution of Cremation for earth-burial. Such a system too would bring to light many instances of neglect and foul play which now pass unsuspected even; or better still would tend to prevent them by the wholesome fear of detection which the system itself would engender.

Besides the numerous Pathological problems the solution of which would be promoted by more frequent mortisection, a new light would constantly be thrown on the various Physiological problems now exercising some of our best minds, by the vivisection experiments which disease is so constantly making. Vivisection itself, deprecated by none more than by the members of our profession, save for the highest and most beneficent purposes, would be almost deprived of a *raison d'être* if mortisection were general, as it should and one day will be. And in such a case there can be no doubt that the science and the art of Medicine would advance more rapidly, and would be more universally diffused than at any period of their History.

What are the obstacles in the way of general mortisection? First, of course, the prejudices of the public,—that public which allows its dead to become the prey and sport of worms and loathsome insects rather than be desecrated, forsooth! by the reverent hand and studious scalpel of the pathologist; which is comforted whilst its beloved remains rot repulsively in the polluted ground, but is scandalised at their rapid resolution into harmless gases and innocuous dust under the ancient and solemn rite of Cremation,—that public which looks on approvingly whilst tame birds are slaughtered by the score to make an autumn holiday, and is horror stricken at the subcutaneous injection of a mouse.

It will be difficult and will take time to overcome these prejudices but they may and will be overcome. The public must be taught by every means to understand the usefulness and the necessity of post-mortem examinations, which should be made legal and compulsory in

all public and charitable institutions ; they might be made to see how these would tend to their immediate advantage, in making practitioners more careful and more accurate in their diagnoses ; and if the necropsies were made by independent men, men who made pathology their special study and business, the public would have some test of the knowledge and capabilities of their advisers, by the corroboration or disproof of their opinions afforded by post-mortem examination.

It has always been a source of wonder to me why the public do not insist rather on post-mortem examinations, and choose advisers who they know have had the greatest experience in them ; what would they think of the mariner who always navigated his ship by the dead reckoning, and neglected or even never availed himself of opportunities of taking correct observations of his position by the sun, moon or stars.

Much may be done to combat the popular prejudice by men in the higher walks of the profession more often asking for post-mortem examinations and insisting on their utility and importance ; much also by the public advocacy of them by such societies as the lately formed association for the promotion of medical research.

It is the young men as a rule who ask for and obtain necropsies ; eager for knowledge, finding uncertainties of some kind in every case, often at a loss as to the positive nature of the disease or as to the actual cause of death, they constantly press for post-mortem examinations. After a time however their zeal begins to relax from various causes,—a man finds sometimes that he is becoming noted or rather notorious for his post-mortems, and is consequently shunned either for his irreverence, or for his ignorance in never knowing what is the matter with his patients without opening them ; as he gets on in practice he has less time for them, he is sick of importuning for them ; he does not trouble himself about the inexactness of his diagnosis, finding himself in this respect no worse than his neighbours, with his variety of cases he dares not imbrue his hands in the septic fluids of the dead body ; post-mortems become fewer and fewer, and at last have to be suggested by the friends, and he merely looks on whilst the examination is hurriedly made by the porter from the nearest Hospital. He would gladly alter this state of things and would welcome any regulations or arrangements for such a purpose, amongst which I would suggest the appointment of Pathological

teachers at all the Hospitals, who should be allowed and expected to make post-mortems for any Practitioner in their neighbourhood, the Practitioner of course being present or not as he liked, and being entitled to an official report of the autopsy; a report should be kept amongst the records of the Hospital, and a copy might also be given if asked for to the nearest relative of the deceased. Such a collection of reports by Experts would be the more valuable, as it is not given to everyone to be able so to conduct a post-mortem examination as to make it teach all that may be learnt from it, and it is not always possible without some considerable pathological experience to interpret aright those structural changes and conditions which may be seen or found.

