

# **The political powerlessness of the medical profession : its causes and its remedies / by Balthazar Foster.**

## **Contributors**

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With the Author's Preface

THE

POLITICAL POWERLESSNESS

OF THE

MEDICAL PROFESSION:

ITS CAUSES AND ITS REMEDIES.

BY

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*The Presidential Address delivered at the Annual Meeting of the Birmingham and  
Midland Counties Branch of the British Medical Association, June 28th, 1883.*

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# THE POLITICAL POWERLESSNESS OF THE MEDICAL PROFESSION: ITS CAUSES AND ITS REMEDIES.

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MY first duty is to thank you, as I do most sincerely, for the honour you have done me in making me your President. The Birmingham and Midland Counties Branch, numbering as it does nearly 400 members, forms one of the most vigorous Medical Societies outside the metropolis. It is not merely a Branch of the Association, called together mainly for Association purposes, but a most active scientific society. During the session the Branch and Section bring the profession together once a fortnight, on the average, and transact an amount of Medical, Surgical, and Pathological work that would do credit to any society in the world. This position has been attained by the energy and devotion of the members, and the same qualities promise still greater success. I may, therefore, well feel grateful for the distinction of presiding over you. It is twenty years since it was my good fortune, at my first annual meeting, to hear that distinguished surgeon, H. D. Carden, of Worcester, deliver his Presidential address. When I contrast the

small meetings of those days, even to hear so eminent a man, with the large gatherings of the Branch now, I feel proud of the increased strength of the Society, but I equally feel the greater responsibility of addressing it. I do not, however, stand here to day presuming to teach any novel or original views on medical science. The annual meetings have become so full of business details, that they can hardly be regarded as the most suitable occasions for scientific addresses. Through the winter and spring months we devote our time to the exposition and criticism of new ideas, and the new modes of practice which they justify or suggest, but on this occasion it is, I think, more fitting to speak on some subject of general professional polity.

The tendency of the Legislature for some years past, to give more and more attention to social and sanitary questions, has naturally interested us as a profession. Hardly a session has passed of late without some measure being introduced to Parliament more or less affecting our relations with the State. This growing importance of sanitary and scientific legislation has naturally led us to think more and more on public questions, and to desire a greater influence in guiding legislative action. This year, in addition to more general measures, the introduction of the Medical Act Amendment Bill, has given the proceedings of Parliament a personal interest to every one of us. I need hardly, therefore, apologise for submitting to you certain thoughts on our relations to the Legislature, which have occurred to me during a study of Medical Reform and other subjects recently before Parliament.

The Medical Act of 1858, which we this year hope to see amended, was the result of more than a quarter of a century's agitation on the part of the Association and of its

active Medical Reform Committee. As far back even as 1831, the profession had begun under the leadership of that honoured veteran, Dr. A. P. Stewart, to demand an improved educational course ; and in 1833, at the second Annual Meeting of the Association, Medical Reform was discussed in Dr. Barlow's address. From the beginning even until now, we have consistently and continuously pleaded "that, instead of having sixteen modes (now nineteen) of entering the profession, one only should be adopted, and that the profession at large should be represented on its Medical Council." In 1840 these demands were first drafted into shape in Mr. Wakley's Bill ; and then, session after session, attempts were unsuccessfully made to pass some measure. The history of these attempts at Medical Reform from 1837 to 1858, form about as depressing a piece of reading, for any one jealous of the position and influence of his profession, as I can well imagine, except the dismal diary of our struggles and failures from 1858 till now. In both periods we have a similar catalogue of Petitions presented and forgotten ; of Deputations courteously received and dismissed ; of Select Committees and Royal Commissions framing laborious reports ; of remonstrances unheeded ; of hopes raised, and disappointments reaped. When at the end of the first twenty-five years campaign we did at last obtain the Medical Act of 1858, we won neither of the essentials demanded by the Association : neither a single mode of entering the profession, nor direct representation on the Medical Council. Direct representation, we were told, could not be granted till a Register of the Profession was made to enable it to vote. For a quarter of a century the Register has been complete, the Medical Practitioners of the United Kingdom have contributed from their narrow means £150,000 for the

support of a Council to represent and defend the interests of the Colleges, in opposition to the wishes of the profession; and as a result of our taxation, to leave us the worst governed Medical body in Europe.

