A letter to Sir William Garrow, His Majesty's attorney-general, on his proposed bill for regulating the practice of surgery throughout the United Kingdom of Great Britain and Ireland / by James Hamilton.

A

LETTER

TO

SIR WILLIAM GARROW,

HIS MAJESTY'S ATTORNEY-GENERAL,

ON

HIS PROPOSED BILL FOR REGULATING THE PRACTICE OF SURGERY THROUGHOUT THE UNITED KINGDOM OF GREAT BRITAIN AND IRELAND.

BY

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SIR,

HAVING learned, within these few days, that it is your intention again to bring before Parliament a Bill "To Regulate the Practice of Surgery "throughout the United Kingdom of Great Britain and Ireland," I beg leave to submit to your serious consideration the following Remarks on that part of your intended Bill which relates to the Practice of Midwifery. And in entering upon this discussion, it is proper to premise, that I do not voluntarily obtrude my sentiments upon the measure in question, but that I fulfil a duty imposed upon me by my official situation as Professor of Midwifery in the University of Edinburgh.

The fifth clause of your Bill is in the following words. "Whereas "Surgical aid is frequently required in Midwifery, and it is expedient "that male persons so practising should be qualified to render such aid, "be it therefore enacted, that from and after "it shall not be lawful for any male person to practise Midwifery, "unless he shall have obtained a Diploma or Testimonial to practise "Surgery under the Seal of one of the said three Royal Colleges, or un- "less he shall have obtained a Testimonial of qualification as a Prin- "cipal Surgeon in the Army or Navy, and shall have actually served in "that capacity."

This clause is intended to restrict the Practice of Midwifery to Surgeons, and therefore it is incumbent on the proposer of the Bill to satisfy the Legislature that such a restriction is consistent with established usage, or that it is necessary or expedient.

After

After arts and professions became distinct branches of human industry, a division took place among those who practised the Healing art, into Physicians and Surgeons; and at that time, and for some centuries afterwards, it was supposed that the respective duties of Physicians and Surgeons could be accurately defined.

In the original Charter of the Royal College of Surgeons of Edinburgh, the Members of that College are exclusively empowered to perform all Surgical operations, and are positively prohibited from practising in any other than *external* diseases or accidents. On the other hand, by the Charter of the Royal College of Physicians of Edinburgh, the practice in all *internal* diseases is exclusively assigned to the Members of that College.

Notwithstanding the explicit terms of those Charters, the Members of the Royal College of Surgeons actually at present engross nine-tenths of the Practice of Physic in Edinburgh; and if the Members of the two Colleges were to bring the question of their respective privileges under the review of a court of law, it would probably puzzle the Lord Chancellor himself to determine what are internal and what are external diseases,—that is, what diseases are owing to some internal change in the human body beyond the controul of Surgery, and what diseases arise from some affection which the art of Surgery might arrest in its progress, or might remove.

It is now well understood, that a Physician, without a knowledge of the principles of Surgery, might commit the most serious errors in the management of many diseases; and that a Surgeon, unacquainted with the Practice of Physic, could not conduct a patient safely through the consequences of an important operation. But, wherever the opulence of a particular community is such as to allow of a minute subdivision of labour, medical men, after having studied both Physic and Surgery, must find it their interest, according to their individual genius, to confine themselves

to

to practise in diseases affecting the general constitution, as fever, &c. or in disorders requiring a Surgical operation.

For a long time after Physic and Surgery were thus practised by different individuals, the superintendence of the act of Child-bearing was entrusted exclusively to women, except in those rare cases of extreme difficulty and danger, where a mechanical operation was required, when recourse was had to the assistance of a Surgeon.

But towards the end of the seventeenth century, certain Surgeons in Paris began to devote their time and attention to the charge of pregnant women; and soon afterwards a similar subdivision among Medical Practitioners took place in London, with this difference, however, that the individuals who made Midwifery an exclusive profession in that city were Physicians,—and hitherto the Chief Practitioners and Teachers of Midwifery in London have been Physicians.

