

has been for some years, to retain his present appointment until his young son should have come—if I may use the expression—to “full man’s estate.” During the many years which Dr. Hue has been connected with this hospital, he has necessarily formed a large circle—I should not like to say of friends, but perhaps of intimates—which through collateral circumstances might be interested in supporting his schemes; and by means of these persons, the veteran physician intended by-and-by to instal his son amongst the hospital staff. These plans are not to be frustrated by the excellent resolution at which the authorities have arrived. Dr. Hue would have wished, perhaps, that the governors had waited a year or two longer before they made this alteration, for by that time the juvenile physician would, I have no doubt, “grown in grace.” But then, argues Dr. Hue with much modesty and justice, “why should the elaborate and well-planned schemes and intentions of several years be foiled and frustrated merely because the authorities of St. Bartholomew’s choose to arrive at a premature and rash determination? Why should I sacrifice my boy to the good of the hospital? Can this either be anticipated or required, or demanded at my hands? *The labour of a life shall not be lost without a struggle!*”

What, then, was the course open to Dr. Hue? Sir, I pray you admire his master-stroke of policy! Though he knows that he has lost the support of nearly all his colleagues, this determined and resolute gentleman is not daunted. No! he energetically set all his adherents to work, and bearding all the authorities, actually has entered upon a canvass on behalf of his son, and with the bitterest mockery defies the governors of the hospital, his brother officials, or the press, either to eject him from his present post, or prevent his young son from being appointed as his colleague! What think you, Sir, of this? Why the “decrepit veteran,” “the Great Unknown,” as he has been reproachfully termed, has outwitted all his opponents! *Two Hue’s, however, are too much even for St. Bartholomew’s.* It is fortunate for the senior physician that this is the recess; for if the pupils were about the hospital, the school would be in an uproar, and the students in arms.

Now the ludicrous—if anything in this lamentable crisis can be ludicrous—part of the business is, that Dr. John Hue, the practitioner whose claims are thus arrogantly thrust upon the governors, is a young and very quiet and estimable personage, and I have hardly a doubt that the “proposed celebrity” himself appeals against the ambitious tactics of his too zealous parent. But against whom, after all, is this unscrupulous warfare waged,—a contest into whose vortex Dr. Hue has contrived to whirl every adherent that flimsy promise could lure,—and beneath whose banner even female beauty has unhesitatingly arrayed itself? Why, Sir, it is the old war of “Age and *rusevie*” against genius and merit. Dr. Hue and son array themselves upon one side; Drs. Baly and Kirkes defend themselves upon the other.

In comparison with these latter competitors Dr. John Hue has not a single claim to the consideration of the authorities. Who are the gentlemen that support the combatants upon either side? With the exception of two relatives, Dr. Hue has not either the sympathy and encouragement—nay, has the positive and direct opposition of all his brother officers, save always a “self-opinionated” one, who, with that artful insolence which is the notorious characteristic of his uncouth temperament—with all the bashful obsequiousness of remunerative servitude, has again raised his blatant voice in behalf of “the Hue family,” his admiring patrons and staunchest friends!

The other two gentlemen, on the contrary, both men of well-known, wide-spread and established reputations, are warmly supported and sincerely encouraged. They are cheered on by the sympathy of united colleagues; they are animated by the endeavours of warm adherents. They battle in a good cause. With stout hearts and firm resolves they are about to do their best in a mighty struggle—the struggle of brilliant genius and acknowledged talent against established mediocrity. I assume that, as the battle wages, Dr. Kirkes, as the younger, may possibly waive his claims, for the sake of his elder rival, and then the medical world will, with anxiety and attention, watch the marvellous contest of a youth, backed, supported, and upheld by unscrupulous and wealthy influence, contending in defiance of all justice, against an estimable and much-esteemed physician, who, in advancing his great claims upon the attention of the governors, has to rely entirely upon a character which is exalted, and a reputation which is European.

I am, Sir, your faithful subscriber,
SEMPER IDEM.

April, 1854.

GRIEVANCES OF SHIP SURGEONS.

To the Editor of THE LANCET.

SIR,—As your journal has always had by far the greatest circulation amongst the profession, I respectfully beg through its medium to call the attention of young medical practitioners about to emigrate to a letter which appeared in its pages of the 8th instant, under the above heading. The subject is very important to the profession at the present time, from the large number of passenger ships professing to carry “experienced surgeons” now about to proceed to Australia and other parts.

Your correspondent remarks upon the fact of his being the only unpaid person in the ship amongst officers and crew; he had medical charge of upwards of five hundred individuals, and he says that he was obliged, from the great number of surgeons then emigrating, to give his services as an equivalent for his passage, without any other remuneration.

Having been a ship surgeon myself, though I am glad to say under far different circumstances, I venture to hope that the valuable lesson he gives to medical men will not be thrown away, though I do believe a great portion of his miseries to have been deserved, inasmuch as they appear to have been brought about by his own want of management on board ship; and, besides, when a man values his own services at *nil*, how can he expect others to value them at a higher figure?

