BIOGRAPHICAL SKETCH

OF

W. F. CHAMBERS, M.D. K.C.H. F.R.S.

Physician to the Queen.

THE subject of our present sketch is descended from a good family in the county of Northumberland. He was born in India, in 1786, and was the eldest son of William Chambers, Esq., a gentleman in the civil service of the East India Company. Mr. Chambers was a distinguished oriental scholar, and served first at Madras, and afterwards at Calcutta. His brother, Sir Robert Chambers, was chief justice of Bengal, where Mr. Chambers served as a master in equity, and in other offices of the Supreme Court, till his death, in 1793, with much honour and credit. Mr. Chambers had married, in 1778, Charity, daughter of Thomas Fraser, Esq., of Invernesshire, by whom he had issue, two sons and two daughters. The second son, Sir Charles Harcourt Chambers, was appointed, in 1823, one of the judges of the Supreme Court of Bombay, where he died in 1828.

The eldest son, whose career we have to trace, was brought to England in 1793, on the death of his father. He was then seven years of age, and received his early education at the grammar-school at Bath, from whence he was transferred to Westminster. He was elected on the foundation at Westminster, and in due time proceeded to a scholarship at Trinity College, Cambridge. At the university he obtained considerable classical and mathematical distinction, and having taken several prizes, he had every expectation of obtaining a fellowship. In this, however, he was disappointed; and in consequence of this disappointment he was led to abandon his original intention of entering the church, and determined upon becoming a physician. To this accident we owe it that a man destined to a career of such great brilliancy and usefulness entered our ranks.

On coming to London, he consulted the father of an old college friend, who happened to be the celebrated Mr. John Pearson, the eminent surgeon, then one of the surgeons to St. George's Hospital, and living in Golden-square. By Mr. Pearson's advice he entered at the Windmill-street School of Medicine, at the head of which was Mr. Wilson. Here he became the fellow-student of many of the distinguished men with whom he has been associated during his long and successful professional life. He studied there for some time; and having meanwhile taken the degree of M.A. at Cambridge, he went to Edinburgh, and spent a year there in diligent attendance upon the various lectures of that School. On his return to London he placed himself under the tuition of Dr. Bateman and Dr. Laird, at the Bishop's Court Dispensary, Lincoln's-inn. At this comparatively humble institution he spent a year and a half, and, as he has often stated subsequently, with great improvement. He also enrolled himself as a pupil of St. George's Hospital, and studied diligently at the Eye Infirmary, in Moorfields, under Dr. Farre and Messrs. Travers and Lawrence. While at St. George's he became a Licentiate of Cambridge, and commenced practice in Dover-street, where he lived in good style with his mother, and soon clubbed with her to keep a carriage. At this time, Dr. George Pearson, Dr. Warren, Dr. Nevinson, and Dr. Thomas Young, were the physicians to St. George's Hospital, and Dr. Chambers soon attracted the notice of these gentlemen by his unwearied attention to the practice of the hospital, and the dissections. After he had been little more than three years a pupil of St. George's, Dr. Pelham Warren, then in great practice, met him one day, and told him to be at his post at the proper time, when he

would hear something very agreeable to him. On going to the hospital he learnt that Dr. Warren had just resigned, and that he and Dr. Nevinson were determined to support him as the candidate to succeed him; he was in consequence appointed to the important post of full physician to St. George's Hospital. This good fortune happened on the 20th of April, 1816, when Dr. Chambers was just thirty years of age. About the same time he graduated at Cambridge, and received high praise from Professor Haviland for the manner in which he sustained the disputation preceding the degree.

It was at the end of the year 1815 that he first put his name on his mother's door in Dover-street; but his receipts were so small, that it was not until the year 1819 that he began to keep regular accounts of his fees. In 1819 he was appointed, on the resignation of Dr. Dick, examining physician to the East India Company. In the year 1814 he officiated for Dr. Dick during the greater part of the year. In September, 1815, he was appointed assistant-physician to the Company, with a salary of £200 per annum, and, as we have seen, succeeded Dr. Dick four years afterwards, when his salary was raised to £420 a year. Another hundred a year was afterwards added for his additional duties arising out of the Medical Relief Fund, at Poplar, and the Hospital and Lunatic Asylum, at Hackney. Thus his income, independently of private practice, amounted to £520 a year, and this was increased by being appointed, about this time, a medical director of the Westminster Life Office.

