

## Annual Oration

DELIVERED BEFORE

## THE MEDICAL SOCIETY OF LONDON,

March 8th, 1847,

BEING THE SEVENTY-FOURTH ANNIVERSARY.

By GOLDING BIRD, M.D., F.R.S.

THE difficulty of selecting a fit subject for an Address on this the seventy-fourth anniversary of our venerable Society, arises less from the dearth of material, than from the number and diversity of the most salient objects which have engaged the attention of our profession during the preceding twelve months. The feverish excitement produced by discussions on the proposed government plan of medical reform has perhaps thrown a tone over the general tenour of the profession, from which it has not yet emerged; nor is it likely that the influence of such an incubus will be dispelled until the status of our profession, with regard to the public at large, and of the different sections of it with each other, are more definitively settled. Still, notwithstanding the hosts of individual interests mixed up with this and all such questions affecting the policy of medicine, its cultivators have not been idle; and we may boast with reason of the great and valuable additions made during the year to our recorded experience, and of the contributions made to the common treasury of science. Indeed, this circumstance, among others, is but an illustration of the great feature of our profession,—one which, I sincerely hope, will ever be its boast,—that no question of personal interest affecting the status, rank, or station of its members, ever allows them to forget that they are members of a liberal profession—of one which depends upon experience for its development. Thus we find, what perhaps it would be difficult for any other calling to afford an analogous example to, that the same pen which one week is advocating some peculiar views on medical policy, is the next engaged in developing some plan of treatment, or recording some new addition to the art of healing. Never does science shine in so brilliant a light as when it can exhibit its votaries, whilst depending upon it for the means of subsistence, anxious, apart from all narrow feelings of selfishness, to extend its limits, diffuse its blessings, and make it more and more a boon to their fellow-men.

I do not purpose to occupy your time by an examination of any one of those interesting subjects connected with medicine as an art which have so prominently occupied our attention, as these, I think, are better fitted for our evening meetings; but, with your sanction, I shall endeavour to make some remarks on a matter of general and absorbing interest, and which it is the duty of every medical man, whatever may be his rank, to pay some attention to. I need hardly say, that I refer to some of the social relations of our profession. In doing this, I feel anxiously the position in which I am placed, in some sense as the mouth-piece of a Society which has, from its birth, held so high a rank in the Associations of the scientific world. Had I consulted my own inclinations,—had I been merely in private practice, I should have left the consideration of such a subject to others, whose inclinations or acquirements better fitted them for the task; but I feel that those who happen to be indebted for their position, for the very name they may possess, to the place they hold in connexion with medical education, have a heavy responsibility resting upon them, which compels them to stand forward and advocate whatever promises to aid the commonweal of the profession to which they owe their reputation, their practice, and perhaps their very means of existence. I feel that some may ask—What claim have I to your attention whilst discussing such a subject, one which, like the bow of Ulysses, will yield to none save the bold pair to whom was given the power to bend it? During the seventeen years in which I have been a member of our profession, eleven have been spent in the responsible and onerous duties of teacher in one of the largest hospital-schools in Britain—of one, the fame of whose past teachers make their successors feel deeply the yoke of responsibility they bear. During this time, I have seen much of the practical working of many of the present plans affecting the education and status of medical men of all ranks, and in my own struggle for reputation have perhaps felt as severely as any, deeper than most, the effect of their influence, against which all have to combat who aspire after a reputable position in the archives of medicine.

No. 1228.

In a critique upon the introductory discourse which, at the beginning of the present session, it was my duty to deliver at Guy's Hospital, I was reproached—although in so gentlemanly and kind a tone, that it made me feel the very rebuke a compliment—with being blind to the social interest of my profession, and that, content with what I had gained, I was careless of what might occur to others. I confess, kindly as this was worded, I deeply felt the rebuke, a feeling not lessened by my respect for the scientific attainments of the critic, if I am correct in referring the notice in question to its proper author. Still, were I addressing the same auditory, I believe I should repeat the same remarks; for I do hold that students engaged in mastering the rudiments of our profession have something else to do than to waste the time that ought to be spent in making them successful practitioners, in the consideration of disputes about medical reform. Now, indeed, my position is very different. addressing, not the alumni, but the expert; not the rising student, but the accomplished practitioner; not the medical infant, but the developed man; and a subject totally unfitted for the discourse alluded to, becomes a proper one for this arena. I confess I feel happy in having this public opportunity of alluding to some subjects connected with the social and political relations of that profession to which I am attached by the deepest ties of interest and gratitude; and to my position in which, I owe everything of a worldly character which I value or prize. In now making, what, after all, will appear, in the minds of my older and respected fellow-members, but crude remarks, I must beg the kind patience and consideration of those from whom I may unfortunately differ, honestly pledging myself that not a remark will occur which has not been elicited by deep conviction, and often bitter experience; and feeling that the time is come, when, after the recent agitation on such questions, if the members of the different sections of our profession would meet on common ground, each sacrificing his selfish interests for the good of the whole, the commonweal of practical medicine would be rendered more prosperous, and an amount of unanimity and comfort diffused among its members, of which they have been deprived for ages.