I wish to impress on medical practitioners that it will be entirely their own faults if ship-owners obtain surgeons gratuitously in future, for ship surgeons are now very scarce indeed, especially if they are required to remain in the country; and although clerks at shipping offices may say that they have “plenty of applicants,” such is not the case; that story has been told lately with regard to a vessel which, to my knowledge, advertised in *The Times* the next day, which advertisement was *six times repeated without success*. No medical man should accept a *less* sum than twenty guineas for the passage out. This is the fee now paid by respectable houses in town, but there can be no doubt that higher sums will have to be given this summer, or the owners will be obliged to pay their surgeons by the month, putting their names on the ship’s books for the return passage. The evil has latterly been, that medical men were ready to run for the diggings, with the chance of success there; and even now some owners will keep their ships waiting until the last moment, in hopes of obtaining one of these enterprising gentlemen, and saving the fee; but even this apparently inexhaustible store is failing now, so let young ship surgeons look out.

I am, Sir, your obedient servant,

April, 1854.

NO GREENHORN.

MEDICAL REFORM.

[LETTER FROM MR. W. P. BROOKES.]

To the Editor of THE LANCET.

SIR,—I am so fully impressed with the difficulties which the promoters of the Medical Reform Bill of the Provincial Medical and Surgical Association have had to contend with, that nothing but a sense of the duty I owe to the profession would have induced me to express my dissent from certain parts of that measure, which will certainly fail to secure for the future general practitioner—the physician and surgeon of the middle and poorer classes—that uniformity of education and improved *status* which are so much desired by the profession, and so important for the public. What is required from the legislature, as far as the educational clauses of the Bill are concerned, is a guarantee for a sound medical and surgical education, and such examinations as would entitle the successful candidate to a license to practise every branch of his profession, leaving specialities of practice to his own free choice.

What will the candidate who has passed the examining board under the Bill obtain? A license to practise? No. Merely a certificate of approval. This examination is to be considered merely a preliminary one. The candidate’s fitness to practise medicine or surgery must afterwards be ascertained, either before the College of Physicians or the College of Surgeons “by an examination,” as remarked in the leading article on the subject in *THE LANCET*, of April 8th inst., “special in its nature, and particularly directed to that branch which he intends to pursue.”

What are we to infer from this? Why, that it is intended that henceforth the general practitioner shall cease to exist, and that the profession will be divided into two classes of special practitioners,—viz., practitioners of medicine and practi-

tioners of surgery. But if, with these special examinations, either in surgery or medicine, no restrictions as to practice are really intended under the Bill, we shall then have the anomalous spectacle—anomalous after a Medical Reform Bill—of surgeons practising medicine with merely a certificate of approval of primary education obtained from the examining board under the Bill, such a certificate as was not deemed sufficient to justify the board in giving a license to practise medicine; and by the same rule, physicians permitted to practise surgery without any license to do so from the College of Surgeons; in other words, an examination before the College of Physicians is to be deemed a test of a man's fitness to practise surgery; or an examination before the College of Surgeons a test of his fitness to practise medicine.

Is this uniformity of education? Is it an improvement in the qualification or *status* of the general practitioner? Is it not, in short, a special, instead of a general practitioners' Bill?

The following are the alterations I would suggest in the present Bill—viz., that the examining board, constituted as proposed under the Bill, should examine only in the preliminary branches of education, and in those collateral sciences a knowledge of which may be deemed essential to the formation of a competent medical and surgical practitioner; that medicine, surgery, and midwifery, should not form a part of the preliminary examination before the board, but that the candidate's fitness to practise medicine should be tested by an examination for the membership of the College of Physicians, and his fitness to practise surgery and midwifery be attested by his possession of the diploma of the membership of the College of Surgeons.

This would insure a sound medical and surgical education, and improve the *status* of the general practitioner by connecting him with the highest medical and surgical institutions of the respective country in which he graduates. He may then be allowed to practise, either specially or generally, as he prefers.

The College of Surgeons of England has always shown a desire to connect the general practitioner with that institution by claiming the sole privilege of granting diplomas in surgery. If the College of Physicians would imitate this praiseworthy zeal for the improvement and respectability of the profession, by requiring the future general practitioner to become a member of the College of Physicians, the difficulties attendant on the carrying of a Medical Reform Bill would be at an end.

I remain, Sir, your obedient servant,

Much Wenlock, April, 1854.

W. P. BROOKES, M.R.C.S.E.

ON THE STATE OF THE MEDICAL PROFESSION IN ENGLAND, AND ON QUACKERY IN THE MANUFACTURING DISTRICTS.

To the Editor of THE LANCET.

