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A MILESTONE IN MEDICAL HISTORY*

THE CENTENARY OF THE METROPOLITAN COUNTIES BRANCH

BY

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Twenty years previous to the foundation of this Branch the Provincial Medical and Surgical Association had just been formed, and the medical profession had undergone in that time great and striking changes in its social and educational aspects and in its general tone, the well-informed practitioner tending to displace the apothecary, and the level in the standard of treatment in all fields already becoming more expert. The year 1853 was a milestone in the history of our Association (then known as the Provincial Medical and Surgical Association), not only for the newly founded Metropolitan Counties Branch. The Association's journal—till then known as the *Provincial Medical and Surgical Journal*—had up to this date been edited in Worcester and published in London, and by a decision of the Annual Meeting at Oxford in 1852 it was in future to be edited as well as published weekly in London with its better literary and scientific facilities. Furthermore, it was to have a new editor.

One cannot read the *Journal* of the period (1853–6)—then named the *Association Medical Journal*—without sensing in most of the controversies of the time a considerable gulf between the London doctors and those in the provinces. Membership of the Provincial Medical and Surgical Association did not involve attachment to any particular local unit of the Association; indeed, membership was on a rather scattered geographical basis, and it was later found necessary to establish some kind of local unit. This local unit, one of the first steps in our organization, appears to have been the Branch. The Metropolitan Counties Branch, then, started its career on November 26, 1852, as a District Branch (as it was called) of the Provincial Medical and Surgical Association, consisting of members of that Association resident in Middlesex and “such parts of Essex, Kent, Surrey, and the adjoining counties as are not included in any existing Branch.”

Notable Original Members

Who were some of the original members? The *Journal* of December 8, 1852, gives an account of the first meeting of the Metropolitan Counties Branch, with a list of some of the members present. Many of them became famous, and I trust that my somewhat modest research into the paths they took may be of interest.

Sir John Forbes

In the chair was Dr. Forbes, later to become Sir John Forbes. He was a schoolfellow and lifelong friend of

* The Presidential Address delivered at the Annual Meeting of the Metropolitan Counties Branch of the British Medical Association on June 9, 1953.

Sir James Clark, Physician to Queen Victoria, and was himself appointed to the Queen's Household in 1840. After obtaining a diploma in surgery at Edinburgh he entered the Navy in 1807 as assistant surgeon, and on discharge in 1816 he returned to Edinburgh, graduating M.D. in 1817. Not only was he a popular and very successful physician, first at Penzance and later in Chichester, where he appears to have succeeded men who, like himself, later moved to London, but in his early days he was the author of papers on meteorological and geological subjects. In 1827, while at Chichester, he was mainly instrumental in founding the Infirmary, which was the first general hospital established in the county.

Forbes appears to have combined very successful practice at Chichester with much literary activity. For instance, he translated and published Laennec's work on the stethoscope, which went to a fifth edition. His chief credit here, however, is that he was in advance of most of the physicians of the day, who appear to have treated Laennec's great discovery with contempt and ridicule. Although Forbes was certain that the stethoscope would be acknowledged to be one of the greatest discoveries in medicine he does express some doubt whether it would come into universal use. He followed up this translation with another (1824) on the same subject—Auenbrugger's remarkable work on percussion—and he added to the translation an account of his own with the title “Original Cases Illustrating the Use of the Stethoscope and Percussion in the Diagnosis of Diseases of the Chest.”

He next undertook with John Conolly—his professional rival in Chichester—the *Cyclopaedia of Practical Medicine*. The most eminent physicians of the day contributed to it; the same applies to a periodical known as the *British and Foreign Medical Review*, a quarterly journal, in which he was also associated with Dr. Conolly. This quarterly review was a great event, not only in Forbes's life, but also in medical literature. It soon became the leading medical journal in the country—its reputation extended not only all over Europe but also to America, where it was reprinted. Chiefly with the object of improving the *Review*, Forbes moved to London in 1840—a move which must have involved him in considerable pecuniary loss, for he could never expect at the age of 53 (even though through the influence of his friend Sir James Clark he was appointed to the Queen's Household) to pick up a London practice equal to that which he enjoyed at Chichester. After 12 years the circulation of the *Review* began to fall off and he had to terminate the

publication, which, although it had been self-supporting for eight years, had cost him £500 in the undertaking. An article on homoeopathy in which he appeared to be too fair to the homoeopaths gave considerable offence to the profession, and may have had something to do with its discontinuance. The *Review* was amalgamated with a rival which enjoyed an even larger circulation—Johnson's *Medico-Chirurgical Review*—under a new title, the *British and Foreign Medico-Chirurgical Review*, and continued on similar lines until 1877.

