

It will be thus seen that the period of attendance at hospitals is diminished by six months, and the daily average of patients diminished by fifty. Our readers may pronounce for themselves between truth and misrepresentation.

We congratulate the *majority* of the Governors of St. Bartholomew's on their having secured a more than "average" assistant-physician. Mediocrity may be respectable so long as it is kept in its proper place—that is, so long as it is made to occupy positions of ordinary importance. But there is something repulsive—to use no harsher expression—in the union of mediocrity and ambition. Such an unnatural union necessarily implies one of two things—either a vanity so impenetrable as to render the possessor totally blind to his own imperfections, or the consciousness that, worthy or not worthy, he may rely upon the determined support of unscrupulous power. The latter alternative implies the existence of a form of despotism, of all others the most brutal and the most odious—the subjugation of intellect to ignorance.

A bare majority of TWENTY has saved the ancient hospital of St. Bartholomew's from this reproach, and has spared the profession the degradation and the humiliation of a defeat, which would have involved in its consequences a serious check to the advancing cause of medical education, and a heavy discouragement to all honourable ambition.

It is not to be borne that "average" men—men who, having enjoyed opportunities, have given to the world no proof that they know how to use them for the advancement of knowledge and the good of mankind, should be enabled by intrigue, by jobbery, by every unholy artifice, to ride rough-shod over men who have proved themselves, by their own industry, ability, and services to science, equal to, and entitled to fill, posts of honour and profit.

But we warn the Governors of St. Bartholomew's again: we especially warn the noble majority of TWENTY not to slumber after their victory. The spirit of intrigue never sleeps. Dr. BALY has been elected; Dr. KIRKES has been elected. Two formidable rivals have been removed. The age and infirmities of the senior physician have long since pointed to the propriety of his retirement. Insensible to the call of propriety, he may not be insensible to the voice of parental affection. Let the Governors of St. Bartholomew's beware lest the "average" man they have twice repulsed surprise them in a third assault; let them beware lest, after all, nepotism and mediocrity triumph over genius and right.

Since the above was written we have received intelligence that the partisans of "average" mediocrity were beaten by only FOURTEEN, instead of TWENTY. The actual numbers are stated to be for—

DR. KIRKES	...	...	...	...	...	116
DR. JOHN HUE	...	...	...	...	...	102

On Wednesday next, the 14th instant, the biennial dinner of the Medical Benevolent Fund will take place at the London Tavern. This most useful and beneficial undertaking has, during the few years that it has existed, been productive of a vast amount of good to suffering members of the profession and their families. Without any pretensions which can class it with the Medical Benevolent College, it has, nevertheless, the strongest claims upon the consideration of the profession at

large. Considering the comparatively small amount of its annual income, it is really marvellous to observe the number of cases which it has relieved temporarily, the annuities it has granted, and the homes it has furnished for those whose only claims upon its assistance have been those of necessity and of desert. In the columns of this journal we have published periodically the lists of cases to which charitable aid has been extended. What a melancholy history is often embodied in one or two simple lines! A widow assisted at a moment when her household was to be broken up by the hand of a ruthless creditor; an orphan rescued from the lowest depth of misery; an honourable, but unfortunate member of our profession saved from the union poor-house. If the axiom, that "bis dat qui cito dat" required a forcible illustration, we should point to any single case which has been relieved from this excellent fund. Its assistance often arrives at the most critical moment, and at a time when even a short delay might be ruinous. More than one instance has fallen under our immediate notice, in which a few pounds judiciously applied have conferred a lasting benefit upon the receiver. The Medical Benevolent Fund has the further merit of allowing its recipients to remain unknown, excepting to those benevolent individuals who earnestly and carefully inquire into their claims for assistance. Deeply is it to be regretted that the limited sum at the disposal of the Committee is utterly inadequate to meet all the really deserving cases which come before it. We cannot believe that these funds would be so restricted if the real benefits which they have been the means of conferring had been sufficiently and seriously considered. We believe we are right in stating, that not one in every thirty members of our profession is a contributor to it. What might have been effected if only half of those amongst us who can spare their annual guinea had responded to the appeal of the late excellent treasurer, Mr. NEWNHAM, of Farnham? It is to be sincerely hoped, that at the forthcoming festival means will be placed at the disposal of the Committee for further extending many most praiseworthy efforts in the cause of the suffering and the distressed.