No one can cast a glance over the history of our profession during the last half century, without noticing how much its constitution has been altered. Although the same terms are still employed to designate the different classes of practitioners of our art, how essentially are their respective functions altered to what they were when these titles were first applied. The physician no longer has the privilege of being the only recognised practitioner of medicine; the surgeon is no longer the mere hewer and carver of the human frame; and the apothecary, if he has not altogether disappeared, has ceased to be "the physician's cook." This great change, this virtual alteration in the organization of the profession, is attributable to the influence of a more extended education, which, by rendering the acquirements of the different classes of practitioners more equal, has tended much to remove those absolute distinctions in grades which existed so completely at the end of the last century. The gross absurdity of giving an imperfect education to men destined for what were then deemed the inferior ranks of medicine, has been long admitted, and, year by year, has become less recognised, and now may be said to have altogether disappeared from the scheme of medical education. The aspirants for practice who have left the large hospital schools during the last few years, have really acquired an amount of knowledge which was scarcely within the grasp of the physician twenty years before. No one can, I think, for an instant, here refuse to accord the deep debt of gratitude to the Society of Apothecaries; for, however anomalous the accident, (for such I will call it,) of a trading body, a city company, retaining in their grasp the right of dictating the terms for the education of candidates, and of holding in their hands the exclusive right to open or close the portals to general practice, yet it must be acknowledged that that body of gentlemen well and worthily have done their duty, and, as far as was in their power, alike through good report and evil report, were the most active agents in advancing the standard of medical education to its present position. When we compare the curricula of the last fifteen years, we shall at once have ample proof how much has been done by that Society. Whilst retaining the name of apothecary,—the only legal one which entitles to general practice,—the practitioner has ceased to be what that term implies; he is, or ought to be, both physician and surgeon, differing only, from custom or convenience, in dispensing his own drugs, instead of leaving his prescripts to the mercies of the druggist. Whilst the accomplished general practitioner does his duty

in his own sphere, he fills a position, not only of the highest usefulness, but of responsibility and importance. The old apothecary having disappeared, the educated practitioner who has replaced him, at once becomes, from his own acquirements, the rival of both physician and surgeon, and perhaps this, the necessary result of a greater equalization of acquirements, (and therefore one of which we, as members of a liberal profession, ought to feel proud,) has tendered more than any other thing to excite those heartburnings, bickerings, and dissensions, which have, from time to time, so obscured the fair fame of our art, and too often exposed its practitioners to the shafts of ridicule launched at them by the public. It is true, that whenever, in a post-prandial speech, our profession is alluded to, one would think, from its tenour, that no calling in life equalled it for the mutual peace, harmony, and charity of its members. These attributes do, indeed, distinguish our members, in relation to the public at large. No one exceeds a medical man in his desire to diffuse peace in his own limited circle. How often is he called upon to heal breaches in the broken union of the families of his patients; how frequently to be the mediator in domestic dissensions. Who so distinguished for their charity? Can any one point out any other body of men who do so much for nothing? who, without fee or reward, are ever foremost to perform the most unselfish of Christian duties; to stand by the bedside of infection, heightened by the privations of poverty, without any other fee or reward than the grateful thanks of the looker-on, or the blessings of the dying man. Alas! how different the picture of the mutual relations of our members, in too many instances, with each other, (I mean, not in sickness, for then all animosity, even between rivals, is forgotten, and each feels a pleasure in seizing the opportunity of aiding the other;) but in health, and struggling for the means of existence, how little of this charity and harmony—how much of heartburning and jealousy, starts at once into a bold relief.

Whenever the distinctions, either in terms or modes of practice, can be settled by some wise and comprehensive scheme, much will be done towards putting an end to those evils which so frequently cross our path, do what we will to avoid them. I say, *distinctions in terms and modes of practice, for distinctions in rank can, for the future, depend alone upon the respective acquirements of their possessors, and not upon the titles they may be pleased to append to their names.*

That the general practitioners must always be, beyond all comparison, the most numerous and influential body in our profession, must be at once obvious, and any plan of legislative reform which does not give them their proper and legitimate status must at once, from this very circumstance, completely fail in effecting any real good. Of all the plans which have been proposed, I do certainly think that suggested by the editor of the *London Medical Directory* is the best. With him, I think there ought to be (excluding those who practice specialties) but two classes in our profession—the general and consulting practitioner. Under the former term ought to be included those who practise both medicine and surgery, with or without midwifery. I think any distinction founded on a gentleman supplying his own drugs, or merely writing a prescription, is absurd, so long as he merely uses them as his own weapons in combating disease; for if he deals in them as a druggist, with an open shop, he, to all intents and purposes, retires from the dignity of his profession, and becomes a tradesman; and I believe that every well-wisher to his profession will feel happy at seeing all its members cast down those external attributes which the druggist shares with him. Consulting practitioners must of necessity exist, even if any enactments should destroy the titles which usually distinguish them; for to acquire such a knowledge of his profession as shall enable a practitioner to practise the three branches of his profession with credit to himself and safety to his patient, is alone an immense labour, and not merely one exerted during a few years of pupilage, but persisted in during the whole of his career. I verily believe, that no other occupation of life involves so vast an amount of mental tension and labour. But difficulties will arise in practice—puzzling points in treatment—anxious questions in diagnosis; the patient will be, perhaps, apprehensive regarding his recovery; the alarms of his friends be excited; and then a second opinion is sought for—a consultation is required. Hence arises the necessity for a number of men, although a limited one, who, from the bias of their education, their inclinations, or accidental positions, have devoted themselves to the study and investigation of one of the three branches of the profession. The physician, who has devoted all his energies to the study of general medicine alone, the surgeon, to that of operative medicine,