In the year 1816 his fees from practice amounted to about £50; and he got, this year, from the hospital, about £60. In 1817 the fees were about £80, and the hospital £65. In 1818 the fees increased to £150, the hospital varying but little. In 1819 his fees were £433; but of this, one fee amounted to 200 guineas. This sum was given him by a great patroness of his, for visiting her at Holmpton, near Hull, and was done, as he has often stated, as much to encourage him as from any real occasion. In 1820 he retrograded to £211 as the fee receipts for the year; and the hospital, this year, produced him only £27. Nevertheless, he married in 1821, and removed to 10, Curzon-street. The lady he married was Mary, daughter of Dr. William Mackinnon Frazer, of Balnairn, Invernesshire, and Lower Grosvenor-street, who had been previously in great practice as a physician in Bath. By his marriage he has four children, two sons and two daughters, all of whom are still living.

From the year of his marriage his professional receipts steadily increased, so that in 1825 they reached to nearly £2000, from fees alone. His reputation kept pace with his fortune, and in 1822 he was appointed one of the censors of the College of Physicians. He had also been appointed honorary physician to the Lock Hospital—an office he held for some years, and which he resigned in 1827. In 1824 he removed to No. 23, Lower Brook-street; and at the commencement of the medical session, October, 1825, he joined Dr. Macleod in lecturing on the Practice of Physic in the school first established in Windmill-street, and afterwards transferred to St. George's Hospital. The Royal Society elected him a Fellow in 1828. His acceptance with the profession and success with the public steadily increased, so that in the year 1833 his fees rose to upwards of £4200. Notwithstanding a severe illness in 1834, which kept him out

Yours very truly
W. H. Chambers.

of London nearly the whole year, his income kept up in 1835 and 36, and in 1837 it had reached to nearly £9000. On October 2nd, 1836, he was sent for to see Queen Adelaide, at Windsor; and on the 25th of October was gazetted Physician in Ordinary to the Queen. Upon the illness of the King, in May of the following year, he was appointed Physician in Ordinary to his Majesty William IV., who created him K.C.H., but allowed him to decline the honour of ordinary knighthood, which had, until that time, been considered a necessary accompaniment of the Commandership of the Guelphic Order. On the accession of her present Majesty he was gazetted one of the Physicians in Ordinary; and in 1839 he was appointed Physician in Ordinary to H.R.H. the Duchess of Kent. From 1836 his income ranged, for many years, between seven and nine thousand pounds, and it kept up to the full point even in the year of his temporary retirement, in 1848. In 1835 he had resigned the office of Physician to the Honourable East India Company, the duties of which, conjoined to his private practice, he found more than he could continue adequately to fulfil. About 1837 he ceased to lecture, and in 1839 he resigned the post of Physician to St. George's Hospital, with which he had been so long and so honourably connected. He had removed to a larger house, No. 46, Brook-street, in 1832, where he resided until his illness in 1848. On his return to town he took a smaller house, in Cumberland-street, Hyde-park, where he at present resides. He is now sixty-three years of age.

From our account of Dr. Chambers' practice, it will be seen that it was steady and progressive, but at first gave no extraordinary indications of its subsequent extent. In his greatest year—1837—he had reached the mature age of fifty-one, so that it was no fashion or caprice which placed him at the head of the metropolitan physicians—a post to which he attained only after twenty years of incessant occupation in practice!

We have carefully recorded many of the particulars we have been able to collect respecting fees, because income is the best and only test of practice, and we are desirous of placing before the profession the prizes which are open to those who cultivate it honourably and laboriously. We believe, that considering the many years over which the large practice of Dr. Chambers extended, his receipts must, with few exceptions, have well-nigh equalled those of any physician of modern times. Sir Henry Hallford's professional receipts were all made up, from the time he commenced practice to the day of his death. They amounted, we believe, to something more than £230,000, and averaged £6000 a year for the whole of the thirty years he was engaged in practice. We believe that at the end of the year 1809, Baillie and Hallford compared notes, and found, from their fee-books, that each of them had made, during that year, £9000. This was in the sixteenth and fifteenth years of their practice respectively. Baillie's practice, like that of Dr. Chambers, was slow and progressive. In 1799 he left off lecturing, because he had made £1000 within the year. At this time he had reached thirty-eight years of age. No man would leave off lecturing, now-a-days, for such a reason; but in Baillie's case it answered, for in 1803 he made £5000. In one of the subsequent years of his career, in 1813 or 1814, Baillie made £11,300, paper money, although he was absent from town two or three months of the year; but this included his salary during the last illness of King George III., and was probably the largest sum ever made by purely medical practice in an equal space of time. Dr. Warren, the predecessor of Dr. Chambers at St. George's, and who in his day led the town, made, in one year, a little more than £8000; but he hated morning business, and so discouraged it, that he seldom had any patients at his house of a morning. He took this amount, also, without receiving any very large fees. These sums seem small, in comparison with the fees of Sir Astley Cooper; but the doubt has been started, whether Sir Astley did not reckon his whole income, the interest of his previous earnings, as well as the actual professional receipts of the year. It would perhaps be difficult to determine this point; but it is generally admitted that Sir Astley's fees were larger than those of any other practitioner before or since. There is one curious circumstance connected with this—namely, that Sir Astley Cooper and paper money flourished together; and it is declared, that when fees were paid in paper, large and double fees were more common than in any other medical period. Paper, although having an equal value, was given more prodigally than the solid guinea or the sovereign.