For some seven or eight years the General Medical Council was allowed to carry out the Act in peace, but in 1866 the sense of its failure forced the Medical Reform Committee to recommence their work. In 1869 the indignation of the profession at the deficiencies of the Council, found expression in the monster petition of some 10,000 practitioners, ably drafted by certain Ex-Presidents of this Branch, in which direct representation and a uniform mode of admission to practice were demanded as essential reforms.

The Medical Council showed themselves so indifferent to the demands of the Profession, that since then reform has been sought through Parliamentary channels, and the Council has continued to make history, "a history of failure, a history of nineteen bodies out of sympathy with the Profession, several of which are superfluous, striving to perpetuate themselves and all their individual privileges, without reference to public advantage, and the question of justice to those on whom exacting examinations and fees are imposed."\*

Year after year Medical Bills have been introduced and withdrawn, because we, as a Profession, have had no adequate medical representation in the House, to expose the interested obstruction of the corporations, or the cynical indifference of the Council. This year, after the Report of the Royal Commission, and mainly as the result of the untiring labours of Dr. E. Waters, the Chairman of the Medical Reform Committee of the Association, we find ourselves cheered by the nearer prospect of actual legislation. The Bill now before Parliament institutes a

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\* *Lancet*, Sep. 16th, 1882.

uniform examination in each division of the kingdom as a preliminary to registration, alters the constitution of the Council, and also concedes direct representation to the Profession. But how does it concede it? In a Council of eighteen, four seats are allotted for the representatives of the 24,000 practitioners of the United Kingdom. We who provide the funds out of which the Council is to be supported; we for whose education and government this Council is to exist; we who have struggled so patiently and so perseveringly for direct representation; now, after half a century of effort, are given four members on a Council of eighteen, of which the Crown appoints six! The 16,000 practitioners of England will have two representatives, Scotland and Ireland one each, while the other fourteen seats will directly and indirectly remain under the control of the same corporations who have for 25 years mismanaged our affairs and resisted our demands.

Worn by the long weariness of waiting; broken by repeated disappointment and defeat; we accept this bill as the best we are likely to obtain. But surely such small success after such long labours, must convince us of the political impotence of the Profession to which we belong.

Now let us glance for a few minutes at another incident of modern legislation, that has grievously afflicted us from a scientific point of view. Between 1860 and 1870 there was a remarkable advance in the scientific development of medicine. Old methods were passing away and all things promised to become new. The greatest of modern physiologists, Claude Bernard, by his wonderful experimental enquiries, his keen insight into the nature of living processes, and above all by his profound sagacity in insisting on the true relations between physiology and practice, had opened more widely than ever the path by which medicine was to become strictly scientific. An

art based upon observation, and aided now and then by the blind gropings of empiricism, was for the future to rest on a knowledge of function. The revelation of the mechanism of all the processes that make up health, was to lead to a knowledge of that disordered mechanism which is called disease. The physician looked hopefully to the near future, when he should be able to modify and control disordered function, to arrest the changes in nutrition that lead to degeneration, and thus carry on his beneficent work with a new precision and a fresher faith. Medicine like other sciences had entered on a new stage in her evolution. Observation was no longer her sole method of research, but experiment and comparison, so fruitful in other branches of knowledge, promised her a riper and a richer harvest.

But!—all this was rudely checked. An agitation got up by well meaning, soft-hearted, and soft-brained philanthropists, on the cruelties, or rather the imaginary cruelties of vivisection (for in this country the reproach of cruelty has never been justly levelled at the medical profession) resulted in the passing of the Cruelty to Animals Act. Since then, physiological research in the United Kingdom has been practically abolished, in consequence of the difficulties the Act throws in the way of experimental enquiry.

A sickly sentimentality, half-sister to that æstheticism which made a large section of society contemptible to healthy and robust manhood, was allowed to influence the Legislature at the expense of knowledge, and in opposition to the protest of a profession, tender, trusty enough to hold in its daily charge the lives of our dearest and best, but yet, forsooth, so full of devilish cruelty that it could not be trusted with a cur or a cat!