The next requisite for the General Practitioner is Practice, that is Patients; speaking from the educational point of view, if he desires to be properly skilled in his Art he must have Practice, that is Experience. And it may be well to recall the fact that the whole aim and object of the Science of Medicine is the promotion of the Art of Medicine,—the Art of Healing. A man may be ever so learned in the Science, may have studied at all the Schools of this and other countries, and may have the latest literature at his finger ends, but at the same time may be unable, and if he have not had some personal experience, probably will be unable, to satisfactorily treat and conduct through a very ordinary case of illness. We have probably most of us known men whose profound knowledge of Medical things has claimed our just admiration, and whose opinion we would gladly ask on this or that particular point, but to whose general medical care we would not entrust ourselves on any consideration.

Even the man who has filled important offices in his School Hospital finds something wanting when he commences private or even Dispensary home practice, there are so many more factors to be taken into account with regard to the case of each patient than he has been accustomed to in Hospital, where all the principal items of the management of most of such cases as he will meet with are part of the general routine of the Hospital, and almost independent of and unknown to him.

The best mode of obtaining this experience is by acting as assistant to some General Practitioner, and were a probationary period of

assistantship insisted on after the final pass examination and before the actual conferring of the Diploma, not only would the usefulness of the individual Practitioner be improved, but an opportunity would be afforded of putting a stop to the present growing custom of employing absolutely unqualified assistants.

Under present circumstances Dispensary appointments and Qualified Assistantships are few and far between, and the large majority of men have to pick up practice how and where they can. They are anxious for work, and eager to put their newly acquired knowledge to the test;—desirous as quickly as possible to gain that experience without which they cannot become successful practitioners, they will be easily satisfied with small emoluments or even none, the poorest class will at least furnish instructive cases. Hopefully they look out for patients, and patients indeed they see; they see them flocking in and out of the large General Hospitals, in and out of the various Special Hospitals, in and out of the numerous Dispensaries, Institutions, and Homes,—they see in fact—“Patients, patients everywhere, nor any one to treat.” Here in London the would-be commencing practitioner finds one million of the inhabitants,—every fourth person he sees, receiving gratuitous medical attendance, to his great hindrance as regards the early attainment of experience and knowledge, to his great injury as regards his present livelihood or his prospects of a future competency.

What wonder if such a man with the immediate necessity of subsistence, with the laudable desire for work, is led into paths of doubtful professional propriety. Can we not here find at least some excuse for the advice gratis system, for the local advertisement, for the new Free or so called Self-supporting Dispensary, for the new Special Hospital, for the various fresh and extended forms of this Hydra-headed monster, Gratuitous Medical Attendance, which are springing up every day.

This great fact of gratuitous medical attendance confronts us everywhere, it is now generally acknowledged by laymen and medical men alike to be a great evil, injurious both to the public and to the profession; it is a growing evil and must be faced and fought.

Of late years efforts have been made in this direction, energetic reformers have taken the matter in hand, and a consensus of opinion seems to have been arrived at that the only cure is the establishment of Provident Dispensaries in sufficient numbers in every district.

These have accordingly been vastly multiplied during the last few years; societies, and companies as you know, have been formed for introducing and developing them, and there has probably been during the last ten years a greater extension and multiplication of these institutions than is ever likely to again take place during the same period of time.

And may I ask with what results? are there fewer General Hospitals? is there any diminution in the number and variety of Special Hospitals? are there fewer patients obtaining gratuitous advice and attendance?

The advocates themselves of Provident Dispensaries write regretfully of the difficulty of making them self-supporting, the aid of Charity being almost constantly necessary to keep them going, but they speak hopefully and with pride of the success of some of them.

What is this success?

Sir Charles Trevelyan, than whom there is no better friend or well-wisher to the Profession or to the artisan, holds up before us the examples of Northampton, Derby, and Manchester. "At Northampton," he says, "the members of the Provident Dispensary entitled to attendance were 17,849—more than one-third of the population of the town." He makes a note that "this number is the more remarkable as there is another large Medical Institution in the town supported by the Odd Fellows and other working men's clubs." And I will add that these numbers together are of course exclusive of those already ministered to by the previously existing Hospitals and other Charitable Institutions, and by the Poor-Law.

