THE MEDICAL PROFESSION IN JAMAICA.

An Address read at the Annual Meeting of the Jamaica Branch of the British Medical Association.

By THOMAS CLARKE, M.D., PRESIDENT.

GENTLEMEN,—Allow me to congratulate you on the completion—and on our assembling this day to signalise the completion—of the first annual term of our existence as a new Branch of the British Medical Association. You have had opportunities of hearing from our respected Secretary, on this or on former occasions, reports of the proceedings of the Branch up to the present date. Those reports form a standing record of its conception, organisation, birth, of its recognition by, and affiliation to, the parent Association.

Nor is the record altogether wanting in manifestations of a more advanced stage of existence—limited, no doubt, so far, and as was to be expected, during the first year of existence—but indicative, let us hope, under God's blessing, of a destiny, not too remote, wherein our Branch may flourish, rich with the endowments of leaf and bud, of flower and fruit. And for the development thus far, it is but fair that we acknowledge the debt of gratitude so justly due to Dr. Phillippo for the active part he took in originating the Branch in the first place; and to Dr. Gayleard, as Secretary, for his patient, diligent, and genial maintenance of its interests since.

The institution counts already thirty-four members. Its objects are to cultivate and extend the knowledge of disease and its treatment (pathology and therapeutics), and of the laws of health, especially as applicable to Jamaica; to promote the true interests of medicine and its votaries in their higher as well as in their less elevated (but still honourable) aspect; to obtain professional co-operation and unity of action—"the long pull, the strong pull, and the pull altogether"—for every good and attainable object within the sphere of action thus indicated.

It has been said, gentlemen, by a sort of paradox, that the silent pages of a country's history record the happiest portion of its annals. This may be all very well for the country; but my sympathies just now are with the historian, who will scarcely, I take it, find his account in the "silences," however "golden." In the same way, gentlemen, and for like reasons, do I turn from the scanty repertory of facts furnished in this our first year of existence to what may, I trust, least disappoint expectation under the circumstances. I propose to recall "to the mind's eye" and to present to you, as well as I can, a sketch of my own experience of medical practice in Jamaica at the period, now forty-two years ago—*heu! fugaces anni!* in 1836—when I first entered upon professional duties in my own native country and on my own responsibility. I say on my own responsibility; for, although my first rôle was that of an assistant, my duties and my authority in the discharge of them was, to all practical intents and purposes, co-ordinate with those of my principals, and my responsibility, therefore, *in foro conscientie* was entirely my own.

After an absence, then, from my native land and a corresponding residence in Europe of twenty-one or twenty-two years, I returned to Jamaica and landed in Kingston in July 1836. Almost immediately after my arrival, I received letters from a medical practitioner in the agricultural district of St. Mary's, the lowlands and adjacent mountains of which, in the windward part of that parish, together with the same portions of the neighbouring and of course leeward district of St. George's parish, constituted his extensive field of practice. With this gentleman I came to terms. A limited but still considerable portion of the extensive area of which he held the practice (consisting of sugar-estates and grazing pens chiefly) was assigned to my care as assistant, and this locality has continued ever since and under every change of circumstances, professional and otherwise, to be regarded (from a medical point of view) as my province. I am, however, anticipating the course of events. I did not leave Kingston for a week or more, and, during that interval, I enjoyed, owing to the kindness of Dr. John Ferguson, opportunities of seeing something of its practice. The practice then, as now (I speak of private practice in Kingston), was all but exclusively in the hands of gentlemen who combined the practice of medicine, midwifery, and surgery, as is done in England—who acted, in short, as general practitioners. They furnished their own medicines (which, however, did not appear as items in their accounts), and charged for their visits only at a fixed rate; surgical operations and obstetric attendance being subject to extra charges. There was, as I have hinted, one exception to this class of practitioners; one elderly gentleman, and only one, who laid himself out for the rôle of consulting physician properly so called, and that was Dr. Bancroft, a name known and distinguished, not only in Kingston, but throughout the civilised world, for his writings on yellow fever. But, however great the professional distinctions of Dr. Bancroft, how-