If the Medical Profession ever were united against any legislation, they were united against the Cruelty to

Animals Bill. The British Medical Association, its Branches, the Colleges of Physicians and of Surgeons, the Universities, the Metropolitan and Provincial Societies, all petitioned against it. Even the General Medical Council was for once in healthy harmony with the profession, and showed in its elephantine way an unexpected amount of agility, since after a debate lasting over three days it added another lengthy but able protest against the bill. As a result of all these petitions and of many a deputation, some slight amendments were made, and the profession, distrustful of its strength, ceased to protest. Lord Sherbrooke (then Mr. Robert Lowe) urged us to continue our opposition in the following vigorous piece of advice—"I do not," he wrote, "agree with you, that as things stand now you ought to submit to any legislation. The law is this: any person may inflict any pain short of torture on any domestic animal, and any torture he pleases on any non-domesticated animal. So long as the law stands so it is a gross insult to the Medical Profession to single them out as the only exception to these general rules, and I would advise them not to submit to it. The proper course would be for Parliament to make a law prohibiting torture or unnecessary pain, and then to make an exception in favour of physiologists under whatever conditions Parliament may think right. There is all the difference in the world between allowing yourselves to be singled out as the only people whose dealings with animals non-domestic require regulation, and being made an exception to a general law of mercy on account of the benefit you confer on mankind. People are very often taken at their own valuation, and I would never admit that you are the only persons with whose liberty it is necessary to interfere." If our courage had not been broken by long years of political powerlessness, we should

have followed this wise counsel and have obtained better terms. As it is we find ourselves now, after six years' experience of the working of the Act, face to face with a powerful organisation for making it more and more stringent. The noisy clamour of the Faddists, whose fad is to denounce the cruelty of the doctors, still rings in our ears, and a great novelist uses his waning powers to spread the libel by the help of grotesque caricature, and the meanest conception of the scientific character.\*

Our most earnest seekers after truth, men actuated by no paltry pettiness of personal vanity such as the novelist suggests, have to visit the Continent to test a new method of healing or to investigate the nature of a disease. All the world has been lately agitated by the discovery of the bacillus tuberculosis. Men's hearts have beat quickly at the thought, that we had at last found a clue to that mysterious malady, which slays our cherished children when budding into the rich promise of maturity. But here, in free England, we can hardly test the truth of Koch's researches, but have to trust to the freer laboratories of the Continent to prove a theory big with the fate of thousands!

It is no wonder to me, that a distinguished member of the Upper House, who once fought for us in the Commons, should have said, that in all political action we doctors are such poor creatures, as to be hardly worth fighting for.

Only a few weeks ago, we had another startling rebuff from the legislature, on a Medical question. The Contagious Diseases Acts have now been in operation since 1867 in certain garrison towns. They have been subjected to an amount of searching criticism, such as seldom falls to the working of any Act of Parliament.

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\* Heart and Science. By Wilkie Collins.

Official and independent statistics, the report of a Royal Commission, and recently the report of a Select Committee, that sat for the greater part of four sessions, have all shewn the results to be eminently favourable to the diminution of disease and the improvement of morality. When these acts were first applied to certain military stations, the Medical Profession was so struck by the importance of the system as a means of lessening a loathsome malady, that an Association was formed for the purpose of extending the Acts to the civil population. We who in our daily work see the ruinous ravages of venereal disease, who see the strong man broken down in body and marred in mind, while the miserable victims of his brutal and untameable passions rot to death from a neglected complaint: we who too often see a mother's health destroyed, or a fresh young wife polluted in the first year of her wedded life by the most loathsome of diseases: are naturally anxious to stamp out these maladies for the sake of the innocent. But there is a band of innocent ones who cry out more eloquently still, the puny puling offspring that we find in the houses of rich and poor, children who fade and pass away in the early months of life, the blighted issue of a father's sin, or who grow up for the even sadder lot of bearing on their fronts the debasing brand of inherited disease.

We who daily observe all these horrors, have naturally a vivid conception of the importance of the Contagious Diseases Acts, and in the interest of the health of the people, most of us would gladly see them extended. But in spite of this feeling on the part of the Medical profession, in spite of the statistics of lessened disease and greater effective strength in our soldiers and sailors, in spite of the hundreds of poor women saved from pain and suffering and reclaimed for better lives, the House of

Commons, deaf to the protest of the doctors, careless of the judgment of Ministerial experience, but pliant before the energy of a sentimental fanaticism, has pronounced the practical abolition of the Acts.