and the accoucheur, to that of obstetric medicine, is referred to. This remark brings before us one of those points which, of all others, has most tended to create jealousies and difficulties in our relations with each other. I refer to persons arrogating to themselves the title of consulting practitioners, and preferring in the eyes of the public a high claim to their consideration, when they have no right to it, either from their acquirements or the character of their practice, their title to this rank being resolvable into this, that they do not supply their own drugs. Thus, if a person calls himself a pure surgeon, and yet practises everything, I ask, in what respect does he differ from the general practitioner? Like him, he diffuses his talents over the whole of the vast field of the healing art, and therefore cannot hope to have that value attached to his opinion on any case which ought to be accorded to it if he had devoted all the energies of his mind to the department of practice to which it belongs. Again, the physician who practises surgery is in the same position, and is, to all intents and purposes, a general practitioner. I know that these remarks may be met by the statement, that cases occur which belong alike to both provinces, and form the debatable ground between the physician and the surgeon. This is true enough; but these form just the exceptions required to make the law a general and not a universal one. No one can doubt to whose province the treatment of pneumonia or a broken limb can belong; and I confess, I think every one forgets his position who, whilst claiming the consideration of the public at large, and his brethren in particular, thus derogates from his legitimate duties. There may be those who lay claim to the power of grasping excellence in all the departments of practical medicine in their own person—who believe themselves equally competent to the minutest refinement of physical diagnosis, which perplex the really experienced physician, and to the performance of the boldest and most intricate of surgical operations. That such a medical Crichton may exist is possible rather than probable; and if he should be recognised, must, like that wonderful Scot, be indeed regarded as a blazing luminary in the world of science. If, indeed, we look to the recognised consulting practitioners themselves, how generally do we find, from some circumstance or other, that they have, in the minds of the general profession and the public, become to some extent classified; and one is often chosen in preference to another as a referee in a difficult case, from his having been supposed, from the character of his investigations, to possess peculiar excellence in the class of diseases to which it refers.

If the distinctions thus proposed by the editor of the *Directory* were admitted in essence as well as in terms, one great step would be taken towards making the great machine of practical medicine work more smoothly. Unfortunately, all consultations are now too frequently avoided, for fear of being eclipsed by the referee who is called in, at least in the eyes of the patient. All this would be done away with, if it were understood that in absolute rank all practitioners were alike. The general practitioner possessing a sound and excellent knowledge of all the branches of his profession; the physician, whilst inferior to him in surgical and obstetric knowledge, ought to bring more information upon medical questions; the surgeon, on the other hand, inferior to him in knowledge of medicine, ought to be able to bring to his assistance more manual tact and operative experience.

It has always appeared to me that all these difficulties would be met, by making but one portal to the profession, through which all must enter who wish to join its ranks; and the first means of effecting this must be by doing away with (what I believe is already nearly practically abolished) the odious and absurd system of five years' apprenticeship, or rather waste, of the most valuable years of a man's life, an exaction which cuts dangerously in two directions, causing a lad to be taken from his school before his mind is fully developed, and curtailing, on the other hand, the number of years which might and ought to be devoted to the proper and well-directed study of his profession. I anxiously look forward to the time when some one qualified for this difficult task shall develop a plan, which will present this great advantage of opening one general door to our profession. If all students, when commencing their career, were to spend a given time in becoming well acquainted with all the branches of their profession, and, at a certain period, all undergoing the same examination, and receiving the same licence, a great good would be gained. Then, such as, from inclination or other causes, wish to devote themselves specially to one branch of the profession, could do so with far greater advantage than if they were ignorant of all others, and they might, after a certain devotion of time to such object, and passing a second and searching examina-

tion, be received into the class of consulting practitioners, with the distinct understanding of their confining their practice to medicine or surgery, according to their choice, and not becoming the rivals of their brethren in general practice, by dabbling in all. By such a plan, a general practitioner could, as his experience increased, or his views in life altered with his inclinations and circumstances, pass at any future time into the class of consulting practitioners. One great and serious difficulty stands in the way, at present, of any hope of this important adoption of one portal common to all; this is one of which I can speak with some authority; I refer to the too frequently imperfect preliminary education of the aspirants for our profession. The distinction of grades which has so long existed has been a pregnant cause of this fearful evil. Too few, excepting those looking forward to the College of Physicians, commence their medical studies with anything like a sound classical and mathematical education, so essential to their proper standing, and the want of which all must deplore, who unfortunately do not possess such advantages. In conversing with "freshmen" on such subjects, it is too generally found, that they bring with them a mere smattering of classical, but little mathematical knowledge, and too frequently an absolute ignorance of the modern languages, so essential and important to every gentleman who becomes a member of a liberal profession. Of course there are many and noble exceptions to this statement, but still the picture I have presented is not overdrawn; the mass certainly fall under the category I have alluded to. It is painful to see a person who might make a respectable tradesman or trustworthy clerk, entering a profession to which he is by education unfitted. Nor can this be remedied, until the state interferes with the great subject of education. It is a disgraceful thing, that in England any man may open a school, and assume the dignity of preceptor, without an approach to the attainments which fit him for his practice. When we reflect but for a moment on the influence exerted by education on the boy in the career,—nay, on the habits, intellect, and mind of the man,—can we avoid being struck with the monstrous anomaly which compels every illiterate enthusiast who considers he has a divine call, to apply for a licence to preach, and which does not permit the lawyer to practise without his annually renewed licence, should yet not interfere to protect the mind of the child (who is, indeed, the father of the man) from running to waste from ignorance and neglect, or becoming poisoned by the rank weeds arising from bad associations, and often worse principles. It is true that good schools are to be met with, and that many on a collegiate system (excepting the doubtful question of residence) are now more abundant, and that, thanks to the principles inculcated by that noblest of institutions, the Established Church of the realm, the clergy, a body so peculiarly fitted for such duties, often undertake the task of teaching. Still, too many parents can ill distinguish between the accomplished preceptor and the academic quack. How useful would it be, then, to place at the proposed portal of our profession a means for sifting the knowledge of those who seek to enter, and thus to determine on their fitness for such an honour. This might be effected by a comprehensive matriculation examination, the passing of which should be considered as giving the *sine quâ non* right of stepping on our threshold. How far better would this be, what a better class of educated youths would knock at our door for admission, if such a plan were adopted, instead of deferring such a task until the application for a licence, and then limiting it to the poor farce of translating half-a-dozen lines of Gregory or Celsus.