ever large his medical experience, his death found no aspirant for his professional position. He had no successor to his practice, and the rôle of consulting physician, pure, died with him. Not, however, without pointing a moral and adorning a few tales; for scandal did say that there were members of the faculty of those days in Jamaica—other and less pure practitioners—who had a habit of calling in Dr. Bancroft under circumstances which not simply tried or even baffled their own proper skill, but under circumstances, and only under circumstances, which must have baffled any amount of skill in the hands of Hippocrates or Galen themselves; so that the summons of the worthy physician to the bedside of a patient came to be looked upon at last as *ipso facto* a *coup de grâce* for the latter. I think it not impossible that this extraordinary view of the functions of a consulting physician may have had something to do with the failure in the succession.

The hospital—since the battle-ground of so many revolutionary epics—the hospital in those days when, I think, Dr. Bancroft was consulting physician to it, held on its way peaceably, and let us hope profitably enough.

There was something else, however, to furnish pabulum for the combative erythism which the libellers of the profession insist upon as a normal characteristic of the genus *homo*, species *medicus*. Not long after my return, the question of obtaining the sanction of the Legislature to the establishment of a College of Physicians and Surgeons in the island became the subject of active and somewhat angry discussion in the profession, especially amongst those of Kingston and Spanish Town, both of which places were at that time wealthy and important nuclei of population; the former as the commercial metropolis, the latter as the seat of Government and the legislative and official metropolis, of the island. One party, and that the majority, at the head of which was Dr. J. Ferguson, advocated the establishment of the College (properly so called), with powers of examining, of conferring a licence to practise, and of furnishing unlawful practitioners with the privilege (I presume, but have not the law by me) of making by-laws for the guidance and government of the profession throughout the island. The other party—very much smaller, and headed by Dr. M. of Spanish Town—opposed the idea of a College, and advocated the establishment simply of a system of registration. The island Legislature yielded to the wish of the majority, and passed a law for the establishment of a College. One clause of that Act required the registration, and with it the payment of a fee, by every member of the profession practising in Jamaica. The London College of Surgeons challenged the clause as an interference with the unqualified right to practise throughout the Queen's dominions conferred by their diploma. The British College made representations to this effect to the Ministry, and the Act was disallowed. The island Legislature passed another Act, leaving out or modifying the obnoxious clause, and the College was established as the law of the land. Dr. Bancroft, the distinguished physician of whom I have already spoken, was the first or earliest President; and for the two successive terms Dr. John Ferguson was elected. Dr. Ferguson stood at the head of the medical profession for some time, and his name is honourably associated with the removal of the white regiments from Stony Hill Barracks and other unhealthy encampments in the lowlands of Jamaica to the healthy cantonments on the heights of New Castle (in 1842), where they have since been stationed, with marked advantage to their health, and a reduction of their mortality which has brought it to a level with, if not below, that of the garrisons of Great Britain. The College held occasional meetings at night for the perusal and discussion of papers. I was present, I remember, at one at least, when a paper was read by Dr. Arnold, the librarian of the College, on Scarlet Fever, which was prevailing as a severe epidemic at the time in Kingston and throughout the island, and had proved very fatal. Steps were also taken towards the formation of a museum of morbid anatomy in connection with the College. A library, too, was in the course of formation; and I myself had taken proceedings under the College laws against a charlatan (curiously enough, my own namesake) before the magistrates of St. Mary's in petty sessions, had recovered from him a penalty of ten pounds, and transmitted the amount to the treasurer of the College.

But, alas! gentlemen, in spite of these exertions—in spite of able and eminent men amongst us; in spite of our Bancrofts and our Fergusons; of Chamberlayne, distinguished in the annals of surgery for performing the ligation of the axillary artery; of Fiddes, the first surgeon who successfully excised the tongue; of Macfadyen, author of the *Hortus Jamaicensis*; of Bowerbank, of Scott—in spite of all these, the College came to grief. The keystone of this noble arch failed; finance was out of joint; and the College ceased to exist—ceased, at any rate, to give any signs of life. Between five and six years, if I be not mistaken, was about the extent of its active existence. Financial infirmities—to give them no harsher name—arose; defalcations on the part of one officer of

the College to the extent of thirty pounds, on the part of another to the extent of two hundred pounds, took place; and then collapse. The times, I say, were out of joint; the shadow of the curse was still upon the land; and the "persons of position" who, a member of the Legislative Council lately told us, "are awaiting now-a-days to set the people an example", were not awaiting in those days; and they did set the people an example with a vengeance, and in more ways than one. The Act constituting the College fell into desuetude, and finally became obsolete and a dead letter.

