RECOLLECTIONS OF A LONG PROFESSIONAL LIFE—1844 TO 1904.

By LOMBE ATTHILL, M.D.,

EX-MASTER OF THE ROTUNDA HOSPITAL, DUBLIN; AND EX-PRESIDENT,
ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

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A few months later I moved to Dublin, little realizing the difficulties and trials which lay before me, and least of all anticipating that I would attain success as a practitioner in that city. My idea was to study for a couple of years, and then, having attained a better knowledge of my profession, to seek an opening in the provinces or in England. Looking back over the fifty-eight years which have since elapsed, I can hardly understand how I managed to maintain a respectable appearance and support my wife and family—for I married young—during the first ten or more years, for so slow was my progress that it was not till my tenth year that I earned a clear £100 a year by private practice, and twenty ere it reached £1,000.

Of course, I was most anxious to obtain an appointment which would bring an addition to my very limited income, and afford me an opportunity of gaining experience in the treatment of disease; so, soon after coming up to town, I became a candidate for the post of assistant physician to the South Dublin Union Hospital. I was the more anxious to get this because my ambition had always been to become a hospital physician. There were some thirty candidates; one of my supporters had to leave before the last vote was taken, and I lost the election by one vote. That one vote determined my future career, for Dr. Charles Johnston, whose pupil I had been when he was Master of the Rotunda Hospital, thereupon offered to obtain for me the post of assistant to the then Master of the hospital, which was shortly to be vacant, it having been promised to his son, who, however, now had resolved to give up medicine and enter the Church. And though I had always disliked midwifery, I felt that it would be unwise to refuse such an offer. So I availed myself of it, and in November, 1851, entered on my duties as resident assistant to the then Master.

The Rotunda Hospital in 1851 was very different to what it now is. It was then a lying-in hospital, pure and simple, without any extern department, and although there was a ward nominally for the reception of cases of uterine diseases, such were seldom admitted, and, if admitted, were speedily discharged, for nothing was then known as to the nature of such, or how they should be treated; no doubt a Ferguson speculum was occasionally introduced into the vagina, and if the os uteri was abraded we were told it was "ulcerated," and it was brushed over with nitrate of silver solution—that was all the instruction I ever received as to the treatment of those diseases which are peculiar to women.

There were twelve lying-in wards, each containing ten beds, there were also small wards opening off these into which cases of serious illness were moved. Each of the large wards in turn became "the labour ward," into which the patients were admitted till all the beds were filled. The bedsteads were wooden, all of hard old oak, and although they were probably a hundred years old, were perfectly sound and good, and quite free from bugs, etc., which was remarkable, seeing that the patients were mostly of the lowest class and, in general, very dirty. The bedding was somewhat primitive, the mattress consisted of a coarse canvas bag filled with clean straw, over which was laid an under blanket and sheets. This made by no means an uncomfortable bed. The straw was taken out and clean straw put in as each patient was discharged or removed to another ward, which always took place on the eighth day after delivery, but the sack which contained the straw was not washed with any regularity, nor were the blankets; these were, however, well aired, the ward and bedsteads were scrubbed, windows opened, and the ward

thoroughly cleaned and ventilated for one or more days before another batch of patients came in.

The patients were delivered on a small bed termed "the couch" and then carried to their beds. The diet was gruel, bread and tea for the first five days after delivery, then broth was given for dinner; and so it remained till I became Master, when I was enabled to change the diet, and broth was given from the first, and meat on the fourth or fifth day. It must be borne in mind that sixty or seventy years ago no air was admitted into the lying-in chamber in private practice; and there even light was excluded, that nothing but warm drinks were given for several days, and that the patient was always perspiring. In the old authors will be found learned discussions on the treatment of "miliary fever," and a description of its peculiar rash, till at last someone discovered that all this was due to the long-continued sweating! The practice in the hospital was therefore much in advance of that generally followed in the case of private patients sixty years ago, at any rate in Ireland.