We hope we shall be forgiven this digression about fees. We do not refer to them because we would wish to direct the attention of the profession to mere money rewards, but

because such things have an intrinsic and historical interest beyond the mere question of money, and are in many respects the gauge of practice.

We are now about to mention one of the most extraordinary circumstances which ever occurred in the history of the practice of medicine, and which gives the true secret of Dr. Chambers' success. Dr. Chambers has by no means been a voluminous author. His lectures on the practice of medicine, published in the *Medical Gazette*; the lectures on cholera, which he was requested by his colleagues to give in 1833, and which were republished in *THE LANCET* in 1849, with the classical and elegant addresses delivered during his presidency at the Medico-Chirurgical Society, constitute the bulk of what he has given to the world. Judging from these publications alone, it might be fancied that Dr. Chambers lived a life of tolerable ease from pen and ink, or that he only wrote when his writings insured the *honorarium*. The lifting of the veil shows, however, a very different picture. When Dr. Chambers began practice, he regularly made clear and concise memoranda in Latin respecting every case which came before him, and copied all the prescriptions he gave his patients. The books he used for the purpose were quarto volumes, of about 400 pages each. His early case-books were labelled A, B, C, D, and so on; but he soon got to the end of the alphabet, and had to begin afresh with the numerals. WE HAVE OURSELVES SEEN NO LESS THAN SIXTY-SEVEN OF THESE PRECIOUS VOLUMES, BESIDES NUMEROUS THINNER QUARTOS IN THE SHAPE OF INDICES! The matter they contain is necessarily immense. The only account of fees he ever kept was the insertion of X, or XX, or XXX, to mark the number of fees, which were added up at the end of the month. All his cases, and every day's work, were regularly entered and indexed as carefully as in a merchant's ledger, so that, notwithstanding his vast practice, he could, with the utmost ease, tell a patient that he had consulted him that day seven years; or when he had suffered from such and such disease, and had been prescribed such and such medicines. His entries also contained notes of consultations and post-mortems in striking cases. His plan was, to insert his home cases in his day-book leisurely at the time he prescribed; and then, after his return in the evening, he would, from memory, enter the cases he had visited and the prescriptions he had written. This, and the arrangements for the next day, with notes about consultations, and the preparation of his list for the morrow, frequently occupied him through the night, and until the rising sun peeped in upon his labours. Then he retired to a brief rest, to begin work again between eight and nine o'clock.

The following are specimens of the plan pursued by Dr. Chambers in preserving memoranda of his cases:—

HON. MISS —, — street.

Marasmus c. tumore in regione iliaca—qu. glandulosâ vel fœculentâ.

Hyd. Submur., gr. i. Sodæ, Cretæ, ã., gr. iij. Hac et omni nocte.

Hauft. Gentian., c. Cinnam. Liquor Potassæ, ʒss. Syr. Aurant., Tinct. Aurantii, ã., ʒi.

Mrs. B—, — square.

Palpitatio c. impulsu aucto, et murmure systolico substernali.

Mist. Camph. Salin., c. T. Hyoscyami, m, xx. Tinct. Cardamomi.

Pil. Aloes Comp., gr., x., omni nocti et si opus sit, meridiæ.

W— P—, Esq.

Urina rubra clara.

Mem.—Pains in the left side after shingle, three years ago. It is curious that the pleurodynia is on the left side, high up, whilst the shingle, which ulcerated, occupied the right side from the pubes to the spine.

Pil. Hydr., Ext. Coloc. Co., gr. vi. h.s.

Hauft. Sennæ, Cras,

Pil. Tigllii c. Coloc., Haft. Sodæ Cyanid. c. Liquor Sarsæ, bis die.

Liniment. Sap. Camph. c. Opii.