Forbes became F.R.C.P. and Hon.D.C.L. Oxford, and in 1853 was knighted. He was a member of various learned and scientific societies, both in Europe and in America. He gave some attention to the question of mesmerism, and wrote an amusing account of his detection of certain impostors in this particular field. Towards the end he devoted himself, in London, chiefly to benevolent and literary work, and to travel on the Continent, publishing accounts of his visits to Germany and Switzerland. He died in 1861 at Whitchurch, near Reading, in the house of his only son, and through all his life was loved and honoured. Few men of the nineteenth century have done more to promote the cause of sound medical literature than this Founder-President of our Branch: the Branch was most fortunate in starting its career under a President of such distinction and versatility—literary and medical.

John Rose Cormack

Probably the next personality of interest present at the first meeting was Dr. John Rose Cormack. A Scot, like Forbes, and a son of the manse, he resembled Forbes in his literary ability. His great distinction, so far as our Association is concerned, is of course that he became editor of the *Journal* in 1853. With his M.D. Edinburgh in 1837 he received the gold medal for his thesis on the presence of air in the organs of circulation. After studying in Paris he started practice in Edinburgh, was appointed Physician to the Royal Infirmary and the Fever Hospital, and greatly enhanced his early reputation by a paper on the relapsing fever epidemic in 1843. He resigned his appointment at the Royal Infirmary on being refused permission to give clinical lectures, and in 1847 removed to London. By this time he had had much experience in medical journalism, for in 1841 he had established the *Edinburgh Monthly Journal of Medical Science*, known and referred to as *Cormack's Journal*, and later the *Edinburgh Medical Journal*. Incidentally, he had been President of the Edinburgh Royal Medical Society in the year of its centenary festival.

On arriving in London Cormack settled in practice at Putney, and soon started another monthly periodical—the *London Journal of Medicine*. As with Forbes's periodicals, so with Cormack's—the names of most of the physicians and surgeons of distinction at that time in London appear on the list of contributors. That journal ceased to appear when the *Association Medical Journal* began. He remained editor of the latter until 1855, and a perusal of the leading articles of the period manifests a high standard of literary style and expression. Ill-health compelled him to settle in Orleans in 1866, and in 1869 he removed to Paris, graduated M.D. Paris, and became Physician to the British Embassy. Cormack's fame and his knighthood in 1872 (also Legion of Honour in 1871) were the reward for his devoted services to the distressed foreigners and to the sick and wounded during the siege of Paris. An unselfish, public-spirited man, he died poor in 1882, and his family had to be helped by subscription among his former colleagues. He seems to have been a man of great industry and fine character, highly respected by the British colony in Paris. He was the first editor of the *Association's Journal* to have a name and reputation outside its ranks. He had been appointed

physician to the Hertford British Hospital in Paris, established by Sir Richard Wallace, who incidentally provided the medical education for Cormack's only surviving son. His publications, apart from his editorial work, included a collection of clinical studies on cholera, diphtheria, paralysis, and a translation of four volumes of Trousseau's *Clinical Lectures*. (Trousseau was the first to aspirate the pleural cavity, and actually invented an aspirator.)

Daniel Hack Tuke

The third notable figure who deserves mention is Daniel Hack Tuke (1827–95). He came from a family of Quaker philanthropists—his grandfather and his great-grandfather were closely associated with the designing of the York Retreat for the Insane, and he himself became famous as a mental specialist. Before contemplating the study of medicine he appears to have entered the service of the York Retreat, and not only to have studied the literature of insanity but in his spare time to have made some informal study of the patients. At Bart's, as a student, he distinguished himself by gaining several prizes, and in 1853 obtained the M.D. Heidelberg. His career was sadly interrupted for 15 years by pulmonary tuberculosis, which necessitated his retirement as physician to the York Retreat and Infirmary; but in 1875, when his health permitted his re-entry into practice, he settled in London as a consulting mental specialist, becoming a governor of Bethlem Royal Hospital, and a lecturer and examiner in mental disease at Charing Cross Hospital. He was one of the founders of the After Care Association (an association which takes charge of the poorer class of convalescents from insanity). He wrote and published extensively on mental illness, and his *Manual of Psychological Medicine* kept its place for many years as a standard treatise. In 1880 he, like Forbes and Cormack, also became an editor—joint editor of the *Journal of Mental Science*. He was President of the Medico-Psychological Association in 1881, and Glasgow University conferred on him its LL.D. in 1883. He appears to have been encyclopaedic in his knowledge of lunacy and prolific in his writing, and to him and his family must go a great deal of credit for the humanizing of the treatment of the mental patient in asylums.