After this, as the leading Journal remarked, it will be surprising if other fanatical devotees, the opponents of vaccination and vivisection do not take heart of grace and push their crotchets with redoubled energy. That the vaccination laws can for a moment be regarded as an open question, is incomprehensible to any scientifically educated mind, but while this pliant propensity to bow before the noise of the fanatical faddist exists in Parliament, we as the ministers of health may well feel anxious, and should be up and stirring to prevent irrational agitators from sacrificing the health of the nation. We must remember that only two sessions ago the Government proposed to abolish multiple penalties for the non-observance of vaccination. The profession then ably led by the Parliamentary Bills Committee of the Association and its chairman, Mr. Ernest Hart, and supported by the great mass of public opinion, were able to obtain the withdrawal of the Bill. The cry, that compulsory vaccination is an interference with private rights, a restriction of personal freedom, will be raised again, but we must make people remember that freedom to contract small-pox, means also license to spread the disease, and that individual freedom, or rather individual license means death to some, and suffering to more. We speak on these matters as we do on all health matters, from a platform of knowledge and disinterested devotion to the public good. All miserable motives of professional advancement and gain we have trampled under foot, we have always striven to destroy disease and diminish death, and we therefore feel justly indignant, when any reasons of policy even

suggest a concession which will injure the health and life of the nation.

In these references to comparatively recent legislation, and I might multiply them largely, I have adduced evidence enough to justify the title of my address, "The Political Powerlessness of the Medical Profession." Now I would ask your attention to what appear to me to be the causes of this impotence, and the means by which it is to be remedied. The causes are of two kinds: one belonging to the Medical Institutions of the country, and the other depending upon us as individuals. First let us consider the causes connected with our Institutions. Take them all from the General Medical Council downwards, and on all public questions except those that are purely technical they exercise comparatively little power. Whenever a question arises not wholly medical, but ever so slightly mingled with some other interest or sentiment, the professional influence yields before the onslaught of some clamorous class of the community. In my earlier remarks there is evidence of this. Why then is this force lacking to those who speak on behalf of the profession? Man for man they can compare with the leaders of any class. In eloquence we boast a Paget, in lucid exposition we have a Gull, for high and noble character we revere a Jenner. Yet on all great questions our influence is less than such powers should make it.

Now as I read it the cause is this :—our leaders act and speak only as individuals, or as the representatives of small bodies of the profession; there is no power of numbers behind them. The Members of the General Medical Council represent no great mass of practitioners. The elective members are appointed by small committees or councils, and in no sense are they representatives of

great medical bodies ; they represent the interest of the Colleges, but not the interests of the members and licentiates of the Colleges, hence the lack of power. So it is with the Government of the Colleges themselves : they are all ruled by small bodies, sometimes self-elected, and not representing the great mass of the members. The College of Physicians of London, which has the widest constitution of all, calls to its comitia the whole body of its Fellows, but still excludes from any share in its government the thousands of its members and licentiates. Until the wise innovation of the present President its Council was entirely made up of London Fellows, and by them the honours and distinctions of the College are mostly held. If we turn to the College of Surgeons we find things no better : a Council elected only by the Fellows, and their voting so restricted by the requirement of personal attendance at the poll, that the success of a provincial candidate can only be won by the most vigorous efforts, and the personal sacrifices of his friends.

Can we wonder that Colleges governed in this way are comparatively powerless? When all their resolutions might be uttered in the name and with the force of ten thousand members, they prefer to speak with the small voice of a score or a hundred. Instead of winning respect and attention as the representatives of the profession, they are content to be lightly esteemed as the mouthpieces of the Metropolitan Schools.

The same radical vice which weakens the power of the Colleges in all the divisions of the kingdom, has, like another Delilah, shorn our Association of its strength. Till the present time, the British Medical Association, the largest and most numerous Professional Union in the world, has missed the inspiring energy of Representative Government. The ruling power of the Association, the

Committee of Council, when it has demanded the concession of direct representation for the profession on the General Medical Council, has been met over and over again with the taunt of not applying the system to itself. A body composed partly of self-elected members and partly of *ex-officio* nominees, it has lacked the strength to grapple with questions of public policy: a strength which can only come to men from a conviction that there is behind them an army of sympathetic thinkers and workers. Individuals, however able when uttering their own opinions, must ever count as units; but less able men may stir a nation, if they have a province at their backs.