In the zenith of his practice, he had scarcely time to get a single meal with regularity, and the pace of his horses in the streets of London was seldom less than ten miles an hour. In addition to his remarkable notes of cases, he had a way of

sketching diagrams of his patients and their maladies. His books are full of outlines of figures, with here a dot to indicate a cavity in the lung; there a portrait of hydrothorax, with the heart bulging against the right ribs; and here, again, a case of hepatic enlargement, or a case of diffused tubercles. All these things were done in such a manner as to indicate to him the very spot and extent of any disease which had passed under his sagacious diagnosis. The facts we have here detailed show that Dr. Chambers devoted himself to the duties of practice with the most laborious and devoted conscientiousness, and that his works, if not published, existed for his own satisfaction and the benefit of his patients. This industrious note-taking, extending, as it did, from 1815 to 1848, a period of thirty-three years, is one of the most *Herculean labours* which we know of in the profession of medicine. Published volumes shrink into littleness in comparison; and it deserves to be remembered, that this work was self-imposed from a sense of duty, and for the satisfaction of a delicate conscience, which was ever fearing that enough had not been done or compassed in each particular case. But these volumes of private cases were not all. When Dr. Chambers was first appointed physician to St. George's, clinical clerks had not been invented, and the physicians kept their own books, entering their own cases and their own prescriptions in the hospital archives. This duty was performed with uncommon zeal by Dr. Chambers until Dr. Hope's time, who first released him from this profound drudgery. The hospital-books, taken in Dr. Chambers' own hand-writing, probably equal in extent his private case books. Do not these facts fully justify the Horatian precept, that nothing great is ever accomplished without great labour? We see here the reasons why Dr. Chambers rose to the first place in medicine, and we see that this could neither have been given nor held by any merely fortuitous circumstances. He was **FIRST** only because he was **BEST**.

But these arduous tasks were performed under complicated difficulties. From an early period his health was delicate, and in the course of his practice a great many circumstances occurred which would have broken up the career of any man less attached to practice, and to whom practice adhered less steadily. As early as 1825, he became affected with bronchocele, and was very ill from May until almost the end of the year, partly from the bronchocele itself, and partly from having nearly poisoned himself with iodine, the iodic saturation not being attended, however, with any beneficial results to the disease. He was next attacked with rheumatism on the 25th of December, 1826, and was obliged to go to Bath, from whence he did not return till the 23rd March, 1827, having been quite incapable of work for three months. In the autumn of this year, he was ill again, and out of town the whole of September, from fever brought on by exposure to miasma at Chelsea. During the cholera visitation in 1833, he was thrown out of a gig in Regent-street, on the 23rd of August, and was so much injured as to be obliged to be out of town until the 1st of October. This accident happened from his having been sent for suddenly to see Mr. Cutler, then living in Sackville-street, who was reported to have had a sudden attack of cholera. Dr. Chambers got instantly into the gig in which the messenger came, and was thrown out; and but for having drawn his hat closely upon his head when the horse took fright, he would probably have been killed upon the spot. The alarm respecting Mr. Cutler proved unfounded, and when Dr. Chambers was carried to his own house in Brook-street, he found Mr. Cutler had heard of his accident, and was actually come to inquire for him. Another severe shock happened to him in 1834. This time he imbibed poison in the dead-house of St. George's Hospital, on the 14th of February, while examining the body of a patient who had died of a malignant variety of pleurisy, and which nearly destroyed him, first by the primary poison, and then by an attack of secondary inflammation and suppuration. A long and painful illness was the result, which was accompanied by the usual effects of this variety of wound, and left the right hand much deformed by sloughing and suppuration, the traces of which are still distinctly visible; indeed, the fingers of this hand are so crooked, that the vulgar have invented a theory, which says the fingers are bent from the constant occupation of taking fees! During this illness it was thought right by his friends to send Dr. Chambers to Tunbridge Wells, where he remained from March until May. While at Tunbridge Wells he was deeply beholden to many of the leading physicians and surgeons in London, who constantly attended him, and, as he always declared, saved his life, (after it was generally despaired of,) by their kind

and persevering attention. Sir B. Brodie, especially, paid him a daily visit, when Tunbridge was not so accessible as now, for several weeks. In August he had somewhat recovered, when he went to Richmond, and thence to Hampstead. Altogether, this illness disabled him from the pursuit of the regular course of his public and private practice, for nearly a year. Indeed, the poison gave a shock to his nervous system, from which he has never entirely recovered; though it was after this that his great years of practice followed. In 1838, he was again taken ill on the 5th of January, and remained so till Feb. 7th, when he began to do a little business, but he did not undertake full practice until the end of that month, and was scarcely able to enter into it with energy and spirit all the year. He was absent from town this year during the greater part of August, and in September and October. He now endeavoured every year to recruit himself from the exhaustion of almost incessant occupation night and day, with no opportunity of taking regular sleep or regular meals, by retiring into the country, to some house he took for the season, where he would stay, with as little interruption as possible, for six weeks or two months. In the year 1841 he purchased a house and an estate at Hordle-cliff, Hants, which afterwards became his favourite place of retirement. From the foregoing, which is strictly correct, we might almost imagine we were perusing the history of some languid valetudinarian, instead of the ripe and painstaking physician, whom all the town looked up to for solace and help in time of sickness.