John Conolly (1794–1866)

John Conolly graduated at Edinburgh in 1821, and devoted himself from the start to the study of insanity. He began practice in Chichester, where Dr. (afterwards Sir John) Forbes was already in practice, and the young men at once formed a strong and lasting friendship. They were, however, rivals, and together they concluded that the "district" did not afford sufficient employment for both, and in a year's time Conolly moved to Stratford-on-Avon. He remained there about five years, but does not appear to have been very successful so far as the general practice of his profession was concerned. Like Forbes and Cormack, he was much attracted by literary work, and edited (with Dr. James Copland) the *London Medical Repository*—a large part of their endeavour being to call attention to the numerous medical books then appearing in France and Germany. While at Stratford Conolly took a prominent part in public affairs, and was twice mayor of the town. He interested himself in every matter for the public good and was enthusiastic for sanitation and public health.

In 1827 Conolly moved to London, and in the following year was appointed Professor of the Practice of Medicine at University College, London. While he held that chair he published his work on *Indications of Insanity*, but failed in his endeavour to introduce at London University systematic clinical instruction into the curriculum. In London he was the friend of influential men like Lord Brougham and Lord John Russell, but in spite of these friendships he seems to have failed in London as a physician; nor does he appear to have filled the professorial chair with any great ability.

In 1830 he left London and returned to Warwick, there resuming his post of inspecting physician to the asylums in

Warwickshire. He continued to write a good deal, and assisted his old friend Forbes in editing *British and Foreign Medical Review* and the *Cyclopaedia of Practical Medicine*. While living at Warwick Conolly maintained his interest in the neighbouring town of Stratford-on-Avon, and successfully led the inhabitants of the town against a proposal to remove the body of Shakespeare from its resting-place. Not only was he one of the pioneers—if we may refer to them as such—of the Metropolitan Counties Branch, but earlier (about 1830) he was most closely associated with Hastings and Forbes in the foundation of a medical society—the Provincial Medical and Surgical Association—afterwards to become the British Medical Association.

Conolly returned to London in 1839, and was appointed resident physician to the Middlesex Asylum at Hanwell, then the largest institution of its kind in England. He devoted himself there to the principles enunciated by the Tukes, emancipating the asylums from the role of prison houses, and freeing the lunatics literally from their strait-jackets and chains. Within the 12 years during which he was supreme at Hanwell a revolution was effected throughout the country in the management of the insane. His sincerity and enthusiasm overcame every difficulty, and by dint of great devotion and eloquence he was able to convert not only our profession but also the public to a complete reorientation of attitude towards the insane, and a consequent revolution in their treatment. In all this he generously acknowledged his obligations to the Tuke family, and the methods of which in this country they were the pioneers at the York Retreat. He maintained positively, in his own words, "There is no asylum in the world in which mechanical restraint may not be abolished, not only with safety, but with incalculable advantage." From this flowed a further great advantage—the proper study of insanity; for the study of insanity as a disease began when asylums ceased to be prisons. Unfortunately, some of Conolly's literary labour was devoted too much to destructive criticism of the older methods of asylum management, rather than to constructive minute investigation or patient research, and, being of Irish descent (his father mentioned by Dean Swift), his writings are tainted with some sentimentalism and on occasion an overindulgence in rhetoric, which detracts from their scientific value. About 1852 he resigned his post at the asylum, but ran a private asylum in the village of Hanwell, and although, as I have already indicated, his early years do not shine with success, he appears now to have had a large consulting practice in mental disease.