The approaching Annual Meeting at Liverpool will be called upon to consider this subject; and should the members decide to make the executive body a representative council, responsible to and in direct and constant communication with the members of the Association, a new life and a new power will be won for the medical profession. Every branch will send its representative to the governing body, every branch will hear and know fully the proceedings of the Council, and will be able, through its representatives, to initiate, influence, or control the policy of the Association. Questions affecting the relations of the profession with the public, on which a self-elected committee must ever speak with bated breath and whispering humbleness, will in future be decided by the will of the constituent branches, or in other words, by the voice of the members of the Association. When our resolutions and our petitions go forth, swollen by the chorus of 10,000, aye, and at no distant day, by the volume of 20,000 voices, even the dull ears of a House of Commons will be startled into an acute and respectful attention.

Such are some of the causes of political powerlessness that are connected with our Institutions; let us now consider those that depend upon ourselves. As a profession we are rapidly becoming, if we have not already become, the most broadly educated class in the community. In addition to the ordinary education of the profession, we have the inestimable advantage of a scientific training. Mr. Gladstone some years ago predicted for us a growing social influence, greater and more expansive than that which accrues to law; and certainly there has existed and does exist, to quote his words, "an opportunity for the Medical Profession to exercise increased knowledge, and a greater share in the leadership of thought." Six years have passed since these words were spoken, and we still find the influence slow to come. This is in a great measure our own fault. As a class we are too timid and too reticent: we fail to take our due share in the public work of the communities in which we live. The nature of our daily work is to many of us so absorbing in its interest, and demands so much of our time for calm, careful reflection and for scientific investigation, that we turn, with the dislike of philosophers, from the noise and dust of the forum. With some of us possibly, there may be a lurking fear that pronounced opinions on political and social questions are apt to injure a doctor in public estimation, and so to lessen his professional influence and his pecuniary profits. In the sad quietude of the sick chamber, where the finer issues of life and death have to be weighed, the brawling politician would jar on the sensitive nerves of the sufferer. Truly: but we need not be brawling politicians; nor need we allow political questions to so occupy our thoughts as to interfere with that absolute concentration of mind on the case of every patient which is

essential to the most perfect performance of our work. Every man needs some variety in the direction and subject of his thoughts ; as a class we are apt from lack of this variety to become as compared with other classes rather narrow minded and wanting in sympathy with the great movements going on around us. Some of our greatest medical and surgical minds, have found their recreation in a devotion of their leisure to scientific and artistic work outside the professional limits, and have won as it were a second fame. Why should not more of us find this recreation in patriotic service to the community ? No slavish fear of consequences need check us, for if a calling like ours which entails so much labour and so little reward necessitated the mean servitude of reticence from prudential motives, it would justly sink from its position of respect as a free and learned profession.

In my experience, personal and collected, I have been able to find few, if any examples of permanent injury to a medical man, from any manly and proper action in his capacity as a citizen. I have heard of cases of failure attributed to political partizanship, and also of cases of success, both of which could be as easily explained on ordinary personal grounds. On the other hand, we must all be able to recall instances of the highest professional esteem and success associated with the most pronounced political opinions. The most noteworthy example in our time and in our district, was that of our distinguished associate W. J. Clement, who sat as Liberal member for Shrewsbury, and who through a long career maintained his professional pre-eminence in the most Conservative and exclusive county in England, in spite of the most advanced Radical views. The public do not trust a man in illness because he agrees with them in politics, it is because they have confidence in his professional skill and integrity ; and if in any case

the scale of favour is turned against us by so slight a thing as political preference, believe me, the balance of esteem between the patient and the doctor is not worth preserving.

We cannot all of us take much share in either local or imperial politics, but some of us can ; and those who can should be encouraged by the thought that in town councils, local boards, and boards of guardians, there is plenty of work for them useful to the community and good for the profession. Year by year the statute book receives provisions of a social and sanitary nature, that demand medical knowledge for their most effective administration. If we help in this, we act for the good of our fellow citizens : but if from too close a devotion to work, or from a selfish love of ease, or from a sorry fear of making enemies, we shrink from this duty, can we be surprised that the public estimate of us sinks and our influence everywhere falls ? In every town and in every district I would gladly see medical men taking their due share in the important and responsible work of local government. Were this done to the extent of our ability and knowledge, we should gain in public esteem, and in proportion to our activity in the respective areas of our labour would be our influence with the legislature on all questions affecting medical interests. Parliamentary leaders, now as in the past, know full well that we have no influence at the polling booths, that our good-will counts for little, our enmity for less, and hence the indifference to our protests and the neglect of our claims.

