sation of what seemed so desirable, and within the compass of daring power—the pathetic wailings over sufferings unrelieved and deaths unresisted, and the despondency of professional inaction—we had reports of accomplishment which proved, by the wideness of their sources, their numerical importance, and the character of their authors, that the revival was assured. The question now changed from one of possibility to one of improvement, and reports of cases merged into discussions of practical details of operative and therapeutical interest. These, from their precautionary or conservative bearing, gave good augury of the vast ameliorations which we have seen within the last twenty years, and have brought us at the present time to nearly certain success, when a careful surgeon operates in a favourable case. One may truly affirm that, in all these outpourings of the revival period, there was nothing vainglorious, boasting, presumptuous. As contributions to science, they were serious, candid, plain, aiding further progress, informing to the profession, and useful to mankind. They bore upon them the signs of a wise resolution to advance circumspectly upon the path now open; and, if tinged with a glow of the personal satisfaction which flows from a sense of duty in part fulfilled, and brightened with a gleam of the complacency reflected from the visible evidence, now so constantly before the public, in the living, healthy survivors of the operation, that the profession as a corporate fraternity was equalling in its philanthropic energy that which had made the reputation and had been the pride and solace of its older “men of renown,” I can only say, not that it was excusable or admissible, but that this gratulation was no more than the circumstances prompted, or than may justly be felt by all who join in working, with a right mind and to a good issue, for the welfare of their fellow-creatures.

And here, with 1865, I may end this retrospect of the revival of ovariectomy—of a rapid revolution in opinion and practice in less than ten years. Before 1858, the operation, like all good things, had been of slow growth. One hundred years ago, it was but a germ that might be described in a lecture by John Hunter. Ten years later, it was seed that fell from the hand of Bell. In little more than another decade, it germinated as a living vitalising reality in Kentucky. Sixty years ago, it was transplanted to the land of its philosophical conception. In twenty years more, we find it a sapling on English soil—growing slowly at first, and up to 1858 looking as if it might prove no more than a withering gourd. But by 1865, its root had struck firm, its stem stood erect, its branches were wide and strong, known and sought as a refuge by the sick and dying. That it was no withering gourd has been proved by all that the world has since seen. Thousands of perishing women have been rescued from death; many more thousands of years of human life, health, enjoyment, and usefulness have been given to the race; and to all future victims of a malady before inevitable in its fatality, it gives consolation, hope, and almost certainty of cure.

And passing over another twenty years—advancing from 1865 to 1884—we can rejoice that, in all our metropolitan and most of our provincial hospitals, and from the best teachers on both sides of the Atlantic, medical students of to-day may hear of the good already done—may see for themselves how success is attained; and possibly, by the establishment of some new fact, or the discovery of some new device, they may increase our power over disease, and carry on the work to our successors.

I must leave it to others to speak of our great hospitals and important schools. But I cannot close this part of my address without one word of hearty congratulation to my successors at the small hospital where, with seldom more than six or eight beds at my disposal, in twenty years I completed 408 cases of ovariectomy, the deaths having diminished in successive periods of five years from 1 in 3 to 1 in 4 or 5, and in the last two years to 1 in 10. In seven years, 1878-83, my three successors among them had 496 cases—about ninety more than I did alone in twenty years—the deaths falling from 1 in 5 in 1878 to 1 in 18 in 1883. And the recent publication of my colleague Mr. Doran adds to the satisfaction I feel in seeing my operative work so efficiently continued, the pleasure of noting how happily he is supplementing the opening of his career as an operator by the intellectually higher distinction of being acknowledged as a penetrating investigator and clear expositor of the obscure subject of ovarian pathology, to which he is devoting his philosophical earnestness. On this centenary of Hunter's lecture, we may truly claim that his example is followed, his foresight verified, and our exertions rewarded.

(To be continued.)

MEDICAL MAGISTRATE.—Dr. William Irving, of Blackburn, has been placed on the Commission of the Peace for the County of Lancaster.

AN ADDRESS ON THE RELATIONS OF THE MEDICAL PROFESSION.

Delivered before the South Wales and Monmouthshire Branch.

BY ALFRED SHEEN, M.D.,

Senior Surgeon to the Infirmary, Cardiff, President of the Branch.

OUR RELATIONS WITH THE PUBLIC.—These relations are not by any means satisfactory. Our profession is, by not a small number of people, looked down upon and sneered at; there can be no doubt about that. It is called a noble profession, and it is so; but its nobility is, I fear, sadly marred by some of its members, found in the highest as well as in the lowest walks of professional life.

Our profession has a twofold character. It is a mission as well as a means of gaining a livelihood. Some of our members, unfortunately, look at it, and practise it, only in the latter aspect. This is what Professor Gairdner, of Glasgow, says of professional men in whom the mercenary feeling predominates: “The physician who is so greedy of emolument that he cannot be downright and sincere, cannot divest himself of the habit of speaking smooth speeches without reality, and practising small devices without meaning; who now pursues a fashionable line of practice without conviction, and now abandons a real conviction because it is unfashionable, ceases thereby to be a physician, and becomes a quack. His advice will then no longer be the best advice he can give, but the advice which he thinks will answer by flattering the prejudices or administering to the depraved appetites of his patients or society.” (“On Money Getting,” *Lancet*, vol. i, 1868, p. 335.)

There was an amusing picture last March, in *Punch*, of one kind of character in our profession, not uncommon, which no doubt most of you will remember. It represents the drawing-room at a winter health-resort, and one lady says to another, “Oh, that's your doctor, is it? What sort of a doctor is he?”—“Oh, well, I don't know much about his ability; but he's got a very good bed-side manner!” The man who drew that picture, drew it from life.