MEDICAL REFORM.

CORRESPONDENCE BETWEEN DR. ALISON, OF EDINBURGH, AND MR. NUNNELEY, OF LEEDS.

WE have been requested by Mr. Nunneley to publish the following correspondence:—

NO. I.—DR. ALISON TO MR. NUNNELEY.

Edinburgh, May 1st, 1854.

"MY DEAR SIR,—As I had the satisfaction of finding myself quite on the same side with you in a question on which we have so recently corresponded, I am induced to hope that I may be successful in persuading you to reconsider a subject on which I find that you have expressed an opinion very much in opposition to that for which we in this University contend, and as to which I cannot help thinking that you labour under a misapprehension.

"I find by the last number of the Association Medical Journal, that you expressed yourself strongly at the meeting of medical reformers last week in London, against 'the Scotch licensing bodies bargaining for a reciprocity of rights, so long as doctors could pass in one country more easily than in another; so long as the Edinburgh doctorate could be had at the age of twenty-one, and the English title not before the mature age of twenty-six.'

"Now on this I cannot help observing, that you take for granted that the English plan is right and ours wrong, and that we wish to perpetuate, *for our own advantage*, the present system of granting the degree of M.D. only at the age of twenty-six in England, and that of twenty-one in Scotland, and allowing both to assume the title in practice.

"What we wish is, that the Government should consider—

simply with a view to the good of the public—whether there is any advantage in the degree of M.D. being granted in England only at the age of twenty-six; or whether it ought not to be left to all the British Universities, Oxford, Cambridge, London, as well as to those in Scotland, to give the degree on such terms, and at such age, as they please; provided only that they give it to none who have not gone through the minimum course of study, and passed the examinations, which we hope will be defined, directly or indirectly, by any Bill that may be passed; and added to this minimum some amount of university education, such as each university may choose for itself.

"We believe that what chiefly concerns the public, is the education of the great body of *general practitioners*; and that this is better managed at present in Scotland than in England, because the qualification for the degree of M.D. is not placed so high above that for the lowest degree on which a man can enter on general practice, as to be beyond the reach of the great body of those who are to live by the profession. Hence many men—and I can say from long experience, many of our best men—take the degree of M.D. from us at the age of twenty-one or twenty-two, and either enter the public service, or enter on general practice *immediately*, looking forward to becoming consulting physicians some years later, if they shall enjoy a sufficient share of favour and confidence of the profession and of the public. If these men, on attaining that age, and qualifying themselves for passing all our examinations, had been told that they must wait four or five years more, before they could be taken on trial for our degree of M.D., we know that in most cases their circumstances would not have allowed their waiting so long; they must therefore have entered on practice, public or private, without that degree; and if not allowed to take the degree, it would not have been worth their while to take any such preparation for it, as is beyond the preparation for any lower degree, on which the profession can be practised. Thus, by reason of the regulations of our university keeping the qualification for the degree of M.D. in it somewhat higher than that required for the diploma of surgeon here, yet not so high as to be beyond the reach of the great body of those who are to live by the profession, and demanding no qualification by age beyond the legal age of twenty-one, we believe that the mass of general practitioners throughout the country are better educated than they otherwise would have been; and that many of them, beginning practice at that age, gradually fit themselves for becoming consulting practitioners, in a way more beneficial to the public, than if they had all attained the age of twenty-six before receiving the highest honours in medicine.

"If, in this way, we have maintained the qualification of the general practitioners throughout the country somewhat higher than it would otherwise have been, I think it certain that we have benefited the public at least as much as ourselves; and that any measure of medical reform which may place our regulation for the degree in jeopardy, ought to be received by the legislature with extreme caution. It is to the qualification of the general practitioners throughout the county, that it is chiefly incumbent on the legislature to look. If they are generally well informed, the legislature need not give themselves any trouble as to the qualification of consulting physicians; because well informed general practitioners will not (at least generally or permanently) submit to the guidance of men whom they do not know to be at least equal in information to themselves.