In 1840, he was again interrupted by a severe illness. From this time he continued in full practice till 1848, at which period he began to feel the effects of his laborious life to such an extent, that his friends thought it their duty to urge his leaving London in the time of his fullest employment, and to spend more of his time in retirement at his estate in Hampshire. He returned to London in a few months, but only to a limited practice, in which he is still engaged, so far as to see at home such patients as may wish to consult him, and to give his assistance in consultations. It will be seen from this narrative, that Dr. Chambers has never had any continuous opportunity of realizing a very large fortune by his profession, though he possesses a good income. His constant illnesses were, of course, attended by great expenses, as well as the withdrawal from practice. In certain months, however, in several seasons, he has taken as much as £1100 in one month, but this, with his habits of note-taking, could only be effected by the severest labour, and the deprivation of all social comfort.

Alas! "The web of our life is of a mingled yarn, Good and Ill together." In 1839, when, as regards worldly success and income, the culminating point of our physician's career had been reached, the greatest bereavement of his life occurred. This year his beloved wife died of phthisis, leaving in his heart a void which, to a man of his affectionate and kindly feelings, no worldly success, no public applause or reward, could soften or efface. Dr. Chambers did not marry again, and to this day the memory of the cherished partner of his early cares and successes is preserved as vividly as though she had only just departed. This sad event, with his previous illness, rendered him much unfit for business during the next two or three years, though, driven as he was by his work, he was necessarily fully engaged.

The early practice of Dr. Chambers was not in any great degree amongst the aristocracy. It was only as his reputation extended with the professional and general public of this metropolis, that he became the favourite physician of what are called the higher classes. In truth, although the aristocracy are prone enough to run after any new quackery, or to accept for the moment any novel doctrine, however trivial and unworthy, they always, as a reserve for serious emergencies, lean on those men most approved by the public voice. A certain amount of practice with the nobility is always necessary to a physician or surgeon largely occupied in London, as giving him a certain tone and fashion; but this every successful man is sure to have, unless some special circumstances prevent it. It is well to know that the aristocracy do not *lead*, but rather *follow*, in all that relates to professional success. If it were otherwise, an aristocratic introduction would be of more value than a good reputation. The right understanding of this point will show professional men, that it is upon them and upon their opinions that even the greatest reputations and the greatest practices are really based. Because aristocratic connexions and professional reputation frequently go hand in hand together, we are too apt to give that credit of success to the former, which really belongs to the latter. The withdrawal of professional support invariably takes public confidence in

its train. It is well that professional men should feel and know the value of professional esteem. So late as the time of his being called in to Queen Adelaide, Dr. Chambers had no very great number of dukes and duchesses on his list. He is accustomed to relate, that after the consultation, William IV. took him into conversation, and began asking him about his patients, evidently expecting him to tell his Majesty of the great people he attended, but Dr. Chambers felt confused at not being able off hand to select any of very high rank, such as the king thought to hear of; not but that, at this time, he had a fair sprinkling of the nobility under his care. Those who have seen much of practice among the great, generally say that the best patients—those who appreciate medical services with the most candour, and remunerate medical men most liberally, are professional men, particularly *lawyers* and *merchants*. These classes are more considerate, more accustomed to fairly estimate services rendered to them, and they use money more generously than those who are merely rich without any habits of business.

By birth and early associations Dr. Chambers was a high-Churchman and a Tory, but after his residence at Cambridge he became, on a careful consideration of his political principles, a decided Liberal, rather than a Whig, though he has retained throughout, a strong leaning towards the academical institutions of his country, which may be said occasionally to have given a somewhat inconsistent colouring to his political opinions, when no real inconsistency existed. Their liberal opinions in politics were always a great tie between Sir Benjamin Brodie and Dr. Chambers; both of them were great favourites at Holland House, for so many years the focus of liberal principles in this country. Dr. Chambers carried his political principles into action in a manly and straightforward way, even when he was physician to Queen Adelaide, whose Tory feelings were very decided. On one occasion he had to visit the Queen at Bushy, but before he went he voted for the Radical candidate for Westminster. The election for Surrey was proceeding on the same day, and as he had passed through Kingston when the polling was proceeding, the Queen and Court gathered eagerly round him to know how the election was going on. Some one suggested that Dr. Chambers had voted at Kingston for the Radicals. This he was able to parry by saying he had no county vote; but some one else now said, that he had been voting for a Radical at Westminster? This, he replied, smilingly, was a secret for his own breast, when the Queen herself came to his assistance, and said he should be asked no more questions.