We are very hard upon quacks, and rightly so, but the biggest and worst kind of quacks are those in the profession; and there are plenty of them; and the public is shrewd enough to see this, and to make the most of it—to the detriment of the profession—although blind enough to run with the crowd after the popular professional quacks of the day. Amongst the varieties of treatment, we have “disease-treating,” “case-treating,” and “patient-treating.” This latter variety is specially contemptible; it is practised simply to inspire confidence which shall outlive disaster:—Never mind the disease. “It is the bane of the highest social grades of practice, and the blighting evil of all. The charlatan is a traitor of patients pure and simple.”.....“There is a growing tendency to, and a daily increasing evil of, mannerisms and methods in our profession.” (*Lancet*, vol. ii, 1876, p. 830.) Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the *Daily Telegraph*, with its well known advertisement, “the largest circulation in the world!”

“A single purpose, high views, robust self-respect,” will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. Mr. Tom Hughes offers some sensible advice to medical men. He says “learn to read character by studying your own, to speak plainly, to practise reticence, and to avoid mercenary habits.” Again—

“To thine own self be true,
And it must follow, as the night the day,
Thou canst not then be false to any man.”

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly to investigate his case, with the sole view of relieving him to the best of our ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence. It may be that an over-anxious patient will himself suggest a consultation, when we see no need for it; in such a case, I hold it to be our duty to accede to his wishes with a good grace. I

believe it is the rule that, when the patient suggests a consultation, he should have the privilege of naming the consultant. This may, at times, place us in an awkward position; we may have sound reasons for not meeting the particular individual named, and we may honestly feel that such a consultation may be of no benefit, perhaps otherwise, to the patient. In such a case, we should clearly and firmly state our views, and, if the patient decline to name another consultant, or do not accept one we may suggest, then it is clearly our duty to give up the case. In declining to meet any particular practitioner, it ought, however, to be clear to our own minds that we are strictly just, and that we are acting in the best interests of the patient. A little tact will, in the majority of such cases, overcome all difficulties.

I believe one main cause of our unsatisfactory relations with the public is the seeming mystery which underlies our professional charges, and another, the forgetfulness of patients as to particular services rendered. It is not an uncommon experience to find a patient remonstrating at his bill being so much. I had a case recently in which I visited the patient once or twice a week, and charged five shillings a visit, which was, if anything, too little. The explanation was satisfactory to him, but he made the remark that he thought I was charging him at the rate of ten shillings a visit at least. This is an illustration of the forgetfulness of patients of services rendered.

Registration took away some of the old glamour of secrecy which surrounded this matter; our fees are no longer, with a few exceptions, honoraria; they are charges for specific services, which charges can be recovered in a court of law.

One man does not dispense medicine, but gives a prescription, and charges so and so, telling the patient, perhaps, if it be a chronic case, to go on with the medicine for a certain time, and then to see him again; a second, dispensing his own medicines, charges only for visits or advice; a third charges, in addition, a small fee for medicines, sufficient to cover the cost of medicine and trouble of dispensing; a fourth charges a larger fee for medicine; a fifth gives sufficient medicine to last for two days a sixth sufficient to last four days, and so on. And all these charge the same fee for a visit or advice. How can we wonder at the public being puzzled about our fees? A dock-labourer went to a doctor for advice, for which he charged him 2s. 6d., giving medicine sufficient to last four days; this man had been to a qualified practitioner, who kept a "dispensary," and who charged 1s. for a consultation and medicine; he was supplied with an eight-ounce mixture, two tablespoonfuls every three hours, which lasted him a day and a half, when a shilling and a similar mixture again changed hands. Note the cost to the man; in the one case, 2s. for three days, and in the other 2s. 6d. for four days—that is the way in which he looked at it, no doubt; besides, in the one case, he was not examined as to his condition—men who charge 1s. for advice and medicine could not condescend to find out what was the matter—and in the other case he was.

Here are a few more illustrations, if I am not too tedious, which have come within my own experience, of peculiar methods of charging by members of our profession. A patient, belonging to the artisan class, sent to a medical man in an emergency for a bottle of medicine, for which he charged her five shillings, which she justly thought was rather too much. Another medical man charged one and sixpence to a patient of the same class for a consultation and medicine.

A patient consulted two different doctors in general practice, at intervals of time. The one visited him, prescribed, and charged a guinea; the other visited him, sent medicine, and charged two and sixpence.

Another charged two and sixpence a visit and two and sixpence for medicine, that is, five shillings for a visit and medicine to patients of the artisan class, and when they paid the bill he generally took something off. "They liked it!"

Another medical man sees a patient who has injured his arm, says it is fractured, puts it up in splints, with strict injunctions that they are not to be removed till he sees the patient again, and charges him three pounds ten, which is paid. Within forty-eight hours swelling and great pain supervene, and, as the patient is not satisfied, he goes to another medical man; the splints are removed, and it is found there is no fracture at all.

A woman of the lower middle class, suffering from a painful disease, received a visit twice daily, a hypodermic injection of morphia being given at each visit; one hundred and twenty visits were made in all, and a bill sent in for sixty pounds, which is at the rate of ten shillings a visit.

Now what can be done to remedy the ignorance and confusion in the public mind on this question of fees? I think, on the one hand, our patients are entitled to know what our charges are, and for what we charge; and, on the other hand, we ought to be a little more uni-

form on the same points, and a little more business-like in practising our profession. There ought not to be any difficulty about it. In a certain district, it ought to be understood that our fees are so much, according to the social position of the patient, and these should not be departed from without a sufficient reason. There is great competition in the profession, and, in some quarters, a great tendency to under-selling; and the offenders are the first to turn round, and complain of an ungrateful public. As the *Lancet* said some years ago, "This is a free country, and men may dispose of their services on any terms they please. But there is a strong moral obligation upon all professional men to decline to give professional services on terms which the great majority of their brethren consider to be inadequate" (*Lancet*, vol. i, 1868, p. 189).