Conolly's best and most eloquent works belong to the later period of his life, when he wrote extensively on the treatment of the insane. Oxford University awarded him the Hon.D.C.L. in 1852, and on the occasion of his resignation from Hanwell a great public testimonial and his portrait were presented to him, the presentation being made with imposing ceremony by Lord Shaftesbury, Chairman of the Lunacy Commission. He died in 1866 at Hanwell, after a series of what would appear, in the light of modern knowledge, to be cerebral vascular attacks.

Francis Sibson

Francis Sibson (1814–76) (whose name appears here as Chairman of Council in 1865–6 and 1867–8) is worthy of note for his varied career. Like many of his contemporaries, he took his diploma (1831) at the Royal College of Surgeons, Edinburgh, as a first step. Before turning to a more serious and thorough study of medicine, Sibson was apprenticed to a surgeon—and served in the cholera wards around Edinburgh and Leith, then settled in general practice at Cockermouth, but soon left to continue his studies at Guy's, where he had the distinction of being a friend and pupil of Hodgkin. He had the further distinction of being the first physician appointed to St. Mary's Hospital, which was opened in 1851, and one of the first lecturers at its Medical School. He published papers on the flexible stethoscope and on the "mechanism of respiration" and articles on

ether, chloroform, and narcotic poisons. These publications were all made before he came to London, and in fact while he was in Nottingham, as resident surgeon and apothecary to the General Hospital; and when he came to London about 1850 he obtained the M.D. London, becoming F.R.C.P. in 1853; he was made an F.R.S. in 1849. At the Royal College of Physicians he was Goulstonian, Croonian, and Lumleian lecturer and curator of the Museum. He was a member of the Senate of London University, and it may interest the ladies to know that he opposed the admission of women to degrees of the University.

Sibson's remarkable versatility was also exemplified in his demonstrations of visceral anatomy—a course which he arranged at his own house in Brook Street, and which commanded a remarkable attendance. He also published an atlas of anatomy, illustrated with coloured plates—a laborious and useful work of reference, illustrating specially the relative positions and movements of the internal organs. He wrote extensively, and was a man of great industry. All his works of permanent importance are published in four volumes—the *Collected Works of Francis Sibson*, including several contributed to *A System of Medicine*, by Sir John Russell Reynolds. He was particularly expert in publishing his own *observations*. He died suddenly at Geneva. During his lifetime he appears to have enjoyed a considerable practice as a physician, in addition to his innumerable adventures as anatomist and author.

Ogier Ward

Thomas Ogier Ward (1803–79) is worthy of our attention as the first Secretary of the Metropolitan Counties Branch—a position which a perusal of the *Journal* shows he filled with much industry and all the initiative, intuition, and tact necessary on any new venture. I am grateful for the collaboration and help of his grandson—also Ogier Ward—whom many of you undoubtedly know as consulting surgeon to St. Peter's Hospital, who has been kind enough to supply at my request a few facts regarding his grandfather. They demonstrate not only his unique ability as our first Secretary, but his originality and, as with Francis Sibson, his expertness in observation. While practising in his early days at Wolverhampton, during the great cholera epidemic of 1834, he achieved a greater measure of success in treatment by putting into practice his observation that the collapsed patient was much helped by hot baths. Another of his observations was made while holding the post of physician to the Birmingham Dispensary—this time in cardiology. He showed that the "bruit de diable" (now known as the "venous hum") was produced in the veins and not in the arteries.

As with his contemporaries, he seems to have moved about, practising in Kensington at the time of his secretaryship, and ending up, like his friend and colleague Sir John Rose Cormack, in France. Indeed, while Cormack was tending the British colony during the siege of Paris, Ogier Ward was experiencing the discomfort entailed by the billeting of German troops while living at Caen and St. Germain.

It may be of interest that the conception of the Metropolitan Counties Branch first arose at the Annual Meeting at Oxford, as a result of a conversation between Dr. Cormack and Dr. Ogier Ward.