The mortality was wonderfully low. I kept, and still have, notes of every case admitted during my term of office. I find that in the first year 2,100 patients were admitted, with only 11 deaths, the majority of these being due to causes quite unconnected with parturition, such as phthisis, etc., or other forms of organic disease, 2 died from convulsions, and so on, but not one from any form of "puerperal fever," which was the term applied to all cases of what would now be classed as "septicaemia." Nor was it till nearly the end of my third year as assistant that I saw any of these terrible cases. Then about a month before my term of office expired a terrible outbreak of it occurred. There were many deaths, and the hospital was closed for a short time.

I have often since wondered at this long immunity from septic disease. The patients were of the lowest class and admitted without any recommendation or previous examination; consequently more than once scarlatina showed itself immediately after delivery, but no death from this cause occurred, nor did it spread in the hospital.

In the hospital itself no precautions whatever were taken either by pupils or nurses. The number of pupils was unlimited; there were generally about eight or ten internal and a large number of external pupils always on the roll. Six or eight, often more, being on duty together for twelve hours. These made vaginal examinations as often as they liked, none thought of washing hands before doing so. There was a table with two basins on it for the use of the pupils, and a tub stood near it on the floor into which the basins were supposed to be, but not always were, emptied after being used, and things so remained till I became Master in 1875, when one of my first acts was to get water laid on to each of the wards with proper lavatory arrangements, and the posting up of a notice that pupils "must wash their hands before making an examination," and rinse them in a solution of carbolic acid supplied for the purpose—rules I found very difficult to enforce; indeed, they were ridiculed.

The forceps when I was a pupil attending the hospital, 1846-7, were rarely, and, so far as my personal observation went, never, applied, the rule being that before doing so the child's ear must be felt. Consequently, patients were allowed to linger for much more than the twenty-four hours fixed by Denman as the limit of "natural labour," with the result that, after lingering for hours in agony, the poor patients, whose cases were then classed as "difficult," were delivered with the crotchet, the skull first having been perforated and head lessened. No doubt, in the vast majority of cases the child was dead previously, but this could not have been always the case. But though, as a result of the long pressure of the head on the soft parts of the pelvis, sloughing from time to time occurred, and though sometimes vesico-vaginal fistulae formed, still the patients, as a rule, made wonderfully good recoveries; and I am of opinion that more injury to the mothers has followed from the undue frequency, indeed recklessness, which became the fashion in subsequent years with regard to delivery

by means of the forceps, than from the timid practice of the followers of the "judicious Denman."

During my term of office as assistant (1851-4) the forceps were more frequently used by the then Master, a most amiable, kind-hearted gentleman, but one of the old school of practitioners, painstaking to a degree, and most anxious for the welfare of the patients under his care, very kind to them, and loved by them, and very kind to me. In speaking of the use of the forceps by him, it must be borne in mind that I refer to the "short forceps," which I should think are unknown to the present generation, and which was a most inefficient instrument; it was not till later that the long forceps, of the pattern introduced by Dr. Robert Barnes of London, came into use with us.

Then there was no extern maternity department, properly so called. Pupils were not prohibited from attending the poor at their own homes, as occasionally requests for such were made, but they were not encouraged to do so. It fell to my lot to establish and regularly organize the extern department, when I became Master, although my doing so was opposed by some of the governors, led by my predecessor in office.

As the assistants received no salary they were permitted to engage in private practice, and several, both before and since my day, succeeded in making a moderate income while residing in the hospital; but in this respect I was very unfortunate. No doubt I looked even younger than I was, and I had no professional friends to help me. At any rate, I had very few patients, and from those I managed to get received but scanty remuneration, making only about £10 in fees during my first year and some £30 during my third and last year there. Nor did I fare much better on setting up house when my term as assistant had expired, for so slowly did I progress that some seven more years elapsed ere my private practice yielded £100 in any year—in other words, till I had been quite twelve years qualified.