"The payments made by these 17,849 members amounted to £2,218; the attendances on patients at the Dispensary were 5,903, at the medical officers' houses 15,062, and the visits paid to patients at their own homes 29,804. The payments for the year to the Medical Officers were £1,696." In other words, each member paid to the medical officers something under two shillings per annum, in return for which he was entitled, not as an act of charity, but as a right, to medical attendance at his own home for twelve months. And the medical officers received for each attendance upon a patient the munificent sum of eightpence. At the Derby Provident Dispensary there were 5,696 members who paid £997, and voted £497 to the Medical Officers; that is, they paid one shilling and eightpence per

annum each to the medical officers for the same privileges. At Manchester up to the time of speaking, seven such Dispensaries had been established with 13,759 members, who subscribed £2,881, and paid £1,492 to their medical men; again an average of about two shillings per member.

If this is all the benefit the Medical Profession is to get out of Provident Dispensaries it may surely as well do without them, the more especially as it is said by those who see most of their influence, that they really take away the best of the artisan class, who would otherwise pay very fair fees, and that they leave much where they were the improvident class forming the bulk of the Hospital and Dispensary patients.

Many other evils have resulted from the attempt at the establishment of universal Provident Dispensaries, and the correspondence columns of the journals are filled with complaints on the subject. I will not go into these just now but will merely express my own opinion that the present result of the increase in the number of Provident Dispensaries is that the payment received by the Profession from the artisan classes has rather diminished than increased, and that the amount of gratuitous medical attendance has increased rather than diminished.

What is the cause then of this gigantic and growing evil which threatens to pauperise the Profession in its lower branches and to denude it of its dignity in all?

I must here speak very plainly and I say I believe the cause lies entirely with the Medical Profession. The Public do not require, do not demand, never have demanded gratuitous medical services. The Philanthropic founders and supporters of the old Hospitals made provision, made very liberal provision for the remuneration of the medical staffs, they first founded their Hospitals and then sought out medical men to treat the patients, attracting them by a liberal pay and a dignified position. It never occurred to them that their charity would be so much the greater if they provided a few more beds for patients and refused to pay the men who attended on them; and they would as soon have thought of advertising for a butcher or baker to supply his commodities gratuitously, as for doctors to give their services for nothing.

Who then is responsible for the present state of things?

I say unhesitatingly the Medical Profession itself which thrusts its gratuitous services on an almost unwilling public.

It may be thought that the large and increasing number of Hospitals and Dispensaries is an evidence of the intense interest taken by the Profession in the poorest class of the community and that the large amount of time and labour gratuitously devoted to the service of the poor is simply an index to the disinterested philanthropy of Medical men. As a matter of fact however, the real object of this interest and of these services is not the benefit of the poor, is not the benefit of the Profession, it is merely the particular benefit of the individual, who looks forward to be amply repaid in the future, by increased experience, by enhanced reputation, by the legitimate advertisement of himself which is almost the only opening to high class practice and to high class fees.

You will find on investigation that the large majority of new Hospitals, Dispensaries and other Medical Charities which have come into existence within the last fifty years have been founded by medical men with a view to their own advancement, utterly regardless of the injury they may do to their medical brethren, and reckless of the injurious consequences to the poor themselves of indiscriminate charitable relief. In the short distance been my house and these rooms I have passed no less than five institutions for the supply of gratuitous medical services, everyone of which I know to have been started by medical men for their own particular purposes. For my part I see little difference between the man who starts a free or a shilling dispensary and scatters hand-bills with his name and qualifications all over the district, and the man who establishes a Special Hospital with a grand committee of his influential and sympathising friends, and sends out far and wide prospectuses and begging letters advertising his name and speciality amongst the paying classes it is his real design to reach.

I have no intention of going now into the question of the best method of administration of medical relief to the sick poor; I am only concerned at this moment to point out that the Hospital and the Hospital system of to-day not only injure the General Practitioner in his struggle for a livelihood, but actually hinder him in his attempt to gain experience and knowledge.

Nor have they any countervailing influence in providing him with

means of instruction; there is no place, no room for the outside Practitioner within the walls of the Hospital.