The Royal College of Physicians deserves the gratitude of the profession for having always maintained, by its mandates, the necessity of such a connexion between a sound classical knowledge and professional experience. And if, in their liberality, the governing powers of the College has lately somewhat relaxed certain of their restrictions, it has been for the wisest purposes, and attended with satisfactory results. This body has indeed set a noble example of liberality before the other governing bodies of the profession, in boldly, against the custom, experience, and prejudice of centuries, throwing open the doors of the fellowship to all their members, and determining that a man's acquirements, and not the name of the university at which he graduated, should alone earn for him that honour. Witness the last election, in which the two excellent physicians who were called upon to take their seats among the fellows, were neither of them graduates of an English university, which, for centuries, constituted the only claim to the fellowship; and whoever has the pleasure of knowing Dr. Risdon Bennett and Dr. William Baly, will acknowledge at once that talent constituted their real title to

admission. How much dissent might have been prevented, how many heartburnings quenched, had another College followed such a liberal example. The College to which I have the honour to belong, legislating, as it does, for a necessarily small body, however much it may have the will, has unfortunately not now the power (once, indeed, offered to it, and fatally declined) of interfering for the great body of the profession. It must therefore help itself, and there must be among its members some of those high-toned and good spirits fitted to grapple with the task.

I dare not trust myself with the serious question of possible improvement in the arrangement of the details of education for pupils who have entered my imaginary portal; many will rise to view, such as the numerically dealing out of lectures, the abuse of the certificate system, the evils of permitting persons to arrogate to themselves the rank of teachers who have not one single qualification for the task, the existence of what are called private schools of medicine—that is, of schools professing to instruct pupils in the practice of medicine, without even the capability of affording clinical or bedside instruction, the only mode of learning our profession; and, lastly, the gross anomaly, when students are struggling to acquire knowledge, not only to fit them for their practice, but to obtain the diploma permitting them to do so, to find themselves perhaps listening to teachers who actually possess no legal right to practise, and thus are positively violating, in their own persons, the very laws whose mandates they profess to enforce. In connexion with this remark, I am anxious to allude to the bad effects resulting from too many practitioners purchasing medical degrees, worthless and contemptible alike from the facility with which they are procured and from their not giving the most distant approach to a respectable status in their profession. The licence of the Society of Apothecaries is a far greater proof of a man's attainments than the possession of a host of purchased titles. So long as a medical man does not practise as a physician, so long, I conceive, he ought to keep that affix to his name which is correct and customary: whenever he thinks proper to limit himself to consulting practice in medicine, then the title of "Doctor" becomes a necessary appendage. With regret I have noticed respectable and excellent practitioners becoming so deluded as to degrade themselves by such surreptitiously acquired titles. If the possession of a purchased title of M.D. is of no influence, why possess it? If it, in the eyes of the public, places a man in a position which he is not legally entitled to occupy, its possession is dishonest. I have many times known persons who have been rejected at Blackfriars, flutter in the jay's feathers of a German diploma, and presume to claim consideration above the accomplished and qualified practitioner.

If the abuses to which I have alluded could be removed—if the two classes of practitioners alone existed—if each followed the plan of keeping to his own department of practice, much of the necessity which now exists for some stringent code of medical ethics would be done away with. Still the profession would hail with pleasure a work emanating from a respected name, based on that of Dr. Percival, but modernized and fitted for the present state of things. His interesting work is everywhere marked by candour, honesty, and good feeling, no less than for the elegance which always characterized the writings of that respected physician. No one, however, can now peruse its pages without at once feeling how absolutely the organization of our profession is altered since his day, for, late as he wrote, the apothecary to whom he refers has become almost a legendary being. There are, however, certain matters which imperatively call for some ethical code, and none more so than the frequent question which arises from the presumed injury resulting from a patient thinking proper to change his medical attendant. Whenever a practitioner finds that a person who has been accustomed to consult him has called in the services of another, the medical man so preferred is too generally regarded with feelings of jealousy and distrust, and often, without cause, is considered as having, by some underhand or incorrect conduct, seduced the fickle patient from his due allegiance. This circumstance, and a frequent one it is, is, of all others, the one which has been most productive of discord and unhappiness. The root of this evil is easily discovered, and is traced at once to the assumption of a fancied vested right or interest in a patient, which alike prohibits him from referring to another practitioner, and interdicts the attendance of the latter without falling under the imputation of some breach of propriety. So long as a patient is under the care of a medical man, he is supposed to trust his life with full confidence in his hands, and nothing can warrant the officious interference of another practitioner, unless requested by the patient or his attendant.