These were years of great anxiety. I had married early in life, children came, and it was absolutely necessary to maintain the appearance of a gentleman and to reside in a good district. By the observance of the strictest economy I succeeded in keeping absolutely free from debt; but to make the two ends meet I had to take pupils—a thing very uncongenial to me. Twice I entered into negotiations with the view to a partnership in England, and on the second occasion had decided to close on the offer made me, but on my wife's urgent request agreed to wait for another year. Ere it elapsed things looked brighter, but still my progress was very slow.

The great drawback to the post of "assistant" in the Rotunda Hospital is that it can be held but for three years, at the expiration of which all connexion with the hospital ceases—unless, indeed, after the lapse of years the holder becomes fortunate enough to be elected "Master," which can be attained by only one out of every five or six ex-assistants. Fortunately for the present generation, all the Dublin hospitals have now a gynaecologist on their staff, and these posts are, as a rule, filled by ex-assistants of the Rotunda; but as gynaecology did not exist as a department of medical science in 1854, when my term of office expired, I felt keenly being cut off from all hospital work. I tried to induce the governors of the Meath Hospital to appoint me as a specialist in the diseases peculiar to women, to treat only patients in the extern department of the hospital; but the medical staff would not hear of such a thing. The medical board did, indeed, appoint me "consulting obstetrician" to the hospital, but would not permit my name to appear on the list of medical officers, nor could I see any patient unless sent for by some member of the staff, so that the appointment did me no good.

A year or two after my term of office at the Rotunda expired, a gentleman now dead asked me to join him in carrying on as a dispensary an institution which had for a time been a kind of ophthalmic hospital, partly supported by subscriptions, but mainly by the gentleman who was the ophthalmic surgeon to it and by whom it had been started. It was to be a rather unusual kind of an institution, for it was to be open

three mornings in the week as an ophthalmic dispensary, and on the other three to women suffering from some form of uterine trouble. I accepted the offer, and there for several years I treated this class of patients—I fear without greatly benefiting them, for I was very ignorant, but I acquired by degrees knowledge and experience.

At this time I made the acquaintance of the late Dr. George Kidd, who, having studied in Edinburgh under Sir James Simpson, then coming into note, settled in Dublin, and had become attached to the Coombe Lying-in Hospital as assistant shortly before I joined the Rotunda. More fortunate than me, the Board of the Coombe created for him the post of gynaecologist to the hospital, and so he continued to be attached to it. He commenced to practise what he had learnt from his distinguished teacher, and invited me to see his operations, etc. I gladly availed myself of these opportunities, and learnt much. We became fast friends, and though in after-years we were to some extent rivals, from the fact that we pretty well for a long time divided between us the gynaecological practice, not of Dublin alone, but of the provinces also, our friendship terminated only with his death. When one of us went for a holiday, the other always looked after his private patients.

There were at this time existing in Dublin three societies established with the view of advancing medical knowledge. The oldest was the "Surgical Society of Ireland." It held its meetings in the College of Surgeons. The papers read there were often interesting and the discussions frequently very "lively," for there was no little rivalry amongst its most active members, and personalities were not infrequent. I of course became a member of it. Then there was the "Medical Society of the College of Physicians," which met in the College Hall, at that time located in Sir Patrick's Dun's Hospital and now transformed into the theatre of the hospital, it having been handed over to the governors by the college when their new building was erected in Kildare Street in 1861. The meetings of this society were very decorous.

Thirdly, there was the "Obstetrical Society," instituted mainly by Dr. Evory Kennedy, about the year 1835. It held its meetings in one of the public rooms attached to the Rotunda Hospital. All these societies, along with the Pathological Society, established much later, are now amalgamated to form the "Royal Academy of Medicine of Ireland."

I was a regular attendant at the meetings of these societies, and began after a little to contribute papers. I fear of very little value, to the Obstetrical Society, and in time became an active member of it.