Thus, in the reign of King Charles II. Dr Chamberlain became eminent as a Practitioner of Midwifery, and invented an instrument, by which the infant can be extracted alive, without injury to the parent, in cases where it was formerly deemed absolutely necessary to sacrifice one life. Dr Chapman, who first taught Midwifery in London, lived about the beginning of the eighteenth century. He was succeeded by Dr Smellie, who improved greatly upon the French mode of teaching, and whose Works are still deservedly held in much estimation. Dr William Hunter followed Dr Smellie, and published a Set of Plates, illustrating the Anatomical Structure of the Gravid Uterus, which may be said to have laid the foundation of some of the most important improvements in the Practice of Midwifery. After Dr Hunter's time, several Physicians, among whom may be enumerated the names of Dr Colin Mackenzie, Dr Orme, Dr Lowder, Dr Denman, Dr Garshore, Dr Osborne, Dr Clarke, Dr Thynne, Dr Bland, and many others, practised or taught Midwifery in London with high reputation, and, by their writings, improved very greatly the principles of the Profession.

That

That in country districts and provincial towns, Surgeons and Apothecaries have practised Midwifery, is unquestionable, and can be easily explained; for it is obvious, that a minute subdivision of occupations cannot be encouraged in such places. But in the other two capitals of the empire, ever since medical men were employed to attend women in labour, viz. for the last sixty years, Physicians have practised Midwifery. In Edinburgh, Dr Young, Dr Alexander Hamilton, Dr Gillespie, Dr Stuart, and the present Professor of Midwifery; and in Dublin, Dr Macbride, Dr Cleghorn, Dr Clarke, Dr Evory, and several other Physicians, might be named.

It is therefore incontrovertible, that in the united empire, according to usage, Physicians have devoted themselves to the Practice of Midwifery in those situations where a subdivision of the duties of the Profession could be advantageously established.

Unless it could be proved, that the employment of Physicians in the Practice of Midwifery has been injurious to society, the necessity or expediency of altering this usage by Legislative interference cannot possibly be maintained. But a very little enquiry into the subject must convince every unprejudiced person, that this usage has been of material benefit to the public.

In France, where the profession of Midwifery is exercised by Surgeons, scarcely any other improvement has taken place, than what relates to the mechanical department. But in Great Britain, in consequence of Physicians directing their attention to the Practice of Midwifery, the nature and the treatment of the various complaints to which women and children are liable, have been carefully investigated; and it can be satisfactorily shewn, that within the last forty years, the Medical practice in those diseases has been infinitely more improved than in any other class of disorders. Among several proofs which might be drawn from the Bills of Mortality of London, the following may be selected.

" *Table*

" *Table of the Average Number of Deaths in Child-bed in London,*
" *taken from the Bills of Mortality.*"

For 4 years,	ending in	1660,	1 in 36.
10	—	1670,	39.
10	—	1680,	49.
10	—	1690,	47.
10	—	1700,	65.
10	—	1710,	67.
10	—	1720,	72.
10	—	1730,	73.
10	—	1740,	70.
10	—	1750,	74.
10	—	1760,	81.
10	—	1770,	72.
10	—	1780,	92.
10	—	1790,	107.
10	—	1800,	113.
10	—	1810,	106.
3	—	1813,	116.

The improvements in the treatment of the diseases of women and infants, thus suggested and introduced by Physicians practising Midwifery, have not been the result of superior genius, but have proceeded from such Physicians directing their attention to a particular class of diseases. Those improvements could not have been misunderstood by a nation whose superiority in arts and manufactures depends so much upon the subdivision of labour; and accordingly such encouragement has been

given

given to the Profession of Midwifery, in the extended sense of the word, that the mechanical duty, notwithstanding its importance, and its difficulty on some occasions, forms only a part, and a small part too, of the occupation of Practitioners of Midwifery in large cities.

It is a curious, and an instructive fact, that in proportion as Physicians practising Midwifery in London have acquired the confidence of the public, they seem to have become the objects of distrust to the Fellows of the Royal College of that Metropolis ; so that, as their public usefulness has increased, their exertions have been fettered by the Royal College, till at last an attempt is made to stop them altogether. At first the Licentiates of the College were allowed to practise Midwifery. Afterwards, in the year 1783, a particular rank was assigned to such Physicians, under the title of Licentiates in Midwifery. Within these few years, this rank has been abolished ; and, by their acquiescence in the Bill now under consideration, the College have finally consented to transfer the Practice of Midwifery to Surgeons.