Any one offering his services to the prejudice of the regular attendant, or criticizing his treatment before the patient, unless his opinion be actually requested, must be regarded as acting most unwarrantably. No one will dissent from these remarks, and they invariably actuate all the honourable, or, indeed, honest members of our profession. But there is one fact, unhappily, which is the cause of half the misunderstandings of our jealous profession, in some degree, perhaps, flowing from a mistaken view of such considerations. The medical man is too frequently apt to consider that the patient has no right whatever to consult another without his sanction, and that if summoned, no one has a right to attend if such sanction be declined. Nay, some are too apt to carry this spirit of exclusion to an unwarrantable length, by assuming, that having once attended a patient, such patient becomes a sort of property, by which he is ever after prohibited from applying to another medical man, or the latter attending without a breach of etiquette. This notion has, to my knowledge, in one remarkable instance, been carried to the ridiculous extent of assuming that such a vested interest can be sold, or left as a legacy to another. It occurred to me to be consulted by a patient, whose family attendant had been dead many a year, and whose practice had on his death been bought by another practitioner. The patient had not applied to any other medical man up to the time of my seeing him. Finding him dangerously ill, I insisted on his having the advantage of the daily attendance of a general practitioner, and as the family said they were on friendly terms with one whom I knew to be a most excellent and worthy man, I directed my prescription to him. The result was, a most impertinent letter, a few days afterwards, from the person who had purchased the practice, desiring to know by what right I had dared to recommend the patient to another, he having alone the right to attend the patients of his predecessor.

Now, however much any one of us may be blinded to the real merits of such a question, when affecting the individual interests of his own pockets, we cannot avoid seeing in others how absurd such a claim over the private consciences of our patients is. Until this sort of medical Puseyism is done away with, we shall not have much harmony added to our profession. If a practitioner is called to a patient whilst absolutely under the care of another, it is his bounden duty to express his desire to meet the family attendant, and to see the patient only in his presence; or if prevented from some circumstance, it is his duty to direct his prescription to him, and arrange for meeting him; or if this be impossible, he ought at his earliest convenience to write to him, explaining his view of the case, and placing any information in his power in the hands of the family attendant. But if the patient positively declines continuing to receive the visits of his usual attendant, and has either not sent to him at all, or formally declined his services, then I think it is assuming too much (and what the public never will admit) to suppose that any other practitioner is prohibited from attending if summoned. One thing, however, I am sure no member of our profession ought to consent to—namely, to accede to the wish of a patient to visit him privately, whilst under the care of another practitioner, with the view of criticizing his opinions and treatment. This is a plan too many sick persons are fond of following; but I am convinced no one ought to accede to such a wish—it is, indeed, but playing the part of a spy—an office, I suppose, not of less questionable honour in the medical than in the strategic art.

Consulting practitioners, who are retained for their visit, and receive their fee at the time, should, unless they receive a request to attend again, either expressed or understood, consider themselves as dismissed for the time, and can have no claim to appear offended, if this patient, an hour after his visit, consults another. Indeed, this is well understood by that branch of the profession, and acted upon by the public; and therefore, except in the minds of persons unhappily endued with a more than ordinary share of narrow mindedness, can never be a source of misunderstanding.

In thus presuming to touch on some of those evils which appeared to me (it may be in ignorance) most seriously to interfere with the unity of the profession, I feel that I am treading on dangerous ground. Still, I have expressed nothing more than I conscientiously believe. I have referred to nothing which has not been often a subject of painful anxiety to myself; and in alluding to these blots upon our comfort and happiness in practice, I look forward to the time when some one, highly gifted, and fitted for the task—some one, whose experience, age, and attainments, may invest his opinions with due weight, shall grapple alike with the serious questions upon which the welfare of our profession so essen-

tially depends—viz., the educational and ethical relations of medicine. I cannot, however, quit this part of my subject without alluding to the simple ethical code, to an obedience to which the fellows and licentiates of the Royal College of Physicians give their faith. It forms, I think, an excellent groundwork on which to base some few laws relating to the whole profession.

There is one other subject to which I must just allude, not with the presumption that anything I, as an individual, utter, can have weight, but with the hope, that as an emanation from the Society it may claim some attention. I allude to the extent and, I fear, extension, of that monster evil, QUACKERY. I know full well, that when we allude to the subject, we are too frequently and erroneously regarded as incited by selfish feelings, and that we regard the empiric as a rival, in treating diseases that ought to fall under our care, and, in fact, that our opposition to such persons is an argumentum ad crumenam. How short-sighted and erroneous a view! In the long run, I am sure the quack adds to the income of the regular practitioner by the mischief he does. But I defy any one to deny that we are actuated by a nobler motive, one which devolves upon us, as the acknowledged conservators of the public health, to step in between the credulous and, *quoad* medicine, ignorant public, and save them from the ruined constitution, misery, and death, which quackery ever inflicts upon its victims.

It would appear that quackery is the almost necessary bane of all professions: there are no small abundance of religious quacks, legal quacks, and medical quacks. The practice of medicine early became infested with this race of parasites, for we find Scribonius Largus, the court physician of his day, who flourished in the reign of the Emperor Tiberius, bitterly lamenting their existence and influence. A man may oppose to the quack in religion, if he should dare to modify its sacred tenets to his own vile purpose, the word of Him who cannot err; with this light to his feet it is his own fault if he falls into the snare. Reason and common sense will do much towards unmasking others; but what weapon can be opposed to the quack in medicine? Profoundly ignorant as are the public, as a body, of the commonest principles upon which a safe practice of the healing art is founded, the heartless and grasping empiric has but to throw out his net, to haul it in loaded with his credulous prey. There are several reasons which afford an explanation of this melancholy fact; and, among others, a belief that each disease has its specific remedy; a belief, innate, apparently, in the minds of some, has led many to refer to the impudent impostors who boast the possession of an infallible catholicon. The existence of a disease which the patient is anxious to conceal, often also makes him a ready dupe to the glittering promises of the advertisements which, to the disgrace of too many of the editors of periodical publications, stain their columns. I know there is a strong feeling in the minds of many, that silent contempt is the proper weapon with which to oppose these persons. Such was once my own impression; nor was I led to adopt a contrary opinion until, with increasing practice and experience, I met with overwhelming evidence of the influence of these pretenders on the public. Had I not over and over again met with it, I never could have believed that sensible persons, moving in a respectable station of life, could for a moment have entertained the idea that the respected and valued names of a Babington, a Locock, a Bright, had any real connexion with the jujubes, wafers, and ointment, to which the proprietors of such trash had dared to attach them. It is almost incredible that we are often called upon to give a serious denial to a connexion between such names and the trash to which they are affixed. Against the impudent vagabonds who thus attempt to borrow a ray from the legitimate reputation of the good and great, there is, unhappily, no remedy. The avowed proprietors are almost always men of straw; and legal evasions are so easy, that the expenses of a prosecution would be almost sure to fall on the injured individual. Still, all this shows the frightful evil of a law which throws the protection of a patent around such abominable impositions.