The leading obstetricians in Dublin in 1855 were Dr. Evory Kennedy, who soon after retired from practice; Dr. Montgomery, Professor of Midwifery in the School of the University of Dublin; Dr. McClintock, the then Master of the Rotunda Hospital; Dr. John Denham, who succeeded him in that post six years later; Dr. Ringland and Dr. Kidd, both of whom were attached to the Coombe Hospital. I was much younger than any of these. In 1860 I was elected a Fellow of the College of Physicians, and the same year appointed Registrar of the College, an office which must be held by a Fellow. I filled it for eight years, and on resigning it was at once elected "Censor."

Sir Dominic Corrigan was at that time President of the College, which, as already mentioned, was located in the central part of Sir Patrick Dun's Hospital. Not alone was there insufficient accommodation in the building for college purposes, but it was both undignified and inconvenient in its site, so Sir Dominic determined to mark his presidentship by inaugurating, and as it proved successfully carrying through, a movement to transfer the college to a better site.

Just at this time the members of the Kildare Street Club were erecting a new club-house at the corner of Kildare Street and Nassau Street, and their old premises being for sale Sir Dominic purchased them on favourable terms, and then offered them to the college for the price he had paid. This very liberal offer was at once accepted, the money needed being raised in a few days amongst the Fellows; but before

the club had vacated the premises the old building took fire and was burnt down. It was, however, insured for its full value, and instead of an old building which would have needed a heavy outlay a large sum of ready money came into the hands of the building committee and the present handsome building was erected. All this entailed on me, as Registrar, a great deal of work.

The College of Physicians, then known as "The King and Queen College of Physicians," from the fact that its original charter had been granted in the reign of William and Mary, was virtually refounded by Sir Dominic. Before 1858 very few took its Licence. This was due to several causes, the chief one being that a qualification in medicine was not required for any medical appointment except in the case of a few fever hospitals, the Licence of the Royal College of Surgeons being deemed sufficient for all others. Then there was £25 stamp duty to be paid to the Government on the Licence when granted, in addition to the college fee of £30, while at that time the degree of M.D. was obtainable on the easiest of terms from more than one of the Scottish universities. All that has been changed. The stamp duty was, mainly through Sir Dominic's influence, remitted, and the college at the same time reduced its fee from £30 to £15 15s., at which it has since stood. A very large number of candidates at once offered themselves for examination, most of them being Licentiates of one or other of the Colleges of Surgeons, certain special concessions as to curriculum, etc., being made in favour of those of a certain standing. Many of the candidates were men of mature age, some quite old. I as Registrar had to be present at all examinations. Some of these were interesting, while occasionally the answers were very entertaining. I recollect one case well, that of a gentleman who had been some fifteen years in practice. He had charge not alone of a large dispensary district in the West of Ireland, but also of the poorhouse and fever hospital. He came into the hall with quite a jaunty and self-satisfied air which the result proved not to have been warranted.

The examination of these senior men was altogether viva voce, and the examiners usually commenced by asking these senior candidates if they had recently treated any case of some disease—say, for example, of pneumonia—and on receiving an answer he would be asked what were the symptoms he had observed, his treatment, etc. The examiner in midwifery on this occasion asked the candidate if he recently had met with any case of difficult labour. "Oh, yes, and a very bad one." "What was its nature?" was asked. And as promptly came the reply, "One of anthroversion." The examiner, somewhat perplexed, asked what were the conditions and symptoms peculiar to the case. "Oh, those of anthroversion," he replied; and though the question was put in various forms no other reply could be extracted. Finally, the examiner gave it up and asked, "Well, how did you treat this difficult case?" "Well," he said, "as soon as I saw what a bad case it was I sent for another doctor." His astonishment was great when he learnt that he was rejected, which he was by the unanimous vote of the five examiners. But the majority of the candidates were well-informed men, though they could hardly have been called learned. The number of rejections was considerable, but most of the rejected, I fancy, obtained a licence in medicine elsewhere.