Placed as I am, at a distance from the Metropolis, and unacquainted with the characters of those leading Fellows of the Royal College of Physicians who regulate the public acts of that Learned Body, it might not be proper for me to hazard any conjecture on the reasons for this conduct ; but it may be very truly said, that they cannot proceed from an anxious desire to fulfil the condition on which their charter was granted, viz. to improve the Science of Medicine.

If the duties of Medical Practitioners could be so much subdivided, that some Physicians could confine themselves exclusively to a particular line of Practice, as to the treatment of fevers, or of affections of the liver, or of inflammatory diseases, &c. as some Surgeons restrict their duties to disorders of the Eyes or Teeth, it would be as preposterous to doubt the improvement which must gradually take place in the knowledge of such Diseases, as it would be to question the superiority of Sir William Adam to country Surgeons, in operations on the Eye.

—But

—But if the Royal College of Physicians of London enact Bye-Laws, by which their Fellows should be prohibited from thus limiting their attention to individual diseases, or particular classes of maladies, it is high time that their Charter be modified or abolished.

The most plausible hypothesis by which the conduct of that Royal College to Practitioners of Midwifery can be explained, is some fanciful notion about the dignity of Physicians.

That the public estimation of particular occupations does not depend entirely on the usefulness of the occupation relatively to Society, is well known; and therefore it may be alleged, that however necessary the Practice of Midwifery may be, its profession is discreditable. As it is exercised throughout all the kingdom by low-bred, illiterate women, it cannot be regarded, it may be said, as a liberal profession. But this circumstance ought no more to throw discredit upon intelligent Physicians who practise Midwifery, than the roguery and absurdity of Alchymists in former times should render disreputable the cultivators of Chemistry in the present age, to whose genius and industry both Arts and Sciences owe so much.

If the respectability of a Profession be at all estimated by the acquirements necessary for exercising it, the trust reposed in those who profess it, and the value of its object to Society at large, there is no department of the Healing Art which can be regarded as superior to Midwifery.

A Medical Practitioner who devotes his sole attention to Midwifery, requires, besides the knowledge of his own particular department, an intimate acquaintance with the Practice of Physic, and the Principles of Surgery; and while it behoves him to possess a certain degree of manual dexterity, he must be able to apply his knowledge and to exert his skill at a moment's warning; for cases every now and then occur where the least hesitation or delay would prove fatal to the mother or infant, or both.

The qualifications necessary for a Practitioner of Midwifery have been thus stated by a Physician (Dr Cooper) who taught in London about the middle of the last Century.

" Whoever proposes to set out in this Profession, must consider himself as engaged in a task that will require the utmost exertion of his faculties, and of human foresight and patience. He must be armed with a presence of mind sufficient to withstand the surprise which any accident may throw him into, and be able readily to fix his attention on the case before him, coolly and deliberately recollecting every circumstance that may help to extricate his patient from peril, and himself from perplexity.—He must habituate himself to an easy, affable, and humane deportment; and, when a lingering case requires his constant and protracted attendance, must, without repining, submit to the confinement, and at no time, either by peevishness of temper, or indelicacy of expression, destroy that confidence which the tender patient must necessarily place in him, who submits her own life, and that of her infant, often more dear to her than her own, to his mercy and judgment. He must think himself accountable for all the miscarriages which may arise from a precipitate or dilatory conduct, and remember that he has at all times two, and frequently more lives committed to his charge."

As to the trust reposed in Practitioners of Midwifery, it is impossible to imagine one that is more important,—the health and the life of two individuals at a time are consigned to his charge,—and as the means he employs cannot be judged of by the attendants, like the operations of Surgeons or the prescriptions of Physicians,—unless he be a person of the strictest veracity, honour, and integrity, he may do more mischief than the most dangerous member of society ever arraigned before a Court of Justice. So strongly have I always been impressed with this conviction, that no consideration ever has or ever can induce me to countenance any Practitioner of Midwifery who does not possess those moral qualities.