SIR,—The letter of Mr. J. A. Smith in THE LANCET of April 8th is so true, and so much more to the point than anything I have yet seen, that I cannot refrain from offering my testimony and experience as to Leeds, as he has so well done for Manchester and its neighbourhood.

What we really want is, not so much a test or set of tests for men who have received *some* medical education *somewhere*, but a summary and severe ordeal and punishment for those who, being totally ignorant of the body and its ailments, as they are of everything else, have the impudence and rascality to sacrifice the public health for their private emolument. It is true the public employ these fellows, and are so far rightly served in the results; and the Government may thus get out of the charge of base neglect which lies against it, but so long as it makes laws for our education and examination, it is but bare justice that laws be made for our fair protection after such education and examination.

For myself, individually, the time is happily past when quacks could do me much harm, but I remember the time when it was otherwise; and I know at this moment numbers of well-taught, talented young surgeons, who are trailing along a dull round of poverty and disappointment, under the double pressure of a treacherous Government and a rampant quackery.

In Leeds, for instance, the higher classes very commonly employ a physician either at a yearly salary, or at a rate of payment less than a guinea per visit, and, except in the case of surgical operation or midwifery, never employ a general practitioner at all. In this manner the *upper* extreme of practice is materially shut out from the surgeon, while the *lower* extreme is even more effectually closed by the prescribing druggists. These people sell to the working class for a few pence whatever

to themselves seems fit and proper for all manner of diseases, never leaving their crowded shops, and of course living at no expense for horse, carriage, taxes, &c., while *all their receipts are in ready money*. But when the patient has spent all his ready cash, what then? Why then he goes to the regular practitioner, where he gets credit for months, years, or very frequently *for ever*. Thus the surgeon attends a large mass of disease *for nothing*, while the physician and druggist are really getting *cash down* for all they do.

Nor is the druggist system confined to the poor, for very many indeed of the middle class go to the druggist first, and only send for the surgeon when a certificate of the cause of death seems likely to be wanted for the registrar. The same principle holds in the clubs; many tradesmen and even people in higher positions still enter the lodges, and get their medical attendance and medicines for sevenpence-halfpenny per quarter. Recently I had in one of my lodges *several merchants and one member of the Leeds Town Council*. Now this being the state of things, I can see only two means of relieving the unfortunate general practitioner. Either the Government must protect him against illegal competition, or he must help himself, at least for the future, by commencing practice as the druggists do, without the previous bother of apprenticeship, lectures, &c.

Finally, I can tell the young men in our profession that if they look for advancement, they must effect it amongst themselves. *They* are the real sufferers, and "themselves must strike the blow"—at least so it is and has always been in Leeds. I confess I don't expect we shall get anything, but it is quite our own fault if we do not.

I am, Sir, your obedient servant,

North-street, Leeds, April, 1854.

GEORGE WILSON.

MEDICAL RELIEF TO THE POOR.

To the Editor of THE LANCET.

SIR,—As the treatment of those parties whose unfortunate circumstances compel them to seek parochial relief is a subject in which every principle of humanity is deeply concerned, the following specimen will show by what views the Risbridge Board of Guardians are actuated, and in what light the safety and welfare of the poor committed to their tender mercies are regarded.

A *labourer* (in one of the villages in the fourth district of that union), having no previous acquaintance with, or practice in, the use of surgical instruments, is *now employed by the above authorities* to introduce the catheter for an old man suffering from prostatic and other diseases of the bladder; and, during the depth of last winter, the *belfries* of various parishes were appointed as stations, in which *infants under four months of age* were to be vaccinated.

I am, Sir, your most obedient servant,

April, 1854.

M.R.C.S.

THE NATIONAL MEDICAL COLLEGES.—THE ADMIRALTY AND NAVAL ASSISTANT-SURGEONS.

To the Editor of THE LANCET.

SIR,—In the *Times* parliamentary list of petitions of the 5th of April, 1854, there is one petition very opportunely presented "by Mr. I. Butt, from the Professors of the Royal College of Surgeons in Ireland, complaining of the regulations under which assistant-surgeons in the navy are placed, as injurious to the public service, by deterring medical men from entering the navy, and depriving those who have entered of all opportunity of improvement."

In the Admiralty circular of the 1st of March, 1853, which lowers the qualifications of naval medical aspirants, it is thus stated, "that no person shall be admitted as an assistant-surgeon in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor, as a surgeon, unless he shall produce a *diploma* or *certificate* from one of the said Royal Colleges or Faculty, founded on an examination to be passed *subsequently* to his appointment of assistant-surgeon, as to his fitness for the situation of surgeon in the navy."

Permit me to inform your readers it is my conviction that the national medical colleges are here introduced without their leave or license being asked by the Board of Admiralty. Certificates of competency are in direct contravention of an uncancelled order in Council, which Sir James Graham and Admiral Berkeley full well know to exist,—"*That no one shall serve as an assistant-surgeon who has not a diploma from*