Whether at his own, or at some other Hospital in the fresh district in which he becomes located, he feels himself *de trop* and in the way, he is elbowed aside by junior students curious but elementarily ignorant, seniors perfunctorily performing their necessary curriculum, bustling dressers and clerks, and dignified but dumb House Physicians and House Surgeons. However kind and attentive may be the Physician or Surgeon on duty, the Practitioner feels he is under an obligation in being allowed even to wander round the wards, and to do this he must waste valuable hours with little prospect of obtaining any useful information in return. At present there is an enormous waste of material and an enormous waste of power going on at all our Hospitals. Rare diseases and unusual forms of ordinary disease are being daily demonstrated to students who know nothing of ordinary diseases in their common forms, to the students' great confusion and detriment; our greatest minds and ripest intellects, and most mature and experienced teachers are being employed as on their first introduction to Hospital work, in drumming the same elementary knowledge into series after series of youths a large proportion of whom will never present themselves for a Diploma.

Could not our Broadbents, our Pollocks, our Powers, our Lanes, (not to go beyond our own Society) be more usefully occupied than in mapping out livers, demonstrating sonorous and sibilant rhonchi, in putting up simple fractures, and exhibiting ulcers to more or less industrious or apathetic students? Would they not prefer the more honourable task of unfolding their rich stores of experience and the mature results of their study and thought before an appreciative audience of earnest fellow-workers, brother practitioners.

I see that in America they have begun to feel this want and have instituted what they call post-graduate Colleges, in which the Practitioner may supply those defects in his education he begins so soon to experience, and where he may acquire that knowledge of instruments and methods it was impossible for him to get up during his pre-examination period.

But we require no new Colleges nor new Hospitals for this purpose; if the existing Institutions were properly and fully utilised, the large and increasing number of medical students might be taught much



more effectually than they are now, and means and opportunities could also be afforded to the still larger body of actual Practitioners for maintaining and increasing their own efficiency and usefulness.

Let the task of lecturing to and teaching the students, and of superintending their Hospital curriculum be assigned to the junior members only of the Hospital staff, but reserve a certain number of beds for each of the seniors who should have the choice of cases to fill them. And let it be the duty of the senior officers of the Hospital, each in his respective speciality, to lecture and demonstrate to medical Practitioners only, to whom also should be reserved the privilege of accompanying them in their rounds and of watching their practice.

The Hospital should be the centre of medical knowledge for the district, where the Practitioner could daily see and practise the use of the latest instrumental or other aids, could see the last introduced drugs or chemicals; where he could find always some rare or important case and witness the details and effects of any new or revised method of treatment, could assist at carefully conducted post-mortem examinations, keep up his acquaintance with the naked eye and microscopic appearances of both healthy and diseased structures, and learn the latest developments in the knowledge of pathological processes. Every Hospital should have its library and reading room; it should be a place where the Practitioner would always feel at home, could always go for instruction or for counsel, and where he could renew to a certain extent the happy influences of those student days to which we all look back with such pleasurable regret.

Why should not the General Practitioner also have a share in the Hospital work, and take his part in the training of the coming generation of medical men? Why should he be debarred from whatever advantages may be obtainable from public practice and public teaching?

At present the choice of candidates for the junior appointments at most of our Hospitals is limited, owing to the restrictions on practice and the absence of pay, to men of a certain income, of whom it is rare to find more than one or two ready to undertake the duties when a vacancy occurs; were, however, but a moderate salary attached and some of the restrictions removed, at least twenty men equally as good as the present candidates would compete for each appointment.

Besides the injury the General Practitioner thus suffers at the hands

even of his own alma mater he is exposed to many other unfair sources of competition. The modern palatial workhouse infirmary rather invites within than deters the working man from its walls, and the Parish Doctor is now free to supply him with the most expensive drugs instead of the Epsom saline and quassia tonic he was formerly limited to. Prescribing chemists, unqualified assistants, and irregular practitioners of all kinds deprive him of a certain class of work; and at the other end of the scale, family practice makes a possible opponent of the consultant, whilst the hunger of the modern specialist begrudges even the daily swabbing of a throat.

In spite however of all his disadvantages and of the hindrances placed in his way by the lay public and by his medical brethren, the General Practitioner of Medicine has risen very rapidly in both the professional and social scales, and has attained at the present day a position and influence of which the Profession may well be proud. He is now expected to be a man of education and culture, to have some knowledge at least of almost every branch of science as well as an intimate acquaintance with the most recent developments of his own. Whether he aims merely at being a Parish Doctor or he aspires to the highest prizes of the Profession, his education and training are the same, and he is subjected to equally severe tests; and the humblest general Practitioner of Medicine may and commonly does possess quite as high a standard of qualifications as the most eminent consulting Practitioner.