The profession may be curious to learn something about royal attendances and royal fees. The salary of the Physician in Ordinary is £200 a year, besides his regular fees when called upon to act. From motives of liberality towards others of the court medical staff, Dr. Chambers did not take the annual fee, during the reign of Queen Adelaide, but received his regular fees of two guineas each whenever he attended at the Court. During the reign of her present Majesty, Dr. Chambers has received the usual salary of court physician, and has on several occasions attended her Majesty and the royal children. Formerly, all the physicians in ordinary were of the same rank; but at the commencement of the present reign, Lord Melbourne named Sir James Clark, senior physician in ordinary, though, we believe, there is in reality no such office except as a new creation.

We have yet to consider Dr. Chambers as a practitioner. In the sick-room he has been ever distinguished by a rare sagacity, the result of long experience, a vigorous intellect, and cultivated powers. That he was skilful in the management of chronic maladies and ailments his long hold upon the good opinions of the aristocracy will show. But it was in the treatment of acute disease that he especially shone. Here he was bold, energetic, and successful. He never left his patient to be destroyed by the *vis necatrix* while waiting for the *vis medicatrix*. His desire was to stand face to face with disease, and to treat it without disguise or hesitation. We may give an instance of his principles in this respect. Every one remembers the elegant and valuable remarks of Dr. Alison, in his historical memoir at the commencement of the first volume of the "Cyclopædia of Medicine," respecting the different values of bleeding, calomel, and opium, in subduing peritonitis. Dr. Alison maintained that the mere pain of peritonitis often killed, and that therefore opium should always be combined with calomel and bleeding, so that pain and inflammation should be subdued *pari passu*. But Dr. Chambers would act upon a different plan. In his opinion the pain depended on the inflammation, and to give opium in quantity would be to put a mask between the physician and

the disease, behind which the latter might destroy the patient unperceived. He preferred to deal with pathology openly, and not to remove the pain as a palliative measure, but rather by quelling the inflammation, which was the cause of pain. We are sure the plan of Dr. Chambers was the bold and the right one; it was acting towards disease as Nelson did towards the enemy—to place himself fairly alongside, and abide the issue.

Dr. Chambers kept himself remarkably *au niveau* with all that related to the progress of medicine as a practical art. The following anecdote will illustrate this very forcibly. At the time when the stethoscope was new in this country, it had, as is well known, to encounter considerable opposition. This opposition was very strong at St. George's, and Dr. Chambers was among those who thought little of this method of diagnosis, and did not auscultate. At this time, however, Mr. Lane, who had been in Paris witnessing the practice and teaching of the illustrious Laennec, was attending St. George's Hospital, where he had been a distinguished student. It happened one day that Dr. Chambers saw a patient in the hospital, suffering greatly from orthopnoea and dyspnoea, lividity of the countenance, and other symptoms, which led him to pronounce it at once a case of effusion into the pleuræ. Mr. Lane, who had examined the case carefully with the stethoscope, declared positively there was not a drop of fluid in the chest. A few days afterwards the man died, and a post-mortem showed, not only that there was no fluid, but that such complete adhesions existed as to render effusion impossible! Upon this Dr. Chambers threw aside his former opinions, began to use the stethoscope, and became one of the most accurate auscultators of his time. This anecdote Dr. Chambers is accustomed to relate with the utmost candour and to express the obligations which he was under to Mr. Lane. It also redounds to the praise of Dr. Chambers for the ease with which he received a new truth, though it rubbed hardly against his preconceived opinions. Another case which subsequently occurred at St. George's, weakened the opposition to the stethoscope very much. It was that of the celebrated Dr. Thomas Young, who died of an osseous tumour of the aorta, which up to the time of his death had been mistaken for phthisis!

Notwithstanding his vast experience and acknowledged skill in the treatment of disease, Dr. Chambers preserved the diffidence, we had almost said the humility, of his youth, throughout his career. His laborious note-taking was the result of the fear he had lest he should do wrong, or commit some error of practice. Like many other distinguished men, he was seldom perfectly satisfied with what he had done, and his anxieties, which he could not control, respecting his patients, no doubt contributed, as well as his great physical labours, to impair his strength. Sir Benjamin Brodie adopted the maxim of the Duke of Wellington, to do the best at the time, to neglect no means of ensuring success, and to think as little as possible about the result, should it prove unfavourable. The temperament of Dr. Chambers did not admit of this, though he saw its value in his friend, and has often been heard to say what a comfort it was to him to have had such a man as Sir Benjamin to assist him in the responsibilities of practice. This nervousness of Dr. Chambers was only a misfortune to himself. Most assuredly it did not spring from any incompetence, nor did it stay his hand in treatment, for he was always decisive and energetic; but the excessive sensibility and feeling of responsibility was often injurious to his own peace of mind. On some occasions this feeling was excessive. During the last illness of his old patient, the Queen Dowager, he was asked to visit her, but declined to do so unless in consultation, because he was then in delicate health, and shrank from the responsibility attaching to such a patient. In a less degree this feeling was present during the greater part of his life. In his figure and manners, Dr. Chambers was the *beau idéal* of the physician. Everything about him was pre-eminently physician-like. In stature he is tall, dignified, and commanding. His demeanour to patients was most winning and agreeable, and it may be said that no medical man ever met Dr. Chambers in consultation without being perfectly satisfied with him. The most entire liberality and even indifference about fees characterized his behaviour. On all occasions he was willing, as regards remuneration, to give way to others.