Formation of the Branch

The actual proposal to form the Branch was, strangely enough, made by Dr. Charles Cowan, of Reading, who expressed the hope that places within convenient railway distance of London, such as Reading, would be embraced in the Metropolitan Branch, and that it was to be representative enough to exclude any cleavage as between "provincial" and "metropolitan." It appears to have been one of the first Branches formed throughout the country. Membership of a Branch was automatic upon the payment of 2s. 6d., in addition, of course, to the £1 1s. membership to

the parent Association. A rather amusing and potentially serious interlude arose very early upon the question of this automatic membership. It was sought to exclude a member, and the method adopted was to add to the clause relating to the admission of members the words "provided the majority of members present at a general meeting concur in their admission." This particular gentleman had paid over his 2s. 6d. to one of the officials of the publishing department, but next day found himself without membership, owing to the rather precipitous alteration of the by-law, and minus 2s. 6d. He was none other than Mr. Wakley, the editor of the *Journal's* great rival, the *Lancet*, and the lead in excluding his appears to have been openly taken by none other than the *Association Medical Journal's* editor, Dr. Cormack, who committed himself so far as to say that "as Mr. Wakley was so highly unacceptable to the majority of the members his presence among them would destroy the Branch from the numerous resignations it would occasion." A number of collateral issues and problems were connected with this episode, and did literally stir the profession and its conscience. There was a practice, very prevalent at the time, of the publication of biographies of medical notabilities and other aspirants seeking public notice during their lifetime, often with portraits. This system of biographies of the living (sometimes indeed autobiographies) had almost become a kind of moral pestilence in the profession, and amounted frequently to open advertising, as in the case of one gentleman who had ordered 15,000 copies of his biography to be distributed throughout the country, and in that of another who permitted his butler, when his patients were leaving the house, to offer each of them a book, saying, "Have you seen my master's biography?" Or the traffic in biographies could go the other way, leading almost to victimization and ruin, by the publishing of abusive biographies in medical periodicals. The unpopularity of Wakley was bound up with this, for the *Lancet* of 1853 was accused on more than one occasion of murdering its victim, even if it did subsequently bury him with honours. Possibly the first great meeting of doctors to be held in this country took place at the Hanover Rooms, London, organized by this Branch in 1853—the issue being biographical advertising. The meeting, however, was not ostensibly called for this purpose. It was called—as indeed similar meetings were called throughout the three kingdoms and all well attended—to protest against the dismissal of a surgeon, a Mr. John Gay, from the Royal Free Hospital. Mr. Gay seems to have had no responsibility for or initiative in the biographical sketch which was the cause of his dismissal, and which would appear to have been offensive to the management committee chiefly because of the statement that the hospital would be unknown were it not for the repute of Mr. Gay. Wakley, whose son was also on the staff of the Royal Free Hospital, was suspected of having had some hand in the initiation of Gay's dismissal. The case was not a good one for the purpose of making an example of doctors by doctors, but it provided wide opportunity for the ventilation of the whole subject of biographical advertising, which was profoundly disturbing the profession. The proceedings were remarkable not only for the immense attendance at the London meeting of 1,200 doctors, and similar attendances throughout the country, but also for the fine discrimination manifest in debating the two big issues—the palpably wrong dismissal on this occasion by a lay management committee, and, secondly, the growing evil of biographical advertising.

Representation in Parliament

One of the questions which exercised the Branch in its first year was the representation of the profession in Parliament. The comparatively imminent measures of medical reform and public health, already much in the minds of leaders in the profession and others, provided the chief stimulus for the obviously altruistic desire for medical representation in Parliament; indeed, a special Franchise Committee was appointed, and the rather roundabout pro-

cedure was advocated of first securing Parliamentary representation of the University of London, when presumably it was anticipated that the medical element amongst the graduates would be strong enough to secure the election of a medical member to Parliament. The University of Edinburgh at that particular time, and possibly for some time afterwards, would appear to have had a preponderating number of medical graduates, and might reasonably have been expected to compete with London for the honour of actual representation.

In these days of almost penal taxation it may be of interest to note that the problem of what they called "the income tax" absorbed sufficient attention in 1852 for the Association to appoint a special Income Tax Committee, and that the second meeting of this Branch was called for the purpose of petitioning both Houses of Parliament and of appointing a deputation to the Chancellor of the Exchequer, protesting against the iniquities of taxation. The overriding preoccupation of the meeting seems to have been that taxation of income (as against property), which, as you may know, fell into abeyance for a short time, would be reimposed, and the fear was expressed by Dr. Cormack that "the income tax" might even become permanent. To us, with our considerable sophistication in matters of taxation, the pleas put forward by our predecessors 100 years ago demonstrate a refreshing innocence, and may even be regarded as amusing; for instance:

"*The Humble Petition . . . sheweth—*

"That your petitioners have, for the most part, no other income than that derived from their professional exertions.