This cumbrous appellation of General Practitioner of Medicine may have been useful at a time when the line between Physic and Surgery was more sharply drawn than now;\* it is at least superfluous

\* Practitioners of Medicine were for many years classed under the heads of Physicians, Surgeons, and General Medical Practitioners. The Physician was understood to be one who made it his speciality to study and practise those diseases which require to be treated more or less exclusively by internal remedies. The Surgeon was one whose speciality was the study of, and practice in diseases and injuries requiring to be treated more or less exclusively by external remedies, manual operations, or instrumental appliances. The General Practitioner was one who practised indiscriminately in all classes of disease or injury, and who made use of every kind of treatment, who was prepared, in fact, to treat his patients from the first conception, through all the vicissitudes and accidents of life, to the last sigh of natural decay. He was usually considered to belong to a lower grade of the medical community, to be a more or less highly developed product of the

at the present day, the title General Physician being quite as comprehensive and equally including in its scope every branch of the healing art. For we must remember that the term Physician is one of very ancient usage, long anterior to any College of Physicians. There is no doubt it once implied, as its origin denotes,\* one who studied and worked in the physical sciences generally; it very early, however, became limited in its meaning, and as an unfortunate translation of the Greek *ιατρος* and the Latin *Medicus* became used merely to express a Student or Professor of the Medical or "Healing" sciences.

And in those days, Medicine—the science and art of healing, was regarded as a whole, and its Professor, the *ιατρος*, the *Medicus*, the Physician,—the Medician, as it would better have been translated, corresponding with the French *Médecin*,—also practised the healing art in its entirety, without any suspicion that there was anything derogatory in the compounding of drugs or in those manual or surgical operations required in the cure of some diseases and injuries. Throughout the Hebrew and Egyptian periods there was no distinction between the work of the Surgeon and the Physician. The Arabian, Greek, and Roman Physicians cultivated surgery and medicine together, and commonly dispensed their own medicines. Æsculapius we are told brought the art of Physic to such great perfection by his profound knowledge of Botany, and by his great skill in medicinal preparations and in surgical operations, and his two sons Podalirius and Machaon, who commanded troops at the siege of Troy, were no less excellent Physicians than brave officers. Hippocrates,

union of the Barber-Surgeons and Grocer-Apothecaries of by-gone days, and it was supposed to be his province to practise upon such portions of the community as could not afford to pay the fees of the Hospital Physician and Surgeon, and were not as yet provided by them with gratuitous Hospital attendance. These were the commonly received views with regard to the General Practitioner, both amongst the public, and in the so called higher grades of the profession—and there were many circumstances which tended to maintain and perpetuate these views, such as the debarring of the General Practitioner from Hospital and other public appointments, and his exclusion from any participation or even representation in the government and management of any of the Corporations to which he belonged and from which he derived his titles.

\* And as the French word *Physicien* is still used.

who revived the art of Medicine from the darkness into which it had again sunk, and restored it to its ancient honour and credit,—Celsus, and Galen, whose writings and teachings constituted the law to nearly twenty centuries of Physicians, were General Practitioners of Medicine, teaching and practising equally every branch of the healing art.

During the middle ages, Medicine, like other branches of science was restricted to the clergy—and it being against their principles to shed blood personally, they called in the aid of the Barbers, probably as men already dexterous in the use of sharp instruments, and as being constantly engaged in various personal offices. A class of Chirurgeons or Surgeons thus arose which became eventually a very powerful body of men, but who for several centuries were not recognised as legitimate Members of the Profession of Medicine.

But from the time of the Revival of Learning, both before and after the establishment of the Royal College of Physicians, Physicians learnt, taught, and practised all branches of the healing art—they prescribed medicines, they performed operations, they attended Midwifery, just then only beginning to be practised by men—they maintained their right, in spite of the Apothecaries or Drug sellers, and many members of the College exercised it, of compounding their own medicines; when they did not choose to operate themselves, they decided when to call in a Surgeon, what Surgeon should be employed, and what operation he should perform.