It is unnecessary to make any comments on the value of the services of Practitioners of Midwifery. The subjects of their care are the most amiable and the most innocent members of Society,—those on whom all the virtuous enjoyments of life depend.

Such is the nature of the Profession which the Fellows of the Royal College of Physicians of London do not chuse to exercise, while they make no scruple of practising (and laudably) in those disgraceful and loathsome complaints which are occasioned by indulgence in debauchery and libertinism.

The Bye-Laws of the Royal College of Physicians of Edinburgh exhibit no such inconsistence; for the Fellows of that College who practise Midwifery are entitled to all the honours and privileges of the Society; and accordingly the present Professor of Midwifery was lately for three years President of that Royal College.

In your proposed Bill, the reason assigned for restricting the Practice of Midwifery to Surgeons is in the following words: "And whereas Surgical "Aid is frequently required in the Practice of Midwifery, and it is expe- "dient that male persons so practising should be qualified to render "such aid," &c.

Surgical aid is much more often necessary in the Practice of Physic than in that of Midwifery.—Thus, in all Inflammatory diseases, Blood-letting is necessarily ordered; and in many other affections of the general system, the assistance of a Surgeon is indispensible. But in at least ninety-nine of the hundred cases of Human Parturition, no Surgical operation is required. If, therefore, the reason stated in your Bill for transferring the Practice of Midwifery to Surgeons be valid, it would follow *a fortiori*, that no person ought to be permitted to practise PHYSIC, unless he belong to one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, or have served as Principal Surgeon in the Army or Navy.

But the most serious objection against the clause alluded to remains to be considered, viz. that while it restricts the Practice of Midwifery to Surgeons, it makes no provision for their being qualified to practise that department of the Profession.

It is an admitted fact, that in London none of the Examinators of the Royal College of Surgeons practise Midwifery, and that the candidates for their Diploma are not required either to attend Lectures on Midwifery, or to answer a single question on that subject in the course of their examinations.

The Royal College of Surgeons of Edinburgh indeed act otherwise, for they have included Lectures on Midwifery among the Classes which those who aspire to their Diploma must attend.—It would be unjust towards the Members of that Royal College, if I did not add, that while they have not increased improperly the fees for their Testimonial, they have taken every precaution to extend the Branches of Education which the candidates should study; thus securing for the public a succession of intelligent and well educated Surgeons.

That the Surgeons of the Navy can have no opportunity of acquiring any experience in the profession of Midwifery, will scarcely be denied. And that the Army Surgeons, who, from the multiplicity of their other duties, necessarily decline practice in that department, in general can have as little, will not be controverted. Upon what principle of sound reason, therefore, could it be urged, even admitting that Surgical aid were infinitely more frequently required in the Practice of Midwifery than it actually is, that Surgeons should *therefore* practise Midwifery. The two departments of the Profession stand in this relation to each other, that an individual may be a most excellent Surgeon, without the slightest knowledge of the Art of Midwifery; and that a person may practise what may be called the Mechanical part of Midwifery, that is, may undertake the Delivery of Women, without understanding any other surgical operation than Blood-letting.

It has been already stated, that, in Country Practice, and Provincial Towns, necessity obliges the same individuals to act as Apothecaries, Surgeons, Men-Midwives, and Physicians; and that it is only in populous cities that a minute Subdivision of the Duties of the Profession can be encouraged. But it is a self-evident proposition, that in such populous cities, no individual of competent talent could find it his interest to combine the Practice of Midwifery with that of Surgery. Thus, suppose such an attempt were made, and that the Surgeon were called to perform an important operation,—Amputation of a lower extremity, for example: By the time he had accomplished this task, he might be sent for to a woman in the pangs of Child-Bearing, whose case should require his constant and protracted attendance,—What would happen, if the amputated stump of his Surgical Patient should begin to bleed? Or, suppose that the Surgeon were in the more humble walk of his Profession, and that his chief Surgical duty should consist in dressing Sores, how could he attend Patients at the regular stated times for that purpose, if he were engaged in the Practice of Midwifery? Perhaps it is unnecessary to remark, that in some states of sores, unless the dressings be regularly removed at the distance of a certain interval, most injurious consequences follow.