"That their income so derived is uncertain and precarious, necessarily ceasing under illness, in advanced life, and at death.

"That considering their position in society, the exercise of their profession requires them to maintain unusually expensive establishments, involving considerable direct taxation.

"That your petitioners are, for the most part, married men with families, for whose education and present and future support they have to provide by these uncertain and precarious incomes, and under the contingencies of illness, advanced age, and death.

"That your petitioners represent, moreover, that their lives are shorter, they are more liable to accidents and disease, frequently communicated by their patients; and that the decline of their professional incomes is earlier than in any other profession.

"That for the above reasons and others that might be adduced, the capitalized value of the precarious income of a medical man is not only below that of an income derived from a permanent annuity, but is also even considerably below the value of a received life annuity, which itself is scarcely half the value of a permanent annuity.

"That for the above reasons and others that might be added your petitioners feel it a great grievance, and cannot but consider it most unjust that their professional incomes, thus precarious, should be taxed at the same rate as incomes derived from realized property.

"And your petitioners, therefore, humbly pray that it may please your Honourable House so to deal with the income-tax, if it be indispensable to retain it, that its pressure on medical men and others whose incomes are temporary and uncertain, may be equitably adjusted in proportion to their real value. •

"And your petitioners will ever pray, etc."

Seed of Medical Reform

The year 1852 is also marked by the germination of the seed of medical reform. The seed had been sown many years before and the subject had been discussed for a long time in a rather desultory manner by the doctors, amongst others; but it was only at the Annual Meeting at Oxford in 1852 that a decision was taken that a draft Bill on medical reform which had been prepared by the Central Council should be referred to Parliament. A strong deputation, headed by Sir Charles Hastings and the President and other leading members of the Branch and about 60 M.P.s, waited on Lord Palmerston to present the draft Bill, whose provisions, as you well know, were uniformity of qualification,

equal right to practise throughout the United Kingdom, and the adoption of the representative principle in the formation of the councils and other governing bodies.

As might be expected, one of the greatest difficulties throughout the long controversy on medical reform had been the clash of interests, the interests now of this College of Physicians and Surgeons, now of that. Viewed in retrospect, this was not without its humorous side. When, for instance, there arose the high probability that there would be registered as surgeons persons who were only licentiates of the Society of Apothecaries, one well-known critic expressed his conviction that the examination at Apothecaries' Hall was more conducive to public safety than that of the R.C.S., and that the examination of the College was no test of fitness for the discharge of any duty connected with the profession: that the object of the College of Surgeons appeared to be to form two distinct classes—the one a superior grade, the consulting surgeon, the other an inferior grade, to make and find work for the superior. It is of much interest at the present moment to recall the proposition made about this time for the establishment of "The Royal College of General Practitioners." There is in the minutes of the R.C.S. a record of negotiations between the R.C.S. and the R.C.P., the Society of Apothecaries, and a body known at the time as the National Association of General Practitioners; and an account of a meeting at the R.C.P., with a resolution that a Charter of Incorporation should be granted to the surgeon apothecaries of this country under the title of the Royal College of General Practitioners of England. It is also of interest that the medical Bill drafted in 1852 which substantially became the epoch-making Act of 1858 was drafted by a barrister, Mr. George Hastings, M.P., the son of the founder of the Association and Secretary of the Medical Reform Committee.

One of the anomalies of the time was that even if a doctor had the highest university honours he had not the right to practise in London, but must also obtain a licence from the College of Physicians, and this particular licence did not qualify him to practise out of London.