"This was clearly perceived by the late Lord Durham, who, in a discussion on this subject in Parliament some years ago, urged strongly that the peculiarity of medical practice in this country chiefly *requiring correction* was the *small* number of men engaged in it, who possess the highest degree in medicine, as proportioned to the whole number of practitioners. I believe this observation to be strictly correct, but to be more applicable to the state of matters in England than in Scotland; and that instead of being corrected, this evil would be perpetuated and extended by any measure, which should confine the degree of M.D. in all parts of the country, to men who have attained the age of twenty-six.

"I know it may be said, that very excellent consulting physicians are formed on the English plan, of keeping them as students in hospitals and universities, until the age of twenty-six, before granting them the degree on which they are to practise. This I do not deny. For men possessed of certain funds enjoying certain facilities, perhaps endowed with a certain character, that plan may answer; but all that I maintain is, that experience has sufficiently shown that under circumstances which are very common, in all parts of the country, equally good consulting physicians may be formed from general practitioners, as in the case of the late Dr. Abercrombie and Dr. Thompson of this place; and that it is *for the good of the public*

that medical men should be left at liberty to rise to the *status* of consulting physicians, either in the one way or the other; which cannot be the case if the degree of M.D. is to be confined to those whose circumstances enable them to live without entering on practice till they have attained the age of twenty-six.

"I know also, that much has been said of the injury done to *the profession* by the highest honours in medicine being given away too cheaply and easily to men whose manners and habits are not creditable to their calling, especially by the Scotch universities. I do not deny that this is an evil—to be charged more I believe on the other Scotch universities than on ours—but not to be compared to the injury done to *the public*, by shutting the door to the highest honours to all who during their education cannot command a certain amount of funds. In order to meet this evil, however, I think it might be enacted that no university should give the degree of M.D. without requiring, not only the whole of the minimum course of study, which I hope the legislature will directly or indirectly impose on all practitioners, but at least one additional session of study which might be required to be in a university. This would in fact, be very little more than is practically demanded of our graduates at present; and therefore we should be supported by *experience*—which I apprehend to be our main reliance in these matters—in demanding it. More than this, particularly in the way of preliminary education to be demanded of our students may likewise be required presently. Any one who attends to the course of study and examinations requisite for our degree, as they stand now, and as they stood thirty years ago, must be satisfied that there is in this university no disinclination to improvement and extension of the qualification for our degree. But if we were to adopt any proposal which should imply such a change for raising the *age* for that degree at once by four years—or even placing it at the disposal of those who consider that age indispensable as the highest honour in medicine—I am so thoroughly convinced, for the reasons above given, that we should *injure the public* by practically lowering the qualifications of general practitioners, that I should certainly feel it my duty, and I believe the university in general would consider it theirs, to resist such an innovation by all the means in our power.

"I am sorry to have troubled you with so long a lecture, but could not have explained myself to my own satisfaction more shortly.

"I am, dear Sir, with much respect, very faithfully yours,
"T. Nunneley, Esq." "W. P. ALISON.

NO. II.—MR. NUNNELEY TO DR. ALISON.

"Leeds, Thursday, May 4th, 1854.

"MY DEAR SIR,—Allow me, in the first place, to thank you for your most valuable work, which I am now reading with great pleasure and profit. I was acquainted with some portion, but had not read the book as a whole. I am most happy to do so.

"I had thought of writing to you on the subject of your communication of this morning; but, knowing that your time is much engaged, and not knowing if the question were one you took an interest in, I feared intruding upon your attention. I am most happy to find that you have considered it; and also that upon this, as upon the more exclusively medical question, there is a nearer if not complete agreement in opinion.