With the collapse of the College, a sort of medical interregnum, or anarchic period, set in, which lasted about twenty years, during which no further legislation for a college or any other medical corporation took place. It was not till the accession of Governor Darling (perhaps about the year 1859) that a Board of Examiners was appointed by law, with powers to examine, and, where the result of examination was satisfactory, to confer a licence to practise. One or two parties (I do not know the number) qualified under this board, and have since practised in the island. This law remained in force till 1872-73, when, under the government of His Excellency Sir John Peter Grant, an amended Act was passed, which is now the law of the land. The provisions of this law of 1872, or some of them, are, as I understand, to be brought before us on this or on some future occasion.

I pass on, therefore, to other considerations connected with my theme, which, as I have already intimated, has reference to the olden time; and, without pretending to give anything like a profound or comprehensive view, I would hope to furnish some details of the treatment of one or two of the most prevalent endemic diseases of the island in those days (I speak of forty years ago), such as may be calculated, when contrasted with their treatment in the present day, to show that in this, as in other important particulars, Jamaica has been no stranger—whatever her detractors may say—to the law of progress. At the time of which I am speaking (1836), and for several years afterwards, the important and valuable addition to our means of diagnosis which we have since acquired (between bilious remittent or endemic fever, on the one hand, and yellow fever, sporadic or epidemic, on the other) had not been attained. You will understand that I allude to the urinary diagnosis. It took place in 1852-3; and the delay in the discovery of a test so patent to the simple application of heat as albumen finds an explanation in the circumstance that, till the publication of Dr. Bright's great work in 1837, the urine was not questioned by the generality of medical practitioners, and in ordinary clinical investigations, as it has, since Dr. Bright's publication, become quite common to question it. The opportunities, too, of investigating yellow fever are not of all times nor of all clinics; nor, apart from its deficiency in quantity in the advanced stages of the disease, was there, that I am aware of, anything in the quality generally of the urine in yellow fever, as it appeared to the eye, to urge to a further and more than commonly rigorous examination of it in those olden days.

The name of Dr. Collins was honourably, and I have no doubt justly, associated with the first public announcements of the test; and I know of no reason for doubting his claim to priority of discovery. My friend Dr. James Scott will, however, I am confident, bear me out in stating that, without any knowledge whatever on my part of Dr. Collins's discovery, I reported my own detection of albumen in the urine of yellow fever cases, and urged the point of its pathognomonic significance with regard to bilious remittent fever to him (Dr. Scott) in 1853. My object was to ascertain from Dr. Scott, who had at that time been recently treating in the hospital, then under his charge, several cases of yellow fever from the shipping in Kingston harbour, how far the condition of the urine in these cases corresponded with the results of my own observations. Without dwelling on this—and trusting that gentlemen will pardon the egotistic digression so far—that discovery, as an addition to the means of diagnosis, was an important step in the right direction, although I fear we must admit that, as yet, the therapeutics proper of yellow fever continue to be an *opprobrium medicinarum*.

Far otherwise, however, gentlemen, is it with its much more frequent congener the bilious remittent fever, which, from having been, forty or fifty years ago (and often, I suspect, under the name of yellow fever), a source of great mortality in the island, and especially to Europeans, is at the present day perfectly amenable to prompt and energetic treatment. And this we owe, under Divine Providence, to the administration of quinine (always in due and well-considered combination) in the earliest remissions of the fever. Doubtless, the habits of life of those days; the frequent arrival of fresh importations of young Europeans (superseded now-a-days by the employment of educated creoles); the wild vortex of drinking and debauchery and exposure, into which the men all unacclimatised as they were, plunged on their arrival—these circumstances no doubt operated to increase the frequency, and in some instances the malignity, of the disease. But for the all too fre-

quent mortality from bilious remittent fever in those days, as compared with the present, there was another factor in operation; and that was the prejudice, not then conquered, against the use of quinine, and its neglect, in consequence, in the first or earliest remissions of the fever—always (and this must be insisted on) in due combination. The consequence of this neglect was, that paroxysm after paroxysm of febrile accession succeeded one another till the force of the disease was subdued (as sometimes may have happened) by bilious purging and counter-irritants, or till the accumulated effect of successive paroxysms had produced either fatal internal congestion or exhaustion of the powers of life.