I have long thought that, for any unfavourable opinion the public may have of us, we have in some measure ourselves to blame. Let us be more united, let us be more business-like, and let our fees be more equitable, and more commensurate with our position and the position of our patients, and we shall be more respected and more honoured than we are. On this part of my subject, I think we may fairly recognise these general principles.

1. We should, in all cases, charge for services rendered, and not for medicines.

2. We should pay no visit and give no advice for less than two shillings and sixpence.

3. All charges should be made as much as possible according to a fixed scale, and accounts rendered quarterly or half-yearly.

With regard to the *midwifery fee*, I should like to see it expunged altogether. What is there peculiar about a midwifery case that should take it out of our ordinary services? You attend the wife of an artisan; you arrive there when all is over, stay a quarter of an hour, pay two or three subsequent visits, and charge a guinea; that is unfair to the patient. For the same fee you attend another case, perhaps in the night, stay some hours, and pay two or three subsequent visits; that is unfair to the medical man. I think the midwifery-fee should be abolished, and our charges made as for ordinary attendance, charging extra for special services and for detention, and charging for each subsequent visit. It may be said that this would increase the temptation in some men to pay unnecessary visits. This should not be. We ought always to bear in mind the patient's welfare, and that alone.

The public not unfrequently complain that our charges are too high, and yet this same public will not hesitate to go from one consulting physician or surgeon to another, paying one or two guineas to each without grumbling, and involving themselves at the same time in incidental expenses to a considerable amount. Medical advice is a necessity and not a luxury; and, therefore, all have to avail themselves of it at some time or other, from the highest to the lowest. This renders our profession, in one sense, a peculiar one. No man, as a rule, feels compelled to go to law; but, when he is sick, he does feel compelled to seek medical aid, unless he belong to the sect called "peculiar people."

This fact is, I think, the mainspring of much mischief in and to our profession. Because sickness comes without our being able to prevent it, a very large number of people make no provision for it. Eating is a necessity, clothing is a necessity, lodging is a necessity, and these necessities are provided for by many people who fail to make provision for sickness, or who fail to recognise their obligation to pay for services rendered when ill. I am not now speaking of what we call "the poor." They are amply, too amply, provided for by the various charities—voluntary, provident, and poor-law—established throughout the kingdom.

My remarks apply to people who are as much in a position to pay for medical services as for other necessities, if they will only recognise the fact that it is their duty to do so. But this recognition will never come unless we enforce it. We are altogether too lax and too unbusiness-like in our work; and the public are only too ready to take advantage of these faults of ours, in consequence of which we suffer pecuniarily, and in our credit as a profession. "The labourer is worthy of his hire." Why should we be the only body of men who largely give professional services gratuitously? Because we, grumblingly, permit it; and for no other reason, in my humble opinion.

With numerous and gratifying exceptions, I would say the public is exacting, ungrateful, and forgetful of services rendered; and this, I feel sure, is a common experience with all of us.

"God and the doctor we alike adore
When on the brink of danger, not before;
The danger past, both are alike required—
God is forgotten, and the doctor slighted."

Dr. Yandell, of Louisville, in contrasting the tone adopted towards a medical man by a person in health with that used by him when sick,

humorously observes: "On his legs, he is brimful of courage and incredulity; on his back, he is as tame as any sucking lamb, and the very embodiment of faith. He is ready and willing, in that posture, to take anything, do anything, believe anything, praise anything" (*Lancet*, vol. i, 1869, p. 484).

How frequently is one called up in the early hours of the morning to see a patient who has been ill for days; and if one have the courage to remonstrate, such remonstrance is not received very graciously. I am not here speaking of cases of urgency, which every humane medical man would attend to at once, but of the 95 out of every 100 cases where there is really no necessity to seek for medical aid at unusual hours. The public have got into a bad habit, mainly through our own fault, of sending for us at all hours of the day and night, where there is really no urgency. Let it be generally accepted as a professional rule, that patients requiring to be visited should send before a certain hour in the morning, and this annoyance will be much lessened. A gentleman sent for me one Sunday just as I was sitting down to dinner. I had my dinner before going to see him; and, on my arrival, I was greeted with the remark, "I never saw such a set of fellows as you doctors are; you are never to be got hold of when you are wanted." My patient was sitting comfortably in his easy chair, enjoying a light lunch, with some champagne to wash it down; he had been suffering from diarrhoea, but was then somewhat better. On the question of fee in this case, I acted upon this thought: people who want special trains must be prepared to pay for them, and if they are not, they must be content to travel by ordinary ones. I dare say some of you have heard the anecdote of the lawyer who received visits from a troublesome client on several occasions at his house in the evening; on one of these occasions, the client apologised for being so troublesome. "Oh, my dear fellow," said the lawyer, "pray don't mention it. I always charge double for consultations away from the office."

Some people are given to the pursuit of recommending their favourite doctor to everyone they come across who may be ailing. Now, this is unobjectionable enough, so long as it is confined to persons who have not yet selected their medical man; but when such officious individuals go beyond this, and, in the case of a patient of another medical man, do all they can to induce him or her to consult their favourite doctor, they are guilty of a contemptible piece of interference. Experiences of such interference will have been the lot of most of you; unfortunately, it is beyond our own control.

There is a great fancy amongst some of the public for going from one medical man to another, and another and another, even during the same illness. We cannot help that, unless they are so ill as to require visiting at home; in which case we can, and always should, refuse to attend except in consultation, or unless the patient have dismissed the previous medical attendant. There is an old adage which says, "too many cooks spoil the broth," and this is only too true in the cases I am now considering. The patients here are the greatest sufferers.