"I much regret that Dr. Renton had not associated with him some gentleman like yourself, or Dr. Combe, who was last year his colleague, instead of Professor Syme; as I have little doubt the Conference would have then been productive of important and satisfactory results, as it ought to have been; for in reality there is a general agreement upon the principles which ought to form the basis of legislation; and when this is so, if men will lay aside any mere personal feeling, and only strive to accomplish a common object, it seldom happens that they fail of success. If Dr. Renton's proposition (of a committee to sit then and there) had been adopted, I firmly believe such a measure would have been framed as would have passed into law this session, and thus an end have been put to a discussion which is unpleasant and somewhat derogatory to the profession.

"I assure you that in the Committee of the Provincial Association there was, and is, every disposition to meet all parties fairly, and only to adhere to the principles; however, only those who have been engaged in endeavouring to reconcile so many different and conflicting corporate interests can conceive how difficult it is to please all parties. For my own part, I should be disposed not to interfere with existing bodies; they are so tenacious and intractable; but that the state should institute a new board, whose duty should be to examine *every person*

before he is licensed to practise; and, having done this, leave him to go where he pleased to get a diploma. This then would be valued in the end at its worth, and each university and corporate body would find its level. But if some power to define a standard of education and examination by existing boards could be formed, so as to accomplish the same object, I should not care; but I know it is the nature of corporate bodies so tenaciously to cling to privileges (which originally possibly were for the public good, now only for the personal benefit of those constituting the bodies), that I have little hope of their succeeding. I quite agree with you in your remark about the great bulk of practitioners. If these are well educated, consultants will be; indeed, as a rule, the latter class would be created by various circumstances, which would be self adjusting with far more success than legislative impositions, from the former class, and, as a rule, be far more useful to the public than according to the present system. This plan, I had understood (and your letter confirms it), is now in operation in Scotland; and so it is very commonly in the English provinces, for a large portion of the consulting practice is in the hands of the older or supposed more intelligent practitioners, without reference to title.

"With regard to the observations I made at the Conference, I think, when they are explained, you will find there is really an agreement with us. The Scotch College of Physicians and the English College start from two different points. The former has the wish to make a good medical man, fitted to start in practice, and for all emergencies,—to be the general practitioner; hence the age and examination are properly placed, as you observe, within the means of the mass: but the London College does not assume or wish to do this; and therefore, when the Scotch College claim that their licentiates should be admitted to an *ad eundem* degree, they claim what I think they, on their own showing, have no right in equity to do; as certainly, if *ad eundem* degrees are to be granted, there should be, in all things necessary for obtaining the degrees, originally an identity in extent of requirement. This, I think, is self-evident. I am not now saying whether the College of Physicians in London is right in fixing twenty-six years; that is another question; but as they do so, I think there is nothing unfair in their requiring similar regulations in other Colleges before this point is conceded; and I suspect the London College will not give way. The London College of Physicians has acted far more liberally than my own College of Surgeons, the Council of which has acted with great narrowness of spirit, and is, I believe, the main obstacle to a really good measure of medical legislation being obtained. It is desirable that something should now be done. To the particular Bill I am not wedded. If you will not think the time wasted in looking over the inclosed,* you will, I think, find our views are not very wide apart. The observations were written ten years ago, and not addressed to the profession, as will be sufficiently evident. I feel sure Sir C. Hastings and the Committee would be most happy to have the benefit of your advice and co-operation, and be ready to make any alterations to meet your views, if they do not interfere with the principles (as I feel sure they would not) of the Bill, and if they do not raise up formidable opposition on the part of others; for you must know there is a strong and active body in London who call themselves general practitioners, who have some rather crude notions, but who, being on the spot, can exercise considerable influence. With great respect,

"I am, my dear Sir, faithfully yours,

"Professor Alison."

"THOMAS NUNNELEY."

(To be continued.)

Correspondence.

"Audi alteram partem."

CONVENTION OF POOR-LAW MEDICAL OFFICERS AND MR. PIGOTT'S PARLIAMENTARY COMMITTEE.

To the Editor of THE LANCET.