Harvey himself was a General Practitioner of Medicine; his great discovery was first announced at the anatomical and surgical lectures which it was his duty to deliver at the College of Physicians; he did not feel himself degraded by taking up the knife or by practising midwifery, claiming indeed considerable experience in the latter branch and mentioning various surgical operations which he had performed as ordinary instances of his practice.

The Chirurgeon or Surgeon was as it were the hand or the servant of the Physician and he himself indeed looked upon his business merely as a handicraft. He was, as John Bell says, “the abject and humble attendant of the Physician who taught him how to operate and directed him in every step,” who required of him neither experience, knowledge nor sound judgment, but demanded merely a quick eye, a steady hand, and unfeeling hardihood. The Physicians were for many years the only teachers of Anatomy and Surgery, on

both which subjects they lectured, not only at their own College of Physicians, but also at the Hall of the Barber Surgeons. They, however, gradually withdrew themselves from the practise of Surgery, which they came to look upon as degrading to their order. The Surgeons at the same time, whilst increasing in knowledge and experience, were acquiring influence and power, and there arose a constant and open war between the two bodies as to their privileges and dignities, the Surgeons trying to emancipate themselves from the control of the Physicians, and the latter endeavouring to stifle every approach to originality or independence on the part of the Surgeons.\* As a consequence the progress of Surgery was much retarded, the Physicians refusing to take part in any manual or chirurgical operation could not improve upon it themselves and refused to allow any alteration or improvement by others.

A barrier was thus set up between Physic so called and Surgery, and as the Physicians became more and more exclusive, the Surgeons, at last formed into a separate and influential Corporation, took upon themselves the study and general treatment of various classes of disease, and gradually drew away from the domain of the Physician under the name of Surgical Diseases, a large proportion of his practice, and a very artificial division was created in the science and art of Medicine which is perpetuated at the present day by the use of such phrases as Medical and Surgical Disease, Medical and Surgical Pathology, and the general misuse and limitation of the word Medicine to a branch only of the healing art.

The reaction, however, against this artificial distinction has not only begun, but has made very considerable progress. The introduction of percussion and auscultation gave a great blow to the exclusiveness of the old fashioned Physician, who was with difficulty induced to lay aside his cane to adopt such chirurgical methods of investigation; the rapid introduction of various instrumental aids to diagnosis soon compelled him to lay aside his pompous inactivity altogether, but he still held out against the shedding of blood. The obstetric Physicians were the first to break down this last barrier, and many of those present must recollect the storm of indignation which broke over the

\* "By your good will, Sir," observed Ambrose Paré to some persecuting Physician, "I think you would not have a Surgeon to order even a simple poultice."

heads of those rash Physicians who proposed to sew up the perinæa they had seen ruptured, to cut out the ovarian and other tumours whose growth and progress they had watched, and generally to complete the treatment of cases they had once taken in hand.

Since that time progress has been rapid, and we find in the lists of Physicians the names of some of our most distinguished operators, and the Physician of to-day not only resumes the charge of classes of disease he left for a time in the hands of the Surgeon, but in his ordinary practice requires and makes use of an armamentarium almost co-extensive with that of the Surgeon. The Surgeon, on the other hand, is found encroaching on the assumed domain of the Physician, and it is very evident that the days of the Pure or Special Physician and the Pure Surgeon are fast going by.\*

The long talked of project of a conjoint board is, it appears, on the eve of being carried out—it may not perhaps be too much to hope that some of those present here to-night may see this conjunction ripen into a complete union of the various Colleges of Physicians and Surgeons into one Great National College of Medicine, the “General Practitioner” members of which will be the Physicians, the Doctors of Medicine of the future, worthy and lineal descendants of Æsculapius, Hippocrates, and Galen, of Linacre and Sydenham, of the illustrious sponsor of our Society—the immortal Harvey.

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\* Specialism must exist, it is true, but the most irrational Specialism is one of tools and methods of treatment; the only rational Specialism is one of disease; specialities of age, of sex, of organs (even of such as the eye and ear), of mode of production, or of mode of treatment, are rational, just only in proportion as their diseases are peculiar to the class. Specialism should be rather in study than in practice; and as the diseases in common with the organs of the body are all so intimately related one to another, it may be said as regards practice certainly, that the most skilful and successful Special Physician will be he who is the best and most experienced General Physician.