Such was the influence of the prejudice in question, that I can name one medical practitioner of great and deserved eminence who retained it to his dying day. I attended Dr. Maxwell during the last days of his life, in conjunction with his nephew Dr. James Ferguson; and I am by no means clear in my mind that the failure of vital power with him was not due (his case had been one of simple intermittent, I understood, in the first instance) to the prejudice in question on his part, to which he had adhered with an only too earnest and fatal good faith in his own case. The prejudice was, no doubt, a relic and a result of the old bark-treatment. Peruvian bark, the ancient and bulky predecessor, analogue, and source of quinine, required, no doubt, for its administration (*by spoonfuls*), a condition precedent of the stomach, liver, and alimentary canal, which should tolerate it, in which all alvine irritations, all alvine congestions, all abdominal obstructions (the inevitable accompaniments of the early stage of the fever), should have been removed. The presence of the crude, bulky, and perhaps nauseous powder must of course have aggravated the conditions in question, and hence the necessity for their removal (if possible, by a course more or less prolonged, and which might or might not effect that removal—a course of cholagogues and counterirritants) before bark could be tolerated. The fallacy—the fatal fallacy—which for years prevented the early and successful administration of quinine, consisted in regarding the identity of quinine as an antiperiodic with the bark as an antiperiodic as implying also the identity of quinine with bark in its other and objectionable qualities—qualities which, as I have already said, were quite prohibitory of the use of that drug (bark) in the early stage of bilious remittent. It was no inconsiderable time before it came to be recognised—by some it was never recognised—that quinine, in bulk next to nothing, admitting of and profiting by combination and conjoint action with calomel or other cholagogues, was entirely free from the objections to which bark was liable, and only resembled it in the possession, utterly unencumbered, of its one great virtue.

Another endemic disease in which (within my own limited sphere, at any rate) I recognise a greatly improved treatment, is dysentery, both acute and chronic; ipecacuanha constituting the great basis of that success. Not that I mean to say that the use of ipecacuanha in dysentery is anything new. It was practically known, I find, in France so long ago as 1686; but, so far as I have ascertained, its character as a specific, or something like a specific, in dysentery, was not permanently established till within the last half-century. It appears to me to be deserving of that high character, and to have brought acute dysentery, at all events—another of the most prevalent diseases of the country—within the category of tropical diseases which are perfectly amenable to medical treatment; and to be deserving of great confidence also, if it be not an indispensable agent, in the treatment of the chronic dysentery. Of epidemic dysentery—at all events, upon any large scale—I cannot say that I have had any experience.

The length to which my observations have already extended, and the want of necessary time, prevent my dealing with some other topics I could have wished to treat of. I will, therefore, now conclude, gentlemen, by thanking you for the support I have received from you in the discharge of my duties, and expressing the sincere pleasure I have in recognising in my successor qualities well adapted to uphold the interests and the honour of the Branch.

WHITECHAPEL.—Mr. Liddle's reports are always characterised by strong good sense, and that for 1878 is no exception to the rule. His observations on general questions of hygiene are cogent and interesting, and the figures for his own district are ably treated. During 1878, there were in Whitechapel 2,658 births, and 2,430 deaths, in a population enumerated in 1871 at 76,573. The corrected death-rate was 25.6, against 25.2 in 1877. Zymotic diseases caused 269 deaths; 11 from small-pox (to which must be added 12 in the Asylum Hospital), 32 from measles, 84 from whooping-cough, 89 from diarrhoea, and 33 from fever. By far the majority of deaths from small-pox occurred in the first half of the year. A large amount of sanitary work was accomplished, the number of houses inspected being 11,963.