There is another not uncommon practice amongst the public. A patient comes to one of us, and, after detailing his symptoms, asks, "How much will you cure me for?" We are essentially quacks if we undertake to answer such a question to the satisfaction of the patient.

There was a book published last year called *Doctors and their Patients*, which some of you may have seen. It is very badly written, and a gross exaggeration from beginning to end. A certain "Dr. Diagnosis" is portrayed. Though the portrait is a caricature, I fear there is some little truth in it. You may recollect the suicide of a young medical man some months ago; he had failed over and over again to find employment as an assistant, and it came out in evidence that a man at Middlesbrough wanted to engage him to prescribe for patients out of six different coloured bottles, and to sign death-certificates for patients he had never seen; and the *BRITISH MEDICAL JOURNAL*, in commenting on the case, says, "it is to be feared this practice is somewhat on the increase." It is such shameless characters, and some others that I have mentioned, who lower our profession in the esteem of the public.

OUR RELATIONS WITH EACH OTHER.—Are these satisfactory? I think not. We have our faults, like other bodies of men, and, in touching upon some of these faults, I by no means wish to imply that they are common to the whole profession.

I do not think the most charitably disposed person would apply to us the remark which the heathen applied to the early Christians—"See how these Christians love one another;" on the contrary, a twelvemonth's study of the correspondence-columns of the medical journals, would lead him to make the very opposite remark. We are too thin-skinned—easily "touched on the raw," as the saying is; not over polite in our language when we think a brother has done us harm, or committed a breach of professional etiquette; standing up

for the rights, and the dignities, and the honour of the profession to each other, but sailing pretty closely to the wind of wrong-doing, or even taking a tack in that direction, when we are away from each other. Are we always quite loyal and honest to each other? Do we always do unto each other as we would be done by? Do we always behave as gentlemen should to one another? I fear not. It is needless for me to give examples; these will readily occur to all of you.

Human nature is human nature, and the individual characteristics of human nature differ widely, from the most perfect to the most depraved. We cannot alter that. Still, I think we can do something which will tend to elevate our profession into a position of greater respect and greater honour, and to render us less acrimonious amongst ourselves, if we will only set about it in a common sense way.

1. We should recognise the fact that we are a body of gentlemen, and should always act as gentlemen towards each other.
2. We should hold it as an article of faith to do what we conscientiously believe to be right; and, in arriving at this belief, we should be careful not to allow bias or feeling to influence our judgment. In reviewing any particular circumstances, we may, with advantage, ask ourselves the question, "What should I think the right thing to be done if our positions were reversed?"
3. If we should feel aggrieved at something done by a brother practitioner, and correspondence with him seem necessary, by all means let us write courteously, and not begging the question, or indulging in language which we may afterwards regret, or which may call forth an angry rejoinder.

"Stay,
And let your reason with your choler question
What you go about."

And, above all things, let us refrain from sending our correspondence to the papers for publication.

4. If, in any differences which may arise between any two of us, we cannot amicably settle the matter, let us, by mutual consent, submit it to the Branch Council of the Association, or to two or three trusted friends, with the understanding that we loyally abide by their decision.
5. If we are in the wrong, let us not be ashamed to acknowledge it.

Medical Etiquette is often scoffed at by outsiders who do not understand it, or who can only see in it an attention to minute and petty details, which they consider of no importance. It has even been said that we will attend to the "forms and ceremonies," and let the patient die meanwhile; we know that to be untrue. What is medical etiquette? In its general principles, I would say it is a mere question of common sense and gentlemanly feeling. We should be loyal and honest to one another, and do as we would be done by in like circumstances. For what remains, there are many points upon which we should have authoritative rules, and these rules ought to be drawn up after careful consideration, by the universities and colleges combined, or by a competent committee of the British Medical Association. There are several publications on medical ethics, but they are all without authority. It ought not to be difficult to draw up a code which would be adopted and quoted as a standard of authority. The majority of the profession would, I believe, accept such a code.

I fear we are too apt to talk of the dignity and honour of our noble profession, whilst we do very little to maintain either. We are none of us perfect, and I am far from having uncharitable feelings towards the weaker brethren; but, if we are to recognise the fact that we belong to an honourable profession, we ought certainly to do all in our power to keep up such a reputation. For example, we cannot disguise the fact that there are men in our profession, as in every other calling, who are addicted to drunken habits. I doubt whether we are, in any way, called upon to shield such men; on the contrary, I think it is our duty to our profession and to the public to afford them no protection whatever. Again, there are men who care nothing for their profession, who, having obtained a legal licence to practice, never advance a step further in their education in a profession which should be a lifelong study, who carry on their work in a very haphazard fashion, and are not beneath adopting all sorts of dodges for getting patients. I think it would be a misuse of the term charity to say that we should protect such men from the natural consequences of their worse than folly and ignorance. Do not misunderstand me. I speak only of those who err from vice, and not from mere defect of character. Surgeon-Major Evatt recently suggested, in a letter to the *BRITISH MEDICAL JOURNAL*, vol. i, 1884, p. 786, that there should be some internal discipline in our profession, illustrating his remarks by stating that "a clergyman, having been found guilty of drunkenness, was suspended from his functions for eighteen months by an ecclesiastical court;" and I think it would be well for our profession if such a suggestion could be carried out.

Let us "always remember that we have to sustain the reputation of our profession as well as our own; the reputation of the profession is the aggregate of the individual reputations of its members." "Under all circumstances, we should never forget two things: 1, our own self-respect; and, 2, the honour of our profession. The first is our duty to ourselves, the second is our duty to our neighbours." (Fothergill: *Practitioner's Handbook*.)