While an individual, thus circumstanced, could not possibly fulfil his engagements with punctuality, the opulent part of the community would be little disposed to place confidence in him.

It cannot be alleged, that the same objection applies to conjoining the Practice of Midwifery with the duties of a Physician, for cases where minute punctuality of attendance is indispensible, do not nearly so often occur in the Practice of Physic as in that of Surgery.

A most conclusive proof that the duties of Surgery, and of Midwifery, are not necessarily connected, and that in large towns they are incompatible with each other, is afforded by the fact, that neither in London, nor in Edinburgh, nor in Dublin, does any eminent Surgeon practise Midwifery.

Indeed, if it should be proposed to enact, that every Surgeon throughout the United Kingdom should be obliged to practise Midwifery, a most unanimous opposition to such a regulation, by all the three Royal Colleges, might be predicted.

When the preamble of your Bill, which states, " Whereas ignorant and incapable persons are not restrained by law from practising Surgery, whereby the Health of great numbers of Persons is much injured, and the Lives of many destroyed," is compared with the fifth clause, " And whereas Surgical Aid is frequently required in the Practice of Midwifery, and it is expedient, that Male Persons so practising should be qualified to render such Aid,"—it is evidently assumed, that not only a knowledge of Surgery is necessary in the Practice of Midwifery, but also, that the Profession of Midwifery is inferior or subordinate to that of Surgery. The fallacy of the former of those Propositions has been already shewn, and it will not be difficult to prove that the latter is still more unfounded.

It is probably unnecessary to remark, that the value of every branch of human industry depends partly upon the wants, natural or artificial, of mankind, and partly upon the demand for that species of labour in particular states of society. It is impossible for me at least to imagine that the value of the different departments of the Medical Profession can be estimated by any other rule.

The utility of the Art of Surgery cannot be questioned. That in the ordinary intercourse of life broken limbs and other accidents frequently occur; that disorders requiring Surgical Operations are sometimes met with; and that in the prosecution of war, wounds and corporeal injuries of every description must happen, are indisputable facts. But it may perhaps be a fair calculation, that the proportion of individuals in society requiring Surgical Aid, independent of Medical Advice, does not amount to one in five hundred. Or considering the subject in another point of view, viz. according to the aggregate number of annual deaths,

it is not probable that Surgical aid had been required by a fiftieth part of those who swell the Bills of Mortality.

But on the other hand, the art of Midwifery is required for every birth, and as the late census has shewn that there are more Births than Burials, there must be a much greater demand for the profession of Midwifery than for that of Surgery; and as to the relative value of the two Professions, the preponderance is infinitely in favour of Midwifery, because without such an art the world would soon become depopulated.

Instead of the fifth clause of your Bill, which thus appears so very objectionable, in order to preserve consistency, and to fulfil your benevolent intention "of preventing the health of great numbers of persons being much injured, and the lives of many being destroyed," it should have been proposed to have been enacted, that "Whereas in many parts of the kingdom Surgeons practise Midwifery, it is expedient that such Surgeons be duly qualified to exercise that Profession; and therefore that in future every Surgeon practising Midwifery, shall be obliged to produce before the competent Authorities of the County or City where he resides, a Testimonial from some reputable and established teacher, that he has attended regularly at least one complete Course of Lectures on the Principles and Practice of Midwifery, and also for a certain time some Public Lying-in Hospital."

A clause to this effect, while it would leave the profession of Midwifery unfettered, and a distinct branch of Medical Practice, could not be regarded as an innovation, because it is already established by custom; for the only reason which induces the public to employ Surgeons in the Practice of Midwifery, is the conviction that they have studied particularly that department of the profession.