The highly commendable aims for the better education of the doctors, and their increase in status and usefulness, was probably the chief stimulus in seeking medical reform. Another stimulus was undoubtedly the considerable competition of quacks, of whom in 1851 there were estimated to be 21,400 in the country. As a forerunner of osteopathy, with its original and only pathology in the spine, came also from America the system known at the time by the rather significant name of "Coffinism." In this system the pathology of all disease is in the stomach, and consists of a "canker or vitiated secretion" that forms in the stomach or bowels to a greater or less extent, and interferes, presumably, with the function of the stomach. The adherents of the "Coffinite" school did appear to exhibit some versatility in their choice of what they considered necessary to remove this "vitiated secretion." At one inquest we read of the death of a woman suffering from hernia, the treatment consisting of jalap, cayenne pepper, and gin, a drachm glassful every morning—the verdict, "Death from natural causes." At another inquest a man of 27 suffering from cholera, so common in Britain at the time as to require the establishment of special cholera hospitals, was found at the post-mortem examination to have present in his stomach the same ingredients, plus ginger, plus lobelia. Lobelia seems to have figured very largely in the therapy. Dr. Letheby, lecturer on chemistry at the London, at this particular inquest stated that he had known 22 deaths from lobelia (whilst in America the cases were very much more numerous). The coroner in this case observed in the summing-up that he had on two occasions sent this particular quack for trial for manslaughter at the Old Bailey, but that the judges took a view of the cases different from that entertained by the juries. The juries, we can be pretty sure, did not themselves always entertain the correct view. The Coffinites were also referred to as "botanical physicians" or "Thompsonians," one Thompson being the first plausible

exponent of the system. Thompsonian quacks maintained several journals in America and one in London, although the actual cult seems to have been more widespread in the provinces than in London. The textbook was entitled *The Practice of Medicine on Thompsonian Principles*, by J. W. Comfort, M.D. The terms "Coffin" and "Comfort" in the same context are noteworthy and even cynical! The textbook had reached its fourth edition by 1853, and was a portly tome of 582 octavo pages.

Homoeopathy, which appeared to start as a reaction simply against over-drugging, was classified by orthodox physicians at the time as quackery, and our Association did draw up regulations for keeping homoeopaths out of the Association and for expelling them if they were found to profess or practise homoeopathy.

Other aspects were troubling the doctors and guiding their thoughts in the direction of medical reform. There was, for instance, no protection against any man calling himself M.D., M.B., or surgeon; and the registration of pharmaceutical chemists had given them a status and recognition, especially in the towns and villages of the provinces, which the doctor did not possess, and which had every appearance of supplanting him. Then there was also the facility with which the advertisements of quacks and their nostrums were published in the newspapers and in religious periodicals, especially of the provinces and in the Colonies.

The profession therefore had every reason at the time for seeking the highest possible representation in Parliament, with a view to ultimately securing the largest measure of medical reform.

Another of the formidable problems of 1852-3 concerned the Vaccination Act, making vaccination compulsory about that time. The controversy is interesting, as demonstrating the first efforts to crystallize medical opinion on a question of social policy. The effort was late, it is true, for the Act appears to have been rushed through Parliament in the first instance, without reference to or collaboration with the profession. The doctors at the time appeared to speak with different voices, and presumably when an amendment to the Act was suggested they did get together in a really *representative* way. It is of interest, also, that for the first time the suggestion was made that the opinion of counsel should be sought on how far the Government, by putting vaccination in the hands of the Registrar-General, had made itself responsible for all the expenses which might be incurred.

The Gratuitous Advice Committee

The question of gratuitous advice and the abuses alleged in hospital and dispensary practice appear to have assumed such high proportions that in 1853 the Branch actually called a further special committee into being, the Gratuitous Advice Committee. The abuses alleged would appear to have existed only in the metropolis, hence the special move in this Branch, but the impact of these abuses would appear to have affected not merely the pockets of the doctors but also their ethics—so much so that we find this particular committee working with the Ethical Committee of the Association in the collection and digesting of facts and opinions of various contributors. In the machinery for collecting these we also see the first suggestion of a questionnaire.

While recognizing the motives of kindness and charity, and the definite moral obligation of a generous profession to give unpaid advice to the poor and the necessitous, the allegation was made that special dispensaries or clinics sometimes sprang into existence, not to meet the exigencies of the poor, but to bring before the public notice some struggling member of the profession wishing to make himself known. There was the further charge that, although these gentlemen gave their advice gratis, some of them had entered into collaboration with the chemists, receiving a percentage on every prescription; and it was even reported that an F.R.C.P. who was the proprietor of a chemist's shop

constantly attended there to audit his accounts. Something had to be done about it, and the terms of the special committee were those of inquiry in the first instance. Ten questions were sent out to the whole profession, questions which admitted of an answer more than a simple "yes" or "no." In comparison with the charge of apathy which seems to afflict us in this modern age, it would appear that, even then, 2,000 such inquiries drew only 250 replies.