The classical and felicitous orations delivered by Dr. Chambers in 1846 and 1847 at the annual meetings of the Royal Medical and Chirurgical Society, will long be remembered, constituting, as they did, the most remarkable features of his Presidential career. During these two years he was most attentive to the duties of the chair, scarcely ever being absent, and

this, too, at a time when he was in full practice, and when the state of his nervous system, which withdrew him from practice in 1848, was causing him great distress. His friends knew afterwards, that when seated at the Society in apparent calm, it was only with the greatest difficulty that he was able to control his nervous sufferings! Nothing can exceed, in our opinion, the masterly manner in which he sketched the professional character and fame of Dr. John Thompson in his last address, praising freely where praise was due, and bestowing a severe but dignified censure upon the well-known letter of Dr. Thompson to Lord Lauderdale, respecting the last illness of George the Fourth, in which he made a most unwarrantable attempt to interfere with the physicians engaged in the treatment of the King. We find, in the conclusion of that address, a graceful tribute to the value of biographical compositions, which we are happy to quote as applicable to our own efforts to place the foremost men of our time before their contemporaries, as matter of instruction, and warning, and example. He there says,

"It is impossible, I think, to gird ourselves for the task of contemplating, in the retrospect, the circumstances and characters of our predecessors, and watching *their* conduct in the various phases in which our own may hereafter present themselves to our successors, and not to please ourselves, or at least to feel deep interest, in observing, as it were from afar off, the manner in which they have been able, whether successfully or unsuccessfully, to contend with the difficulties which they have encountered, and by the assistance which their moral energies have afforded them, to escape, perhaps altogether, from the perils of the great ocean of life which they have traversed,—

*Suave mari magno turbantibus æquora ventis
E terrâ magnum alterius spectare laborem.*

And, above all, to be able to indulge ourselves with the satisfaction of believing, that in our own profession, which has nothing to exhibit to the world of what is dazzling or brilliant, amongst those, indeed, whom identity of views and similarity of pursuits have associated with us, we can place in our van so large a proportion of men who are capable of illustrating pre-eminent learning and talents with an irreproachable reputation."

Our remarks have already extended to great length, but not to such an extent as the subject deserves. We cannot close without expressing the fervent hope, that the valuable life of Dr. Chambers may long be spared to the profession and to his family, and with a larger measure of health than he now enjoys. Whether he may continue in practice, or, after a time, retire to a learned and cultivated leisure, sure we are, that the unaffected regard, and we may add, love and veneration, of the profession, will attend him. With his fine and educated sensibilities, we could wish him no greater happiness in this world, than that the decline of his useful and honourable life should be soothed by that condition described by his favourite poet,—

*"Nunc veterum libris, nunc somno et inertibus horis,
Ducere sollicitæ jucunda obliuia vitæ?"*

The accompanying admirably executed portrait of Dr. Chambers is from a splendid daguerreotype, taken expressly for *THE LANCET*, so lately as Monday, the 13th inst., by Mr. Mayall, at his gallery, No. 433, Strand.

THE ROYAL COLLEGE OF SURGEONS.

ON THE DEMAND FROM MEMBERS OF THE COLLEGE FOR AN ADDITIONAL TEN GUINEAS FOR THE FELLOWSHIP.

To the Editor of THE LANCET.