OUR RELATION TO MEDICAL CHARITABLE AID.—*Medical Charities*, as evolved by the various hospitals, dispensaries, etc., scattered throughout the country, is, I grant, a necessity; but it is one attended with many abuses, most of which exist at our expense, and to our detriment. "The interests of medical charities and private practitioners must, of necessity, be opposed," but we should claim it as our due from the managers of these institutions that this opposition should be reduced to a minimum. It is an undeniable fact that grave abuses are permitted to exist, unchecked, in the out-patient departments of most of our hospitals, more especially in London and in other large cities, although there are now, happily, indications that the managers of these institutions are putting their houses in better order in this respect.

I read, only a short time ago, of a place where, although the inhabitants were almost all poor people, owing to the happy absence of out-patient departments, provident and poor-law dispensaries, the medical men were able to get a living without resorting to the various unprofessional devices so common here. In this country, on the other hand, not a few hard-working, honest practitioners are deprived of many small fees, which rightly belong to them, by the indiscriminate attendance of patients at hospitals and dispensaries. This is not a pleasant reflection for the profession, the medical charities, or the public.

Medical charities and the Poor-law have done this much harm to the working classes: they have taught them, or helped them, to be improvident in the matter of sickness. Where is their independence of which we used to hear so much? Does it exist now? Let the working classes bear this truth in mind, that the "acceptance of gratuitous medical aid, without some feeling of shame, is frequently the beginning of pauperism" (*Lancet*, vol. ii, 1868, p. 494). The profession, however, is gradually arriving at the conviction that medical services given too cheaply, or gratuitously, are apt to be very inadequately appreciated.

It is altogether a pernicious principle, that a man need make no provision for medical attendance when sick. Is it not a common experience amongst workhouse medical officers to see single men, ill only a few days, admitted into workhouse infirmaries, who, when they were at work, earned as much as 30s. or £2, or more, a week? They live up to their income, much of it spent, probably, in drunkenness and debauchery. What would be said of the man earning £500 a year, and living up to his income, placing himself in a similar position? And yet, where is the difference between the two cases?

How frequently fairly well-to-do people who go from the country up to London, and get themselves, or some members of their family, attended at one of the hospitals, must be known to all of us. There are a great number of people who will avail themselves of gratuitous medical advice if they can get it, who, if they cannot do so, are ready to pay for it.

It is only a reasonable and fair demand to make, in the interests of our profession, that all hospitals shall be managed with the strictest care as to the admission of patients, more particularly out-patients, and that all provident dispensaries shall be properly safeguarded by adopting a strict wages limit of admission. Given the existence of a carefully managed provident dispensary in any town, all out-patient cases at the hospital or infirmary should be referred to it, and should not be attended in a second illness. All out-patients at hospitals should be compelled to pay a fee, however small, at each attendance, and all free dispensaries should be abolished.

There are a large number of people attending as out-patients at our hospitals, who, if they went to a private practitioner, would not incur a debt of more than 15s. or £1, perhaps not so much. Would anyone venture to assert that the majority of such people are not in a position to meet or discharge such a responsibility? The proof is all the other way. In places where hospitals do not exist, these very persons do avail themselves of our services, and they, in a large number of instances, pay their bills.

I know there is a tendency at many hospitals on the part of the officials to shirk the responsibility of refusing admission to the cases of which I am speaking, saying that they will give offence to the subscribers by so doing. This, I think, is a mistaken supposition. All that the subscribers care for, or ought to care for, is to see the institution carefully and economically managed, and doing the greatest amount of

good to the most deserving. For one subscriber who might be annoyed at his recommendation being refused, there would be many who would be pleased at the care taken that the funds of the charity should only be spent on deserving cases.

Provident Dispensaries are all the rage just now; but, unless very great care be taken in their institution and subsequent management, I think the time will come when the profession will regret ever having furthered their establishment. Provident dispensaries are, as a rule, I believe, abused as much as the out-patient departments of hospitals. I grant there are some exceptions; for example, I read that, at Camberwell, "the committee limit the membership to persons receiving a low scale of wages, thus preventing undue competition with the practitioners in the neighbourhood, and confining the benefits to persons who would otherwise be driven to the hospitals." (*BRITISH MEDICAL JOURNAL*, vol. i, 1884, p. 787). My idea of a provident dispensary which would be fair to the whole profession is this: let there be a strict wages limit of admission, confine membership to persons in receipt of low weekly wages, let their subscriptions go to a common fund, and when a member is ill, let him go to any medical man he chooses, and let the doctor's bill be paid out of the common fund, according to a recognised scale of charges.

Clubs, although, strictly speaking, not medical charities, may fairly be considered here. The evil of clubs, so far as we are concerned, seems to me to be this: any man, no matter what his wages are, can join a club, and membership gives him the right to claim medical attendance for from 2s. 6d. to 5s. a year. We have no control over the class of persons who are admitted to the benefits of a club. There is nothing to be said against any number of men, whatever their wages may be, joining together for mutual benefit when sick; on the contrary, such a system cannot be extended too largely. But there is every reason against a man earning, say, £3 a week, and belonging to a club, being medically attended for from 2s. 6d. to 5s. a year. It is notorious, however, that this man, as a rule, is the one who most insists on his rights, and who gives most trouble to the medical man. No member of a club ought to be permitted to subscribe to its medical fund if his wages are beyond a stated sum. A club should hold its own medical fund, and pay the medical man out of it for each case of illness, at an agreed rate. This plan has been tried, and found successful. It ensures fair remuneration for work done, and saves from 20 to 50 per cent. to the club. We should, by such an arrangement, be relieved from attendance upon the many trivial cases which require no medical man. There is a common saying amongst this class of patients, "I pay my money, and why shouldn't I send for the doctor?" I read an anecdote lately of a cook who gave her mistress notice to leave, and who said she thought she should go into hospital for a short time. The mistress expressed surprise, saying she did not look ill. "Oh, no," said the cook, "I am not ill; but then I have paid something to the hospital for some years, and I don't see why I shouldn't have some return for my money!"