Medical News Items in 1853

Those were the chief problems and controversies of the times, which I have purposely not followed historically to their solution. Many of them, indeed, are much too protracted and involved to be dealt with in the time at my disposal, but it may be of interest to mention a few of the subjects treated in the articles and correspondence at the time and debated at meetings. In 1853 there was a report of a court-martial on a medical officer acquitted of the charge of "conduct disgraceful to the character of an officer and a gentleman," in having subjected himself to the indignity of being publicly kicked; all he appeared to have done was to decline to fight a duel.

On April 7, 1853, Dr. John Snow administered chloroform to Queen Victoria in labour, and this event gave rise to much discussion and many letters in the pages of the *Journal*.

On June 7, 1853, the Irish Medical Association was formed at Dublin upon the model of our own Association. Interesting articles of the time appear on medical ethics, arrears in subscriptions, lunacy acts, advertising, apathy, cholera, and a suggestion for "the establishment in London and other medical schools of a Medical Students' Association."

The year 1853 also saw the foundation of the Medical Benevolent College at Epsom. There are articles illustrating the poor conditions and salaries of medical men doing Poor Law work and of medical officers in the Army and Navy, also on sanitary legislation and preventive medicine.

Conclusion

This review of our founders and their problems has been necessarily sketchy. You may have been impressed, as I have, with the versatility of many in that generation. Certainly their accomplishment in languages and in the literary field reached a perfection which most of us must envy. Compared with them, our present set-up and our outlook is rigid. They seem to have been at all times flexible, not only in thought but in method and in action. We must marvel for instance at the facility with which some of them changed the location of their practices and appeared to take up new roots with great success and with no inhibition as to the future. Above all, certainly on the great question of medical reform and everything that went with it—the increased stature of the doctor, protection of the public, and so on—these pioneers played their necessarily formidable part, as did the parent association. On the question of medical reform they were nearly 40 years ahead of contemporary thought, for the Act of 1858 only granted half of what was in the profession's mind 20 years before, and which did not become law until 1886, and it is probably no exaggeration to say that they blazed a trail through a forest of contention and prejudice, even of the medical corporations at the time, one of which was even accused of selling midwifery licences, and encouraging the creation of a vast number of Members and Fellows for pecuniary gain.

On medical reform the ideal and the approach of our medical forebears transcended the narrow and self-centred outlook of the licensing bodies, and indeed of some Universities. As an Association it should give us heart to recall their courage and their altruism, so that, when necessary, we can remind modern public bodies, whether educational or administrative, of the greatness of our heritage.

AN OUTBREAK OF TRICHINOSIS IN LIVERPOOL IN 1953

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[WITH SPECIAL PLATE]

An outbreak of trichinosis occurred in the Liverpool area in late October and early November, 1953. In the past, localized epidemics of this disease have occurred in various parts of the country, and these have been reviewed by Young (1947). Sheldon (1941) and Jolly (1941) reported the epidemiological features of an outbreak in Wolverhampton, and Evans and Lennox (1953) a somewhat similar occurrence in the Borough of Barry. The main reason for giving an account of this outbreak is that it presented an admirable opportunity of studying the epidemiology and clinical features of trichinosis. The parasitological and pathological findings will be reported in greater detail in the *Annals of Tropical Medicine and Parasitology*.

The first of the 82 cases traced came to our notice when Dr. Robert Kemp telephoned on Friday, November 6, to say that he had just seen a case on a domiciliary visit which he suspected was trichinosis. This patient was admitted to hospital and the diagnosis was later confirmed by muscle biopsy. However, as the clinical findings were so suggestive of trichinosis, inquiries were made immediately in the same and other hospitals, and three further suspicious cases came to light.

It was felt that these cases might be part of a more widespread outbreak, so a letter was sent from the medical officer of health to all general practitioners and consultants describing features of the cases already seen and requesting that he be informed of any further suspected cases. There was a prompt and most helpful response, and cases continued to be reported until the third week in November. All patients were visited by a doctor from the Health Department, and the clinical data presented below were collected in this way. Epidemiological investigations were carried out by two sanitary inspectors, and health visitors undertook the follow-up visits on all the cases.

Epidemiology

The first case occurred on October 25 and the last one on November 18, and the dates of onset of the cases are shown in Fig. A. Those cases in which the diagnosis was confirmed by muscle biopsy are specially