Personally, I owe much to my connexion with the college and to the kindness of the Fellows. I held the office of Registrar for eight years and then was elected Censor, and then after some years was Vice-President, and in 1888 was elected President; subsequently I was Treasurer for many years, and finally for fourteen years represented the college on the General Medical Council. Old age and its accompaniments made me in 1903 feel that I could not with satisfaction to myself continue to fill that post any longer. Of the kindness for so many years received from the Fellows of the College of Physicians it is impossible for me to speak too gratefully.

(To be continued.)

LAVATORY ACCOMMODATION AT RAILWAY STATIONS AND TEASHOPS.

A SHORT time ago a well-founded complaint reached us with regard to the lavatory accommodation for ladies at a certain railway station, and on addressing a few inquiries to persons likely to be well informed on the subject it was found that the conditions at the station in question, though possibly rather worse than is common, were in their broad characters no exception to the general rule. That there should be defects in this direction was not, on the whole, very surprising, as even in men's lavatories at railway stations the accommodation is by no means always above reproach; but one was not prepared for such a state of affairs as that revealed when definite inquiry into the matter was set on foot.

This has made it evident that the watercloset accommodation at stations and other frequented places is habitually of a very nasty character, and that women have been suffering in this direction for many years past, but have been silent on the subject for easily comprehensible reasons. The net outcome of the inquiry is summed up in the following lines.

As for the reliability of the data, their accuracy and freedom from exaggeration, it should be stated that the informants are none of them persons of a hypercritical class. They are women accustomed, it is true, to the refinements of better-class households, but equally acquainted with the conditions prevailing in public places. Most of them are ladies who have, in short, both the ordinary experience of women of their own class and in addition the special knowledge born of work in various public capacities which take them into institutions of all kinds. They are thus good judges of how far the accommodation in question falls short both of what is desirable and of what is readily feasible.

THE NATURE OF THE ACCOMMODATION.

The evidence shows that though there are considerable variations on different lines and at different stations, the accommodation throughout the country falls very considerably below the right standard, and is often disgraceful to the companies concerned. The accommodation is defective sometimes in point of maintenance and administration, sometimes of structure, often of all three.

Structure.—The waterclosets frequently communicate direct with waiting and tea rooms, and even when there is an intermediate lobby cross-ventilation is not provided.

The cabinets themselves are so dark that it is often impossible to detect at a glance whether they are cleanly or the reverse, or even to find the seats; if provided with any windows at all, such windows are hermetically sealed; if and when other ventilating arrangements are provided, they are commonly out of order. The pans are of varying type, very often old-fashioned; wood-encased high seats are almost universal. Occasionally the pans communicate with cesspits; others are of the long hopper type, and plug pans are not uncommon. So, too, are defective flushing cisterns, with the result that the pans cannot be cleared, even when they will hold water.

Maintenance.—The seats are commonly not only soiled but foul, and the walls dirty. Even when a woman is placed in charge of the closets things are not as they should be. She generally has something else to do as well, and at a busy station cannot keep abreast of the work, especially when the closets themselves are structurally defective. Nor is the outfit with which she is provided adequate, if she is not content to wipe seats with a dirty cloth; she can be seen sometimes to wash such cloth in a lavatory hand-basin.

At many stations no woman attendant is provided, all doors open on the penny-in-the-slot system, and the closets either receive no attention at all, or are once a week or so cleared out by a porter.

In any case the net result is bad, whether the closets are under the care of a woman or otherwise, and they are exceedingly unpleasant places to have to visit. It is not denied that lack of nicety on the part of some visitors is a factor in the situation, but with perfect reason it is pointed out this should be anticipated, and the arrangements made be such as to facilitate cleanly usage by persons of all classes, most of them pressed for time, and all more or less heavily clothed.

In respect of access, payment where a woman is in attendance is always expected, and most cabinets only