But if it be seriously intended to regulate the Practice of Midwifery throughout the united kingdom, the law should not apply solely to "male persons" practising Midwifery, for it is well known that in many

parts of England and Ireland, illiterate, uneducated women are chiefly had recourse to for the delivery of those in the lower ranks, and it is unquestionable, that they do infinitely more mischief, both to individuals and to society, than all the irregular practitioners of Surgery could commit, supposing that all of them were to blunder in every case that falls under their charge.

Half a century ago, the propriety of employing men in the Practice of Midwifery was very much questioned, but at present the popular opinion seems changed, and many most respectable Medical Practitioners consider that women ought not to be permitted to exercise that profession.

To this proposition I cannot assent. In about ninety-four cases of the hundred, the act of human Parturition requires no other assistance than what women can be taught to give, and there are certain marks by which they may be warned to send in time for additional assistance in the few deviations which occasionally occur. In the great majority of cases, therefore, Midwives, if properly educated, could undertake with safety the management of women in labour; and as they can afford to give their time and trouble for a much smaller recompence than regular male Practitioners, they necessarily must prove highly useful to Society. It is, however, quite obvious, that no woman can practise Midwifery with safety to her patients, unless she understands the precise nature of the requisite professional assistance.

All this is so incontrovertible, that in no other part of Europe except Great Britain, are Midwives allowed to practise without being duly instructed. In Scotland, public opinion has long ago had the effect of law in this respect, and there are very few country parishes in which a regularly educated Midwife is not established. Since the year 1780, above a thousand such women have been taught by the Professor of Midwifery in Edinburgh, and a great many have also been instructed at Glasgow and at Aberdeen.

It has always appeared to me, that in the united kingdoms of Great Britain, the medical profession does not admit of the same legislative regulations which are useful in countries where individual liberty, and intelligence, and industry, are on a different footing; and the fact in regard to the Midwives in Scotland just stated, furnishes a strong argument in favour of this opinion.

That you entertain different sentiments, the Bill for regulating the Practice of Surgery, which you have brought before Parliament, evinces: And, Sir, if you can satisfactorily shew, that it will be beneficial to the public to grant a monopoly of the Practice of Surgery throughout the united kingdoms to certain privileged individuals,—that it is proper or possible to prevent persons afflicted with external diseases, or injured by sudden accidents, from asking or receiving an alleviation of their sufferings from any other than those belonging to certain Corporations,—and that the provisions of your proposed Bill are calculated to promote the objects in view,—I shall yield my conviction.——In the mean time, I beg leave to state very briefly what occurs to me on those subjects.

In the *first* place, It is now so well understood that monopolies in the exercise of any of the duties required in civilized society have in general an injurious tendency, that a very strong case must be made out in favour of any exception before it could be sanctioned. Thus when any individuals discover, at the expence of much time and outlay, some improvement beneficial to the Public, such as lighting a city with gas, or supplying it with an increased quantity of good water, it is fair that they be allowed a suitable remuneration. On this principle, they may have a monopoly for a certain number of years,—but what enlightened Legislator would propose to renew it at the end of the prescribed term? There seems only one possible contingency which might render such a renewal justifiable, that is, where it could be proved, that, from unforeseen and inevitable occurrences, not arising from imprudence or mismanagement, a suitable compensation for trouble and outlay had not been obtained, while the Public had derived essential advantage from the undertaking.

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The Surgeons of the Army and Navy may be regarded as being in this predicament. In serving the cause of humanity and of their country, they have been subjected to much toil, and to many dangers, without an adequate reward, and consequently are well entitled to every encouragement which Government and their fellow citizens can bestow upon them; —but it does not require a bill similar to your's to give them the privilege of practising in every part of the united kingdom; and the Legislature, in conferring upon them, in common with the rest of the army, the power of exercising their profession without controul, has not ungenerously excluded Assistant Surgeons.

Much as I respect the Members of the Royal Colleges of Surgeons of London, of Edinburgh, and of Dublin, I can see no just claim which they could prefer in favour of a farther monopoly than their respective charters bestow. And if unfettered competition be more useful to the community in any one occupation or profession than in another, it must be in that which has for its object the alleviation of disease.

