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.

(Concluded from page 150.)

VERY different was his contemporary, Sir Dominic Corrigan. Dr. Alfred Hudson—who for many years enjoyed a large practice, and was loved by all who knew him—called Stokes “the poetry” and Corrigan “the prose” of medicine—a most apt phrase.

Corrigan had for years the largest practice in Ireland. He was very particular about his fees, and necessarily so, for a large number of the patients who thronged his waiting-rooms were members of the lower middle class from the Irish country districts, who not infrequently tried to evade paying the fee. An amusing illustration of this came to my knowledge in this manner:

I was elected Registrar of the College of Physicians at the end of Sir Dominic's first year's tenure of office as President. It was a very busy time with me, for the building of the new college had just commenced, in which the President took an active interest, and he directed me to report to him every matter of any importance which might occur in reference thereto, or any college matter I might want advice about, so I not infrequently called at his house during his consultation hours. I used to wait in the hall till the patient came out of his study, when he always saw me at once. His manservant, who had been for some time in his service, used, while I waited, to entertain me with various scraps of semiprofessional news. Calling one day, I found this man gone and a new man in his place, with whom I had a chat. About a fortnight elapsed ere I called again, and on doing so I said, “I hope you are getting on well.” “Oh, no,” he replied, “I am leaving to-morrow.” Asking the cause, he told me this story: “It was a simple thing,” he said; “there were a great lot of patients waiting to see the doctor the other day, and amongst them a lady from Cork. Well, the doctor had to go away before he had seen them all; this lady was among those left and was greatly put out, saying she had come all the way just to see him. I said, ‘Don't mind; come early to-morrow and I will take care you see him at once.’ Well, she gave me a shilling, and I put her in first the very next day. All went on well till she was leaving the study without giving the fee. So the doctor says, ‘My fee, ma'am.’ ‘Your fee,’ says she; ‘did not I give the man in the hall a shilling?’ He called me in and asked me was this true, and I said it was, and he gave me warning at the minute; but, you know, the place would not be worth holding if it was not for what the patients give.” I burst out laughing, and at that moment the study door opened, and Sir Dominic, hearing me laugh, asked what it was about. I told him, and he said it was quite true, and joined in the laugh himself.

No doubt it was usual for doctors' servants to look out for tips from patients, but for this woman coolly to pretend that she thought a shilling given to the servant constituted the doctor's fee is a good illustration of Irish character amongst a certain class, and their “cuteness” in finding an excuse to try and evade paying the debt.

But such meanness is far from being universal. Personally I have no reason to complain of patients of the class I have spoken of; they generally dealt fairly with me; indeed, the very opposite principle influences some—namely, that unless the doctor is paid an adequate fee he would not do his best for them. Thus, on one occasion, a woman of evidently quite the poor farmer class was ushered into my consulting room. She came from a remote district in Connaught, wore neither bonnet or hat, merely the customary shawl over her head. I soon

detected that her case was hopeless; she suffered from carcinoma of the uterus in such an advanced stage that I feared she might die ere she reached her distant home. So I advised her to return the next day, and that I would write to the local doctor, though she had not brought any introduction to me. She thanked me, asked me my fee, and paid it, asking, further, what the fee would be the next time she came. I said that as she had not, I presumed, much money to spare, I would not ask for any fee the next time, adding that I strongly advised her to return home at once. She withdrew, and another patient was ushered in, on whose departure my servant came in, and said that the country woman wished to speak to me again, when she said she thought me very kind, but that she wished to remain in town, and that she preferred paying the “regular thing”—that is, a guinea—every time she came to me. Suspicion is a very strong characteristic of all classes of the Irish peasantry.

Sir Dominic Corrigan died rather suddenly while still in active practice. The Fellows of the College of Physicians elected him President five times consecutively, an honour never previously conferred, and which he fully deserved, for it was through his instrumentality the present handsome college was erected, and to the end of his life he took the greatest interest in all college matters. To me he was the kindest of friends.

Sir Henry Marsh, though an older man, was a contemporary of Stokes. He had a very large and fashionable practice; was fond of show; kept a number of handsome horses and for coachman the best whip in Ireland; he always dashed through the streets at a great pace, which had it not been for the skill of his coachman would have been dangerous. He was not genial like Stokes, and probably, from his somewhat distant manner, not popular amongst the rank and file of the profession, though liked by his personal friends, whom he sought chiefly amongst the aristocracy.