OUR RELATIONS WITH HOMŒOPATHY.—I received last month a printed copy of an address by Dr. John Moore of Liverpool, entitled "A Bird's-eye View of Homœopathy in Great Britain, with especial Reference to the Hostility of the Medical Profession to the System: being the Presidential Address delivered at the British Homœopathic Congress held at Matlock, September 11th, 1883." It deals with the subject in the most amusing and comical manner. Briefly stated, its propositions are these.

1. Dr. Quin, who introduced homœopathy into this country, had the advantage of receiving his homœopathy direct from Hahnemann, and was a thorough man of the world, of most charming manners.

2. Homœopathy began its course in these islands in the very highest circles of society. This is not uncommon with most forms of quackery.

3. The great body of the profession waited for the decision of its leaders on this question.

4. As a specimen of the evidence in favour of homœopathy, he says, "A lady from Australia assured me she saved, by her book and box of homœopathic medicines, a litter of pigs which the 'Vet.' had condemned to be slaughtered!" There is evidence to be placed before a body of scientific men! Why, such is the kind of evidence we read in every advertisement of every quack medicine.

5. Great stress is laid on the fact of numbers of the laity "joining the homœopathic ranks;" as if such laity could possibly be competent judges of scientific truth.

Here is one final extract from this amusing address. "In one of the provincial towns with which I am acquainted, in which there is no resident homœopathic doctor, a druggist is dragged out of his shop daily to see patients."

If the homœopaths have no more reliable data for the truth of their principles (if, indeed, they have any left) than those laid down by Dr. John Moore, then indeed are they to be pitied. Such an address, to my mind, carries its own condemnation of homœopathy.

Now, for a few quotations on the other side. The late Dr. Anstie wrote: "Whilst its adherents are so far faithful to the traditions of their sect that they hold to the doctrine of 'similars,' the most advanced and intelligent have abandoned the system of giving infinitesimal doses, a practice which was quite as fundamental a portion of the true Hahnemannian doctrine as was the 'law of similars.' It is the strongest delusion to imagine that homœopathy has been steadfast on the Hahnemannian basis; for in fact it has been blown about with every wind of doctrine, and now only possesses a vicarious vitality by the deliberate sacrifice of that mystical portion of its doctrines—the infinitesimal dosage—which formerly was one of its primary attractions.

"That 'like cures like' was, we need hardly say, no invention of Hahnemann's; it was only one of many successive waves of mephitic vapours from the Stygian marsh of ancient metaphysical medicine.

"The underlying assumption that there are any such remedies as we can reasonably call 'opposite' or 'similar' to the disease for which they are used, either by orthodox or heterodox practitioners, is a naked fallacy; a member of the great society of intellectual begging-letter impostors too well known to the detective police of modern science to be much longer endured." (*Practitioner*, vol. iii, p. 173.)

Again, Dr. Anstie, in reviewing *The Present State of Therapeutics*, by Dr. J. Rogers, 1870, says, "It looks the fact of homœopathy fairly in the face. The results of homœopathic treatment are no better than those of the purely expectant method so long carried out in Germany, are greatly superior to the results of the heroic treatment of former days, but are inferior to the modern restorative treatment. The fundamental principles of homœopathy are the doctrine of similars and the dynamisation of remedies by dilution and succession. Great numbers of the abler homœopaths have admitted freely that it is impossible to get reliable results, in the treatment of disease, by adhering to the principle of similars in the selection of remedies."..... "The use of globules of the 30th dilution is still continued by many homœopaths, and there are even those who insist on the value of much higher dilutions. But it would be a waste of time to argue about the value of such ridiculous remedies, the more so as a large number of homœopaths have publicly declared their unbelief in the efficacy of any but the lower dilutions (1st to 5th); and, indeed, it is no secret that some of the ablest homœopathic practitioners in this country habitually employ doses of drugs which are very little inferior in strength to those prescribed by the regular profession. Hahnemann quite suddenly adopted the principle of using very small doses, at a time when the opposition of the German druggists (excited by his illegal practice of dispensing his own medicines) was making him anxious to discover a compendious method of preparing remedies which would render him independent of the tradesmen. Immediately before this time, he had been employing doses which most orthodox practitioners would consider very large." (*Practitioner*, vol. iv, p. 225.)

"The proper treatment of homœopathy is simple contempt. This is the treatment which it now receives at the hands of all sensible medical men, and which it is receiving at the hands of the public as they come to know more of physiology and of the nature of disease, and of the way in which its cure is brought about. Anything more utterly contemptible, or anything more at variance with common sense and medical science, cannot be invented by the credulity of man. We mean by homœopathy the system of Hahnemann. We know that quietly, but very extensively, this system is being departed from. Homœopathic practice is being sensibly approximated to ordinary practice. We should be sorry to see the slightest limitation to the liberty of homœopaths anywhere. But until they make a clean breast of the absurdities of Hahnemann, they must forgive us for declining any recognition of them or their philosophy. They have placed themselves in opposition to all that is sensible and true, and when they come to see that, they will be fit for reception into the fraternity of science. Till then, it is due to their great peculiarities that we leave them alone in their glory" (*Lancet*, vol. ii, p. 1868, 548).

"The apostacy of an unsuccessful practitioner (which Hahnemann was in his early days) may fairly be regarded with some degree of suspicion, and the theory which he propounded is not more likely to be true because it is quasi new, than one which has been judged of and accepted by the learned for many centuries" (*Lancet*, vol. i, 1866).