To the enlightened Members of the British Legislature, it would be a work of supererogation to explain the advantages which result to society from a competition among those who cultivate the arts and sciences.— While monopoly tends to repress industry, and to stifle ingenuity, competition calls forth the most powerful exertions of mind and body, and by the collision of contending interests, leads to unexpected improvements, and to new discoveries.

But it has been often supposed, that there is not the same fair chance of success from competition in the practice of the Healing Art, as in other occupations of life, because an erroneous estimate of the talents of Medical Practitioners may be readily formed; and it has not unfrequently been insinuated, that other means than the improvement of their profession contribute to the advancement of those who practise Physic or Surgery.

Formerly there might have been some plausibility in those suppositions;

tions; for there can be no doubt, that instances might be stated of Physicians and Surgeons having undeservedly attained a high degree of celebrity. But it is probable that such times are passed, and that the public is now too much enlightened to be long deceived by an ignorant Medicaster.

The dexterity of a Surgeon soon becomes known; and the intelligent part of mankind have learned to judge of the talents of a Physician by his facility of discriminating diseases, and by the accuracy with which he can foretell the probable course of a malady, rather than by the apparent success of a remedy in any individual case. It may sometimes happen, that, by falsehood and impudence, and the favour of friends, an undeserving practitioner may impose for a while on public credulity, but sooner or later he must be detected: and there is no chance that in future a Dr Radcliffe shall domineer over his patients and his brethren.

As they stand at present, the charters of the Royal Colleges of Surgeons of London, of Edinburgh, and of Dublin, do not check competition. On the contrary, I have always considered that, as constituting societies of intelligent and respectable men, they favour emulation, and, in that way, tend to the improvement of the art; and, while the members of those Royal Colleges continue to deserve the confidence of the public, they must always possess a distinguished pre-eminence, which will act both as an example and as an encouragement to the rest of the Profession. But it may be very much doubted, if the public utility of those Colleges would long continue, after being honoured with the monopoly proposed by your Bill.

Secondly, On general principles, it certainly is not consistent with humanity, to preclude persons suffering under disease from requesting the aid of any Surgical Practitioner whom they may choose to employ. What would be said of any legislative measure which should prohibit a person with a dislocated limb, which the regular members of the Royal Colleges of Surgeons of London, Edinburgh, and Dublin, had failed to replace, from having recourse to a Bone-setter? It cannot be denied, that Empirics of that description have occasionally succeeded in restoring the use

of a limb which had been considered beyond the reach of art by regular Surgeons; and although this has been in most instances the effect partly of the patients submitting to a degree of violence from such Empirics which they would not allow regular Surgeons to exert, and partly of the boldness with which, from ignorance or self-confidence, such operators proceed, the result is of essential importance to the lame individual.

But it is unnecessary to reason on this point; for it is impossible to believe that the British Legislature could sanction any attempt to subdue one of the strongest natural feelings of mankind, the anxiety for the restoration of health.—Any proposal for a law tending to restrain the indulgence in that feeling would be considered as equally cruel and impracticable.

Thirdly, It may appear presumptuous in a Physician to doubt the efficiency of the provisions of a Bill submitted to Parliament by his Majesty's Attorney-General, and yet several considerations induce me to believe, that the avowed purpose of your Bill cannot be accomplished by the provisions you propose.

Taking it for granted that no law can be enforced unless pains and penalties can be inflicted on those who transgress it, and seeing that you have not specified any such pains and penalties, I presume it to be your intention to engross them in the Bill, as it passes through a Committee; and therefore I say nothing on the omission of so essential a clause.

The first remark I have to offer is, That your Bill contains no prohibition against *disqualified* persons giving Surgical aid *without a pecuniary reward*, and for a very plain reason, that any such encroachment upon individual liberty would be rejected with universal indignation: And yet, without such a provision, it is absolutely impossible that the object of your Bill could be fulfilled.

In this commercial country, the compensation for labour to Surgeons has been established by law as well as by custom; that is, a Surgeon can make

make and enforce a demand for his trouble as much as any other person who exercises a mechanical trade ; and this established privilege, from long continued use, has become so familiar to the public, that the original feelings which led to it have in the lapse of time been forgotten. In the event, however, of your Bill passing into a law, there could be no doubt that those original feelings would be revived,—gratitude for relief from suffering would suggest a remuneration to the disqualified practitioner, and an *honorarium* would be contrived for him, in the shape of a diamond ring or a gold snuff-box, according to the present fashion in Russia.