The articles on quackery which have incessantly appeared in THE LANCET, have, I am sure, been of the greatest service in opening the eyes of many of the general public, and from their influence in unmasking many of the evils attendant on this wholesale nuisance, have deserved the gratitude of the profession. Many have, however, thought, that the attacks thus made on quackery are more severe than the evil deserves, but this can only be expressed by those whose sphere of observation is limited. The quack usually lays hold of the real or imaginary ailments resulting from vice, and thus by a bold manoeuvre attacks the culprit in his most vulnerable point. The nature of many such

diseases are boldly trumpeted forth in the advertising columns of some of our periodicals, in expressions so prurient and disgusting, that their very presence ought and must prevent every parent from letting more than one of the morning papers enter his house, for fear of meeting the eyes and contaminating the minds of his children.

Exclusive of the duty of opposing all forms of quackery, on the ground of public health, I maintain that such a crusade is a righteous one. Perhaps few of my hearers have ever polluted their eyes with reading the disgusting details occurring in some of the wretched books which have emanated from some of these quack firms; if they have, I am sure I shall call to mind the feelings of horror which impressed them when they read such miserable panderings to the worst of vices, as if man came into the world only to indulge his animal appetites, and that his excellence and fitness for any office in life was in the exact ratio of the perfection of those powers which he shares in common with the beast of the field. Such books are found everywhere loaded with expressions from Holy Writ, the authors often making blasphemous appeals to Omniscience to witness the rectitude of their intentions, in penning such filthy impurities. One such has even dared to express his confidence of being at the last day addressed by the great Judge as a good and faithful servant!

The heart turns away sickening from this worse than Augean stable of loathsome iniquity, and can but grieve that there are some who give these writings to the world, who actually have the authority to announce that they are members of one or other of our colleges, from whose lists the very issuing of such a book ought to be the signal for the *ignominious erasure* of their polluted names. It may be said that there are other irregular parasites upon the tree of medicine, to whom such expressions cannot apply, more particularly to those who profess the puerilities of Hahnemann, or the bold empiricisms of Preissnitz. And with these we ought to have scarcely more charity. I acknowledge that homœopathy may have done, in many cases, a negative good, by amusing a drug-ridden patient with trifles, whilst a correct diet and an absence of active medicines have allowed his powers to rally and recover. This may, indeed, occur in some affections; for we know that some diseases tend to recovery, but we must not forget that others tend to death; and here the vain trusting to decillionths of grains will indeed become a fearful mockery, a worse than meditation upon the grave.

Some have argued that both the homœopath and hydropath do no harm, if they do no good. What! are there no sins of omission as well as of commission? Is a man less a murderer who does not snatch a blind fellow-creature from the brink of a yawning chasm, than he who, more boldly, at once throws him over a precipice? The records of our journals contain abundant instances of such illustrations of virtual and moral homicide. A lady, in the fourth month of pregnancy, has hæmorrhage for weeks, is blanched and nearly pulseless; her livid lips, watery eyes, scarcely audible whisper; her cold surface, her feeble jactitations, all attest her peril. The homœopath has attended her during the whole time, giving his infinitesimals, and forbidding support, or other interference. In a moment of despair a physician is summoned; he enters the chamber upon the condition of the pretender being turned out; he, by aid of brandy and opium, keeps alive the flickering flame of life, sends for the regular medical attendant of the family, who soon after, examining per vaginam, finds a portion of the ovum in the vagina, and part in the uterus, preventing its contraction. Under his care the lady did well. In this case, (which occurred to myself,) could any one doubt the moral guilt of the disciple of Hahnemann; for be it known, that he did really know better, or, at least, ought to, have done so, for he wrote after his name, Member of the Royal College of Surgeons.

Again, a person has severe erysipelas of the head and face, with low fever. An hydropath is called, who assiduously enough attends her, applying merely cold applications, and in a short time she dies. This person not only defends himself on the ground that he did nothing; but in a subsequent public advertisement in the daily prints, claims merit for his proceedings, identifying his cause with that of temperance! Had, in this case, the cold applications been exchanged for hot fomentations, the capillaries of the surface relieved by minute punctures, serpentry and ammonia, and wine or brandy freely given, how different might have been the fate of this victim to credulity or something worse; at least, we are authorized in expressing this, from the fearful and almost hopeless cases of this disease which so generally do well in our hospitals. That this case is not here imagined, for illustration, every one present is well aware.