"The doctrine that all remedies produce, or are given to produce, abnormal action, is a relic of the past age of medical darkness, when the now justly exploded theory of allopathy was in vogue—an age which, for its sins and ignorance and lazy theorising, was followed by

homœopathy, and a hundred other quackeries which have come down upon us" (*Dr. Buzzard, Practitioner*, vol. i, 1876, p. 14).

Now, with all this, what should be our relation to homœopathy? I look upon a homœopath as a quack and a humbug, and for this reason. The large majority of them have given up most of the principles of Hahnemann, and simply put themselves forward as homœopathic practitioners, because they believe it will pay. I believe it is Carlyle who says "there are 1,300 millions of people on the earth, mostly fools;" and it is this foolishness from which the homœopaths reap advantage.

Can we meet homœopathic practitioners in consultation? How is it possible that two practitioners, holding entirely opposite views, can meet in consultation with any benefit to the patient? It has often been stated, in reply to questions in the medical journals, that the rule that practitioners do not meet homœopaths in consultation is absolute and universal, and I think you will agree with me in entirely endorsing that statement.

OUR RELATIONS WITH CHEMISTS.—The two points which I propose to discuss under this head are, 1, chemists acting as doctors, and prescribing for gain; 2, the dispensing of medicines by medical men.

On February 6th, I was asked to see a poor man's child, aged ten weeks, who was seriously ill. The history given was this—the mother had taken the child to a certain chemist, notorious for his practice of "invading the province of the doctor," who gave it medicine without examining its skin, on which there was a rash. The child was taken to him again on February 3rd and 5th, and on each occasion he prescribed for it after seeing the rash, saying on the 5th that if his medicine and a dose of castor-oil did not do the child any good, the mother had better take it to a medical man. This child was suffering from severe constitutional syphilis, and died at ten o'clock, on the morning of the 7th, before specific remedies could have any effect upon it. I often wonder what sort of conscience such a man can have. He must have none at all, or be full of overweening conceit. Here is a man who has the audacity to take in hand the treatment of a case of syphilis, which, as his treatment showed, he could not possibly have diagnosed, and the child dies, I say, for the want of proper treatment. If such a man be not guilty of manslaughter in the eye of God and of the law of the land, I fail to see under what circumstances any man would be.

Here is another case. A man suffering from thæcal abscess in its early stage, consults the same chemist, who undertakes the treatment of the case; and the result is that the patient loses the end of his finger, only going to a medical man when it was too late for him to do any good.

Such instances might be multiplied by thousands.

Now, as a profession, we have every right to protest against this kind of practice by chemists; nay, we should do more than protest; we are justified in putting a stop to it by every legal means in our power, and for two reasons.

1. We are, in a sense, the custodians of the health of the people, and should be jealous of their falling into untrained hands when suffering from disease. It has been asserted that people should take care of themselves, and that, if they are fools enough to go to chemists when ill, any resulting mischief is of their own seeking. "Such an argument would equally serve for the suppression of the police, or the abrogation of the law of felony," or of the sanitary laws. I would make this one remark here: there is some excuse for the public, for they think, not unreasonably, perhaps, that because a chemist is educated in the matter of drugs, he must know something of the treatment of disease; which is something like saying that, because a man is a good bricklayer, he should be able to plan a house or a church. This is a fallacy, of course, but it is one which makes the act of a chemist undertaking the treatment of disease all the more wicked.

2. The other reason is, the practice of medicine is our profession; we have been educated to it, we have paid heavy fees for that education, and, on this ground alone, we have every right to claim a remedy for the abuse I am speaking of, namely, the practice of chemists undertaking the treatment of disease. I have little to say against that practice, much akin to the domestic physicking of our grandmothers, aunts, and other kind and sympathising relations and friends, made up of such items as a mixture for the headache, a diarrhoea-mixture, something for the worms, a tonic, something for indigestion, a healing ointment, and so on, usually asked for in so many words by the sufferer. Last year, an individual was brought before Mr. Fowler, stipendiary magistrate for Swansea, charged with writing a letter, purporting to be from a solicitor. Mr. Fowler, in giving judgment, said: "It was of the very utmost importance that no

intrusions should take place into the profession of the law. The law was a profession in which no man could embark or work without a guarantee of qualifications obtained by hard labour and much expense, and it would never allow any trespassing, or any poaching, he might call it, upon that learned and most important profession. This was, as he thought, an unfortunate attempt to trespass upon the domains of the profession, and he should view any attempt of the kind with the greatest jealousy." He fined the defendant £5, including costs. Surely, if such remarks are applicable to the profession of the law, they are doubly applicable to that of medicine, where the lives of people are at stake.

I may here fitly speak of the Medical Act Amendment Bill, now before Parliament, so far as it relates to the matter I am now discussing. Whilst that Act makes it penal for any unqualified person to represent himself as a qualified and registered practitioner, and renders it impossible for any unqualified person to recover fees in a court of law, it did not appear, until quite lately, that it made the practice of our profession for gain by such persons, including chemists, illegal. I have had frequent correspondence with Dr. Waters, of Chester, Chairman of the Parliamentary Bills Committee of our Association, on this point. Mr. Upton, the Solicitor to the Association, distinctly states (JOURNAL, vol. i, 1884, p. 1109) that the Bill proposes to enact that prosecutions under the Act may and can be instituted in respect "of any person who, not being a registered practitioner, practises, or professes to practise, for gain, or receives payment for so doing, or represents himself to be a physician, surgeon, doctor, or apothecary."

It has been said that chemists have a fair grievance against us, in that we dispense our own medicines. Now, the dispensing of medicines to our own patients is a necessity—perhaps an irksome necessity—which cannot be got rid of until we have reformed some matters which, under the practice of prescribing, are a great hardship to the profession.

1. Chemists must charge a great deal less than they do at present for dispensing prescriptions. I sent a poor woman to a chemist with a prescription of half a drachm of tincture of aconite in four ounces of water. She took her own bottle, and he charged her 8d.