Perhaps what may appear a more essential objection to your Bill is, that it contains no accurate definition of the word Surgery. The several occupations of cuppers, corn-cutters, dentists, oculists, now exercised with such advantage in great cities, are all surgical operations ; and yet it cannot be your serious intention, that persons exercising those occupations, should be members of one of the Royal Colleges of Surgeons, or principal Surgeons of the Army or Navy.

But the greatest objection to the efficiency of your Bill which I have to press upon your consideration, is, that it contains no provisions for preventing the Royal Colleges of Surgeons of London, of Edinburgh, and of Dublin, from abusing the privileges conferred by the Bill.

The tendency of all corporations, however respectable the individual members may be, to enter into combinations for selfish purposes, is so indisputable, that it is held necessary by every enlightened legislator, to guard against it by the most definite statutes, and there can be no fair pretence for dispensing with this rule in the present instance. If it were necessary to offer any illustration on this subject, I could, with great confidence, appeal to the conduct of the Royal College of Physicians of London. The charter of that Royal College was granted for the avowed purpose of restraining " ignorant and incapable persons" from practising Physic, and for improving the Science of Medicine. But the daily newspapers blazon forth the fame of numerous impudent Empirics, some

of

of whom even assemble with impunity, as a pretended Medical Board.—And as a proof of the anxiety of that Royal College to improve the Science of Medicine, they have passed bye-laws, restricting their Fellowships to Graduates of the Universities of Oxford and Cambridge, where there is not even the semblance of medical education, and excluding from that honour the Graduates of the first school of Physic, at least in the British dominions, probably in the world.

That all this is not idle declamation, and that, according to your proposed Bill, the Royal Colleges of Surgeons of London, of Edinburgh, and of Dublin, may, without infringing the letter of the law, abuse in various ways the privileges which it confers, might be very easily shown; but I am most unwilling to enter into any minute details on so unpleasant a subject. I shall content myself, therefore, with a very few hints.

Thus there is nothing in your Bill to prevent the Members of the said Royal Colleges from enacting a Bye-law to limit the number of their Apprentices, according to the usage of many other incorporated trades. In the same way, they may extend the period of their apprenticeship to such a number of years as may deter young men from engaging in such a bond.

If, however, the enlarged views now so prevalent in the united kingdom, should prevent their enacting such bye-laws, they might, under very fair pretences of consulting the public welfare, prescribe so tedious and expensive a course of study as would lessen greatly the number of pupils; and although in your proposed Bill it be enacted in general terms, that candidates for admission are to pay the *usual* fees, there could be no difficulty of increasing those fees to any amount, and that too for the avowed purpose of promoting the respectability of the profession.—The *usual* fees of any of the three Royal Colleges might probably be found to be the sum which the majority of the members might choose to dictate.

I cannot conclude this Letter without explaining my reason for adopting this method of communicating the remarks contained in the preceding pages. While I feel convinced that your sole motive in bringing forward the " Bill for regulating the Practice of Surgery throughout the United Kingdom of Great Britain and Ireland," is an anxious desire to promote the general good, I am at the same time impressed with the belief that the information upon which you have proceeded, in arranging the details of that Bill, has been founded on partial views. And as all private communications upon public measures are apt to be regarded with suspicion, I deem it incumbent upon me, holding the station of Professor of Midwifery in the University of Edinburgh, to express, in a manner which can be neither misunderstood nor overlooked, my sentiments on a proposed Regulation that appears to me highly discreditable to the department of the Profession which it is my duty to protect, and most injurious to the best interests of society at large.

In the confident hope that you will weigh the suggestions thus offered with candour and impartiality, I have the honor to be, with every sentiment of respect,

SIR,

Your most obedient

humble Servant,

JA^{s} HAMILTON.

EDINBURGH,
23, St Andrew's Square,
April 11. 1817.