SIR,—I became a member of the Royal College of Surgeons of England above forty years ago, not on account of the respect I entertained for the College or its diploma, but because at that time there was no other place where a candidate for general practice, educated in England, could submit himself to examination, and prove that he had been professionally educated. Gladly would I then have availed myself of any ordeal, had it existed, which would have honestly tested my fitness for the important duties of a practitioner in medicine, surgery, and midwifery, and given me a certificate of qualification if merited. For the College diploma I paid thirty guineas, and while in practice, previous to the year 1821, an annual tax of £1. I need not tell you, Sir, that, while this diploma neither proved sufficient education, nor conferred any honour upon me, it dishonoured me, by subjecting me to insulting and contemptuous treatment. At length faith was completely broken with me—I had paid my thirty guineas to

become a member of a College, in which all were equal, but by the new Charter, which the ruling body obtained, 300 of the members, many of them mere boys, were placed, with the title of fellows, over the heads of the rest, who were thus degraded into an inferior class. It appears that the Council of the College has been induced, by public clamour, to seek a remedy for this breach of faith and honourable conduct, in admitting to the fellowship all those who were members at the time the new Charter was obtained, on their severally completing the twentieth year of their membership, and paying a fee of ten guineas. Those who obtained this new Charter took especial care that they and their friends who made up the 300 should have no fee to pay for *their* fellowship; but they are desirous of extorting ten guineas from each of the members, whom now, on compulsion, they would tardily admit to the same grade. Why, Sir, should I pay forty guineas for that which has cost none of the favoured 300 more than thirty guineas, and very many of them only twenty. I do not intend to submit to this extortion, and therefore must still remain in the inferior class—a victim of this additional act of oppression and degradation. I cannot say I am surprised at the Council of the College of Surgeons proposing to perpetrate such a piece of injustice, but I hope and believe that there is no other board in the empire consisting of educated men in the rank of gentlemen, who could be guilty of such conduct.—I am, Sir, your obedient servant,

London, May 20, 1850.

SENEX.

ON THE DISSOLVING OF TEETH IN SOLUTION OF SUGAR.

To the Editor of THE LANCET.

SIR,—The dissolution of teeth in lactic acid is known, as well as that sugar solution produces "lactic acid" by fermentation. The tooth I used for the experiment was a thoroughly sound one, without the least speck, and nineteen grains in weight. I put it in a solution of six drachms of sugar and three drachms of water, in a temperature of 32°–36°. In three weeks, the tooth lost about seven grains, without a change in the solution, and, in analyzing it, I found that only the carbonate and phosphate of lime were consumed. The part round the crown of the tooth was unchanged. The tooth lost, afterwards, when I put it in diluted hydrochloric acid, all its limy substance in the course of twenty-four hours, with a small influence of carbonic acid. Another tooth which I put in diluted hydrochloric acid lost in twenty-four hours all its limy substance, but under the influence of a great deal of carbonic acid. A tooth remained unchanged in very concentrated camphor solution.

A tooth, nine grains in weight, put in a solution of half a drachm of oxalic acid and three drachms of water, in a temperature of 32°–36°, lost, in ten days, two grains and a half of its weight. It was found with a white sediment (oxalate of lime) and weighed four grains. The enamel was found quite dissolved; the other part of the tooth was not altered.

Tichborne-street, Haymarket.

T. LINSER.

THE ROYAL SOCIETY.—The President of the Royal Society held his third soirée last Saturday at 19, Great Cumberland-street. His Royal Highness Prince Albert was present. It was numerously attended, and amongst the company there were, his Excellency the American Minister, the Marquis of Ely, the Earl of Lanesborough, the Earl of Clare, the Earl of Sheffield, Lord A. Paget, Lord Teignmouth, Lord Radstock, Lord Trimlestown, Lord Lonsborough, Lord Hatherton, Lord Brougham, Lord Lyttelton, Baron de Goldsmid, the Hon. Mr. Parsons, the Hon. Captain A. Duncombe, Sir Thomas Phillips, Sir John Hall, Sir Charles Lemon, Sir Charles Young, Sir George Bach, Sir James Clark, Sir B. Murchison, Sir George Duckett, Sir Charles Clarke, Sir James South, Sir Henry Ellis, Sir Howard Douglas, Sir Charles Fellows, Sir Charles Pasley, Sir David Brewster, Sir Benjamin Brodie, Sir H. De la Beche, Sir P. Ross, Sir W. Morison, Sir John Rennie, General Wavell, Colonel Saunderson, Colonel Mackinnon, M.P., Major Macdonald, Mr. Grove, Mr. C. Landseer, Mr. Spence, Colonel Sabine, Professor Bell, Professor Forbes, Professor Daubeney, Professor Sylvester, Professor Oersted, Professor Sedgwick, Professor Wheatstone, Professor Baden Powell, Mr. B. Stephenson, Mr. Babbage, Professor Bowman, Mr. Repton, M.P., Professor Philips, Colonel Sykes, Dr. Bright, Mr. Brown, Mr. Scott Russell, Dr. Locock, Dr. Mantell, Mr. Wharton Jones, Mr. Gassiot, Mr. Wild, Mr. Wyon, Dr. Guggenbuhl, M. A. Van Rensselaer, Dr. Lee, Mr. Brook, &c.