There can be but one feeling among the regular and educated practitioners against all forms and varieties of quackeries and quacks, whether within or without the pale of the profession. They must be regarded, not as negative but as positive nuisances—as blots upon the fair fame of medicine—as rootless parasites, which exist by the little strength they can borrow from the venerable trunk of medicine, to which they unworthily cling. Until the extension of education has made the mass of the public better judges of those who are worthiest of their confidence,—a feeling, which it is our duty to encourage by the most candid expressions of our opinions to our patients, and never seeking to gain influence over them by other than legitimate means,—we are but paying a proper tribute to the art we profess, and acting as honest men, by boldly waging an uncompromising war with quackery and the quack, and in regarding him, with Emilia, as a

“base, notorious knave, some scurvy fellow.  
Oh heaven, that such companions thou’dst unfold,  
And put in every honest hand a whip,  
To lash the rascal naked through the world,  
Even from the east to the west.”

It is certainly a curious fact, that, notwithstanding the wonderful progress made by medicine as a science during the last four-and-thirty years, the organization of the profession devoted to its cultivation and practice remains almost as imperfect as at that period. If we open the medical journals of the time, without knowing the date of the publication, we might almost fancy that the remarks actually made in 1813 were intended for 1847. In referring to the *Medical and Physical Journal* for the former year, for a totally different purpose, my attention was arrested by a passage so remarkable, that I cannot refrain from quoting it, as it shows, in a striking manner, how little the organization of our profession has improved since these remarks appeared under the auspices, if not from the pen, of one, the mention of whose name at once excites a feeling of veneration in the heart of every member of the London Medical Society—I mean, Dr. Fothergill:—

“The mass of the medical faculty of the British empire is indeed an heterogeneous compound. Physicians, doctors of the English universities, fellows of the Royal colleges, versed in all human science, learned, honourable, and approximating to the Corinthian capital of society, are pushed from their seats by doctors of no universities, unlearned men, and even women without science and without honour. The Abernethys, Coopers, and Brookes’s, have opposed to them self-created surgeons, rasps of shin-bones, advertising gonorrhœa curers, and men whose chirurgical knowledge has been acquired by carrying a box after the dresser at an hospital. The legitimate apothecary is circumvented by the druggist, who was yesterday a grocer,—by the chemist, who hardly knows a crucible from a cauliflower. To the educated physician,—to the regular surgeon,—to the instructed apothecary, this is personally perhaps unimportant; but what is it to the public?—pain, mutilation, death! London, that common sewer, teems with the surreptitious multitude.

The druggists of a midland county are querulously complaining that a horrible attempt is making to take from them the privilege of prescribing for the sick. We are not among those who think this must be endured; but believe that laws may be framed to protect society against these depredators, not on money but on health.”

If it is the *fat* of Providence that good and evil be mingled, and that, in the moral as in the natural world, the noxious plant should grow beside the salutiferous herb,

“Terra salutiferas herbas, eademque; nocentes  
Nutrit, et urticæ proxima sæpe rosa est,”

the gardener may exercise his office, the poisonous may be extirpated, and the doubtful confined to their quarters.

There can scarcely be a question, that the best mode of opening the eyes of the public to the due appreciation of the regularly educated practitioner, and the distinguishing him from the ignorant pretender, would be by a correct system of registration. If an annual register of the regular practitioners were published in some form in which the expense would not exclude it from general reference, it would be of vast service to the profession and to the public. The *London Medical Directory* has already effected much good, and although it is generally supposed that the public is hardly interested in such matters, I believe few persons could refrain from referring to any publication which would inform them of the standing and position of the practitioner they propose to consult. It is obvious that the *Directory*, excellent as it is,

can ill supply the absence of a regular registry, regularly published under the auspices and sanction of the government.

To turn from this subject to one of a more pleasing character—to one on which no dissentient voice will be heard. If it has been my lot, in treating of the subject matter of this Oration, to allude to disputes in our profession, I have now to allude to an arena where such cease to exist. If I have indicated the existence of jealousies and heartburnings, I have now to point to a place where they are unknown. If I have alluded to the bad influence of a division of our profession into ranks of unequal dignity, I now have to say one word regarding a place where all meet on the common footing of equality, and where many of us have made and cemented valued friendships. Need I say I refer to the Society whose anniversary we are met to celebrate. The conversational tone, the kindly feeling, the desire to conciliate, which has ever been the tone pervading our meetings, has made the hours of our weekly meetings no less recreative than instructive. The kindly spirit which was first infused into it by a Lettsom and a Fothergill has never deserted our meetings; and long may that feeling be our pride. Seventy-four years have passed over our Society, and unfortunately, with increasing years, our meetings have become less numerous attended, fewer young buds have been engrafted than were required to preserve its verdure. But even this, whilst it is our regret, is also our boast, for our venerable Society has given off so many offsets, that much of its own sap has been exhausted. With one exception, every other medical society of this metropolis may be regarded as its offspring, and some of these have attained a gigantic magnitude, which, like the Royal Medico-Chirurgical, have, by their size, almost eclipsed their venerable parent.

Like the celebrated banian, our Society has emitted hosts of vigorous shoots, but which, unlike those of the Indian tree, have not, in return, lent their support to prop up the aged trunk whence they sprung. We all owe something of gratitude to the influence of our meetings—let us show our sense of it, by transfusing young blood into it; let us beat up for recruits, and try to enforce the full attendance of the members, and then we shall soon find that our Society is not sterile, but will once more bud out afresh, and produce good fruit.