SIR,—Many of your readers, and particularly the 3000 Union surgeons, must feel deeply interested in the proceedings of the Parliamentary Committee now sitting on Poor-law Medical Relief. It is to be hoped that the mode of taking evidence may be candid, dispassionate, and impartial, and that all concerned in so vitally important an investigation may rise above the littleness of prejudice and the bias of credulity—the danger

of sentimental benevolence on the one hand, and the sternness of financial calculation on the other.*

The Committee of the Convention met on the 2nd instant, after a repose of three years, to renew its sittings during the present Parliamentary inquiry. A review of the lengthened correspondence in which the Committee have been engaged from its formation, of their various memorials, reports of deputations to the Poor-law Board, and to the Government, and petitions to the Legislature, took place. These documents were found to fully represent the evils of the present system, and suggested remedies relative thereto, which the Committee had been engaged in considering from the year 1847 to 1851.

After this review of the past labours of the Committee, it was unanimously resolved:—

"That the principles embodied in the three succinct paragraphs appended to the memorial presented by the deputation of Poor-law medical officers to Lord John Russell, in 1851, contain the main features required in an amended system of Poor-law medical relief, being adapted to secure fairness to the medical officers, benevolent aid to the sick poor, and calculated to regulate the expenditure to the satisfaction of the ratepayers and the nation at large."

The principles alluded to are:—

1st. Permanence of office during capability and good conduct of the medical officer.

2nd. Payment in proportion to the extent and character of his duties.

3rd. Responsibility to professional authority.

Great importance should be attached to the unanimity expressed by the Committee, as well as by Dr. Wallis, of Bristol, who was a visitor on the occasion, on these leading points. This unanimity gave evidence, that while gentlemen might, and, in fact, do differ, as to details, there prevailed but one opinion as to the necessity of advocating the principles here enunciated, and all were animated by a strong sense of the injustice, not to say iniquity, of the present system, its evils to the sick poor, to the medical officers, and to the ratepayers. It was further felt, that although other schemes for an amendment of the system have been promulgated, they have not offered superior claims to recommendation in the calm judgment of practical men. Steady to a great principle, honest and liberal men may well allow their fellow men to differ in minutiae.

During the eight years that have passed since the origin of the Convention, many early members have retired from the posts of Union surgeons; still they retain a lively remembrance of the evils under which they laboured during their tenure of office, and of the sufferings which they witnessed, not of their professional brethren only, but also of the sick poor; and now, being free from the imputation of personal or pecuniary interests, they again unite to assist in promoting an investigation that must end, if properly conducted, in erasing one blot at least from our country's code.

I have the honour to be, Sir,

Your most obedient servant,

CHARLES F. J. LORD, *Hon. Sec.*

Hampstead, June 7, 1854.

To the Editor of THE LANCET.

SIR,—Mr. Lord, the able and worthy secretary to the Convention of Poor-law Medical Officers' Committee, has thought it his duty to call us again together, pending the inquiry now before a Committee of the House of Commons. If ever there was a time more fitting than another for the hands of the Committee to be strengthened, it is now. Every possible suggestion, every known grievance, should be distinctly laid before the Convention's Committee, in order that they might substantiate before Parliament, the gross, the deep injustice under which Poor-law medical officers labour in very many instances in England. Whoever has more than usual burden thrown upon him, should at once make known his position, and, doubtless, means will be taken to represent the case before the Parliamentary Committee. If we do not now take the bull by the horns, possibly, the inquiry will be burked. The remonstrances raised five or six years ago by a thousand voices will fail to be heard, and all the energy then displayed will pass by unheeded. Parliament has no very open tympanum for private complaints, and therefore it is requisite to cull as many as we can, and to bring a broadside to bear fully upon this inquiry.

* As there appeared a reluctance on the part of the Parliamentary Committee to have medical evidence taken, Dr. Hodgkin, as chairman of the Convention, was authorized by the Committee to communicate with the Parliamentary Committee, to request that at least five members of the Convention might be examined on this important subject.

* A series of letters on Medical Reform, and an examination of Sir James Graham's Bill, published at the time this Bill was discussed.