Our almost systematic abstention from local politics has naturally been reflected in the composition of Parliament. In the House of Lords we have no voice, where the Church has its Bench of Bishops, and where the public services of Lawyers find their final recognition. In the Commons

House we are not much better off: there every class finds more numerous and more powerful advocates. At the last General Election, while Lawyers stood by scores, not a single medical Practitioner went to the poll in the whole of England. In other nations this is not so. In Germany the world-renowned pathologist Virchow was the leader of a powerful party in the Prussian and German Chambers. Among the Deputies of France, one of the most powerful leaders and the probable successor of Gambetta is a doctor; and till recently a distinguished physiologist held a ministerial portfolio.

In Italy the same conditions hold good, and at the last elections seventeen medical men were elected by the people for Parliamentary work. In the Assemblies that govern English speaking nations elsewhere, in those Colonies of which we are so justly proud, we find a medical element strong in the legislature. These facts are sufficient to show, that there is no valid reason against our seeking a just share in the government of our country. The Press, that mirror of the people's thoughts, has always been favourable to our claims. The demand for sanitary and scientific legislation is on the increase; the work is indeed plentiful, but the labourers are few. It is our apathy and our want of courage in the past that has placed us in the position in which we now are, and I look to the rising generation of the profession to enter on a new and nobler course. With the spread of education among the people there must be a progressive political development, and a steady transfer of more and more power to the great masses of the population. As they gain knowledge and influence, the great questions that affect their health, their happiness, and their lives, must come more and more to the front.

We as a profession know the woes and the wants, the sufferings and the sorrows of the people more

intimately than any other class, and by our daily work in the homes of the poor, we are trained to observe their social and sanitary needs. All modern sanitary legislation is an honourable record of the self devotion and self denial of a profession that has consistently striven to destroy the seeds of disease and death: a profession that has allowed no sordid selfishness to interfere with the full recognition that the prevention of suffering is a nobler office than its cure.

It is always a calamity to a state when any learned and respectable class of its citizens abstains from the exercise of political functions. It is a greater calamity when they do so in the face of law-making on which they are capable of wise counsel. Recent Parliamentary history, as illustrated by the slow progress of Medical Reform, the efforts of the Anti-Vivisectionists, the fate of the Contagious Diseases Acts, and the hitherto happily futile agitation of the Anti-Vaccinationists, should warn us against the danger of this attitude, and of the desirability of seeking to attain a juster influence in the councils of the nation. Our present political abstention inflicts a double loss: the failure to guide general legislation in right directions, and the lost opportunities of obtaining such purely medical reforms as may be beneficial to the community, and just to ourselves. As a class we stand almost alone in extent and thoroughness of scientific training. We are the only body wise in all the mysteries of the new knowledge. As the power of other learned callings wanes, as the proud predominance of wealth is lessened, it is the scientific intelligence that must gain in power. But power will not come to those who stand aside, and look on, either cynically or timidly, at the strife of parties. We must hold ourselves like men willing to take our share in the struggle. We must remodel our institutions,

we must organize and consolidate our profession, and infuse into our ranks the self respect and dignity that come from discipline. I have tried to sketch out the modes in which this may be done, and I have endeavoured to show how the present political impotence of the profession may be converted, under wise guidance, into the leadership of public thought on all great social and sanitary questions.

The progress of civilization makes these questions every day more pressing, and successive governments are more and more forced to abandon the *laissez faire* principle, and to recognise their responsibilities as the guardians of public health. The people themselves demand this with increasing strength. The legislative era of the trader and the mill-owner must pass away, and the time of the labourer and the artisan must come. To help in these great social changes, to guide them into safe channels, is a high and noble task ; it is one for which the medical profession is specially fitted, by its knowledge, by its sympathy, and above all, by its sincere unselfishness. The fertile fields of this new land of loving labour lie before us in all their fruitful freshness ; let us have the courage to claim possession in the name of a high and holy cause—the health and happiness of mankind.

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