Having endeavoured, however imperfectly, to indicate some of the duties which we owe to the public, to our profession in general, and the Society in particular, permit me, in conclusion, to remind all present of their high and glorious function, in the graphic words of a talented and excellent physician, (Dr. Robert Willis,) who, in remarking that our members have no place in the body politic of our country, adds, "It would be well for humanity if they had; for who, since the revival of learning in Europe, have been foremost in every undertaking whose object has been to extend the boundaries of knowledge, and to exalt mankind? Who knows half so much of the wants and the wishes, of the joys and the sorrows, of the community? Who are the friends and comforters in adversity, especially of persons in every grade of life, from the sovereign and the peer, to the wretched outcast of the streets, houseless, homeless, friendless, alone? Who disarms pestilence of its powers, and gives Jenners to the world? Who follows in the field through the thickest of the fire, not that they may aid Destruction in her work, but that they may staunch the wounds she makes? The servant of Religion hath not more of true sanctity about him than the good physician. The service, indeed, that was rendered of old in special temples to the Divinity, conceived in one of his most beautiful attributes, is not yet extinct upon earth, but has its ministering priest, ennobled by Christianity, in every worthy member of the medical profession. Oh! let society cherish and exalt its medical community—let it become aware, that if *science* cannot aid it, in its struggle with disease, neither can ignorance; that nothing can by possibility be known to the quacksalver and empiric, that is not familiar to the educated physician; that a youth of preparation, and a life, however protracted, of ceaseless devotion to his art, are all too little to familiarize him with all the varieties of disease, and the means of meeting them successfully; and that there is no access to the temple of medicine save through an intimate knowledge of the laws by which we live, move, and have our being."

Dr. S. W. J. Merriman having resigned the office of Physician to the Westminster General Dispensary, has been appointed Consulting Physician to the Charity; and Dr. Wegg, of Maddox Street, has been elected Physician to this Dispensary.

## Hospital Reports.

### ST. BARTHOLOMEW'S HOSPITAL.

SURGICAL CASES TREATED AT THIS HOSPITAL.

Reported by HOLMES COOTE, Esq.,

FELLOW OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND; SURGEON TO THE NORTH LONDON OPHTHALMIC INSTITUTION; AND FORMERLY HOUSE-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

#### AMPUTATION AT THE INFERIOR THIRD OF THE LEG.

THE operation of amputation at the inferior third of the leg for diseases and injuries confined to the ankle-joint or the tarsal bones, has not yet received from all quarters those commendations to which the perfectly successful results of numerous well-recorded cases justly entitle it. It has been proved that the smaller the wound, and the more distant from the trunk, the fewer are the dangers attending its infliction; that a stump formed in tendinous structures cicatrizes both speedily and firmly; and that to the extremity of the leg there may be attached an artificial foot, upon which the patient, enjoying the movements at the knee-joint, may be supported with but little deformity, and with comfort to himself. To females, especially, this improvement of modern surgery is a great boon: their dress renders the inconveniences, inseparably connected with a stiff wooden leg, supporting a stump bent at right angles to the thigh, particularly distressing; they are in constant fear of injury happening to the projecting limb, and the mutilation is ever apparent.

It is hoped that a report of cases illustrating various points connected with this operation, which has been newly revived, and for the first time brought into general use, may not be without interest to those not yet familiarized with its advantages.

DISEASE OF THE ANKLE-JOINT; PROMINENT CONTRACTION AT THE KNEE; AMPUTATION AT THE LOWER THIRD OF THE LEG; SUBCUTANEOUS DIVISION OF THE FLEXOR TENDONS IN THE HAM; EXTENSION OF THE LEG; ADJUSTMENT OF AN ARTIFICIAL FOOT; RECOVERY.

CASE 1.—Margaret S—, aged thirty, was admitted, under Mr. Stanley, into Sitwell's ward, May 21st, 1846, with disease of the ankle-joint, of twelve months' duration, consequent upon a sprain. She moved about upon crutches, the leg of the affected side being bent at nearly right angles to the thigh, in which position it had become firmly contracted. The ankle, swelled by disease, and exposed, from its unnatural position, to blows and other injuries, was in constant pain; her rest was disturbed, and she lost both appetite and strength. The effect of continued rest, opiates, counter-irritation, and other suitable remedies, having been unsuccessfully tried, Mr. Stanley amputated the leg immediately above the malleoli, July 18th. The flaps were united by sutures: water-dressing was applied to the wound. Union took place in the usual time, without an unfavourable symptom.

Oct. 13th.—Mr. Stanley divided the flexor tendons in the popliteal space. By means of an apparatus for extension, and of variously constructed splints, the limb was brought tolerably straight in about a month. Every means were then employed to restore the power of flexion and extension at the knee-joint.

Nov. 15th.—The stump being firmly cicatrized, a hollow boot,\* to which an artificial foot was attached, was fitted to the limb.

Dec. 30th.—She is walking about the ward, with the aid of a crutch; the heel of the boot comes nearly to the ground.

Jan. 20th.—She is able to walk without crutches. Discharged.

The progress of this case was not so rapid as it might have been, had the patient coöperated with those who had the charge of her. It required the unremitting exertions of Mr. Rendle, the house-surgeon, to induce her to make the slightest effort for her own improvement, or to abstain from concealing that which she could really accomplish.

DISEASE OF THE ANKLE-JOINT; AMPUTATION AT THE LOWER THIRD OF THE LEG; EXAMINATION OF THE MORBID PARTS.

CASE 2.—Letty C—, aged twenty, a good-looking, fresh-coloured country girl, states, that she has suffered from weakness of the right ankle for full two years. She was, however,

\* A description of the boot constructed by Mr. Fergusson, surgical instrument maker to the hospital, is given in *THE LANCET*, 1846, vol. i. page 643.