2. The prescription, which, in general practice, at all events, is the property of the prescriber, should be retained by the chemist, without being entered in his books, and returned to the prescriber, unless otherwise directed by him.

Or, 3, no prescription should be dispensed a second time without the signature of the prescriber, unless otherwise ordered by him.

When there is a clear and honest understanding on these points between our profession and chemists, or when defection from them is made illegal, and not till then, can the giving up of dispensing by us come within the range of practical professional politics.

If these points may fairly be granted, it may still be argued that, where a patient consults a physician or surgeon, and pays him a guinea, the prescription rightly belongs to the patient. I would say "No," except to this extent: the prescription is given to that particular patient suffering from a particular malady, and so far may be considered his property, but no further; it is not applicable to him at any other time, nor to his friends at any time. If the third point which I have mentioned were the rule, any abuse here would be remedied. I have recently read of a prescription given by a physician, for which he received one guinea, being dispensed as many as two hundred times without his ever being consulted again. The loose way in which our prescriptions are made use of by the public has done an incalculable amount of harm, and has even, in some cases, led to fatal results.

Here is another instance of abuse. "A patient subject to recurrent gout, who used to afford me an income of about £30 a year, has, since I gave him a prescription for a 10s. fee, not been near me for three years. I meet him occasionally, and he salutes heartily sometimes, with 'A famous prescription that of yours, doctor; it cost me only 10s.; and I always have it made up when I feel the gout coming on, and it always cures me.' What is worse is, that he has given the same prescription to all his gouty friends, whom he would otherwise have recommended to me; and even the chemist makes it up now, and sells it as his 'famous gout pills and mixture.' Thus, for 10s., I have sold an income of, say, £50 a year; and I am not consoled with the reflection that the patient and his friends are really better off; for, though they are saving money, they are all, in all probability, abusing my alkaline colchicum mixture, and injuring their constitutions. But this warning they disregard, and consequently we are both probably worse off than we should have been if I had steadfastly refused to depart from the old ways." (BRITISH MEDICAL JOURNAL, vol. ii, 1875, p. 485.)

In America, it is a general rule that the prescription is the property of the prescriber, and it is not again made up without being signed by him.

There is, doubtless, a good deal to be said on both sides of this question. A correspondent in the BRITISH MEDICAL JOURNAL, vol. i, 1883, p. 89, wrote in defence of our dispensing our own medicines, and his observations are worthy of notice. He says: 1. "I believe that, in dispensing my own medicines, I benefit my patients in several ways: Their ailments are not made public property; they consult their medical adviser, and with him it is only right their confidence should terminate. To relieve ourselves of a burthen by an arrangement detrimental in any way to our patients' interests, is not consistent with the honour and integrity of our noble profession."

"2. There are many advantages to be derived from personal supervision."

"3. It is difficult to see why it should be more derogatory to a physician to dispense his own prescriptions than for a surgeon to carry out his own operative treatment. Besides, to talk about its being *infra dig.* to dispense our medicines, when it can be shown to be for the direct benefit of our patients, but tamely submit, at an accouchement, to outrages upon every sense, because our patients would suffer from our neglect, is a palpable inconsistency. I believe it would be a great loss to the public, and but small gain to the profession, were dispensing practice to exist no longer. At present, there is great danger of the physician degenerating into a cross between a cook and a sanitary reformer."

There is this to be further said in favour of our dispensing our own medicines: mistakes are not so likely to occur. By making up our own medicines, or by employing an assistant to do so under our direction, there is a security against error which does not exist when we give a prescription to be made up at any chemists.

Apart from the mere ethical question of dispensing our own medicines, there is no doubt that, to the hard worked practitioner who keeps no assistant or dispenser, such mechanical work is a great drudgery, and a burthen not serenely put up with. The only remedy, under the present state of the law, seems to me to be to arrange with some chemist to do one's dispensing, pay him for the same; the prescriptions being retained as our property.

ON LANCING THE GUMS.

Read before the Medical Society of London, November 3rd.

By EDMUND OWEN, F.R.C.S.,

Surgeon to the Hospital for Sick Children, Great Ormond Street.

THERE are two reasons which, to myself, at least, seem good, for my venturing to bring this short communication before you this evening. The first is, that I have but a slight practical acquaintance with the subject; the second is, that if the question have the real importance which it was formerly considered to have, the sooner one puts oneself in the proper course the better. With a due regard to these two objects, I will prefer to throw out suggestions for any discussion that may ensue, rather than attempt to draw conclusions, or advance any theory of my own.

Not many years ago, almost every practitioner carried a silver lancet-case, where now he would carry a thermometer. The lancet then seemed to be used for severing every clinical knot in the maladies of infancy and early childhood, which he was not able to untie.

Steadily has the thin-bladed instrument fallen into desuetude. Its place has been filled, I regret to say, by various blades, which, whether used for lancing the gums, for venesection, or for the opening of abscess, are far less suited for the purpose. But to sigh over the sepulchre of the lancet and the leech (for they lie together in the same dark tomb), is not to answer the question as to why the gums are now so rarely lanced. Has an improved condition of gum been evolved as the result of countless years of scarification? Has the process of dentition changed, or have our capabilities in clinical work improved? This last speculation is, I think, worthy of attention; but I am loth to admit it in its entirety, lest one should seem thereby to depreciate the scientific acumen of those many clear-headed and outspoken practitioners who have gone before, and with whom, in their writings, it is often both a pleasure and a profit to dwell.

Dr. Combe, in *The Management of Infancy*, remarks that, in the second stage of dentition, the gums are very painful, and marked with a pale or bright red elevation. He continues, that the infant "snatches at everything, and retains nothing. Nothing pleases