Dr. Thomas Beatty, who had a very large midwifery practice, was one of the most popular men of his day; he was alike a favourite with members of his profession and with public and with his patients. He was a fine-looking man, with a ruddy, hairless face; had a beautiful though not strong voice, and sang sweetly; was full of amusing anecdotes specially relating to medical men of a previous generation, told to him by his father, who also had been a medical practitioner, of his contemporaries; in fact, he was a regular raconteur, and in all respects a delightful after-dinner companion. I regret that I have now forgotten most of the stories I heard him relate, but the following I can give correctly.

Mr. Solomon Richards, who died in 1819, was in his day a leading Irish surgeon. He had the reputation of being the fattest and biggest surgeon in the United Kingdom. Ireland at the beginning of the nineteenth century was in a most unsettled state—even the roads about Dublin were not safe after dark, robberies and even murders not being uncommon.

Well, Richards was called on to perform an operation near Santry, a village some ten miles from Dublin, and was detained with the patient till long after sunset. It was winter, and he was returning in his carriage, having with him a Dr. Obré, who had called him in, a physician at that time in good practice, and who was as spare and insignificant as Richards was the reverse. Suddenly the carriage was stopped, and a footpad, opening the door on the side next which Richards sat, presented a pistol and demanded his purse. Richards, begging him to lower his pistol, handed him the purse, and then his watch, which the robber demanded. Then followed the demand: “Have you anything else?” “Yes,” replied Richards, “here is my case of instruments,” handing them out promptly. All this time Obré was concealed—hid by Richards's huge frame, which, in the dark, seemed to fill the carriage—and the footpad, not observing him, called to the coachman to drive on, but Richards stopped him, saying: “Oh, no; not till you speak to my friend on the other side of me.” So

Obré, too, thus pointed out, was relieved of his money and watch. Then the robber politely said, "Good night." But Richards was not yet done with him, and said: "My friend, you would not have got that gentleman's money if it had not been for me. Now, my instruments won't bring you ten shillings in Charles Street (a street which was, and still is, the mart for all kind of second-hand tools and iron), while to me they are of value. I think you might give me them back." "Well, I will," was the prompt reply, and the case was handed in. "One word more," said Richards, "you will get very little for that old watch. I care for it because it was my father's. Let me have it." "Well, you are a decent fellow," said the robber, "here it is." Then they drove on. Obré then, in great anger, broke the silence, and in unmeasured terms abused Richards, declaring that it was mean of him to point him out, as otherwise he would have escaped. Richards let him talk for a while, and then quietly said: "Do you think I was going to allow you to boast in the club to-morrow how well you got off while Richards was robbed? Oh, no; if I was to be robbed you must be also." Dr. Beatty assured me that this story was strictly true.

Beatty was not only good company but enjoyed a good dinner thoroughly, and, to secure good care for himself at public dinners, made it a rule to tip the waiter beforehand liberally. He told me the following amusing incident in connexion therewith:

The dinner was at the Mansion House, where in old days hospitality was lavish. Everything was good and plentiful save that Beatty had some difficulty in getting as much bread as he wished for; and, having had to ask for a fresh supply of it more than once, apologized to the waiter, saying, "You see, I eat a deal of bread with my meat." "Yes, sir," replied the waiter, "and a deal of meat with the bread."

Everyone liked Beatty, and we all felt much regret that his declining years were saddened. First his wife died; then his only daughter, whom he idolized, made a match of which he did not approve. She and her husband, a doctor, lived in a remote part of Ireland, and he saw little if anything of her subsequently; while his only other child, a son, grievously disappointed him. To me he was the kindest of friends.

Dr. Montgomery, Professor of Midwifery in the University of Dublin, was an eloquent speaker, but a very different man from Beatty. He was small but not insignificant looking, and had a great idea of his personal appearance, of which he was vain. He always wore a white tie and a diamond stud in his shirt front. It was told of him that he caused no little merriment at a dinner party—all the guests being medical men—where the conduct of a lady said to be fast was discussed, it being stated that her husband was very jealous of her. Montgomery took no part in the conversation for some time, but a pause occurring, said, "Well, gentlemen, I don't believe one word of those stories. Mrs. — has been my patient for months past. I have seen her over and over again alone in her house and at mine, and I can assure you Captain — never once showed the least jealousy of me." At this time Montgomery was long past 70, and looked it.

I have pleasant recollections of many others, who, though senior to me, were more or less my contemporaries. Dr. Samuel Gordon, Alfred Hudson, Sir William Wilde, Robert Mayne, and others. Gordon, the colleague of Sir Dominic Corrigan, and Dr. Alfred Hudson, were both charming men—genial, but quiet and unassuming in manner, esteemed by their professional brethren, loved by their patients. Sir William Wilde, the oculist, was brusque in manner and as wild in appearance as his name, a great conversationalist, and a welcome guest everywhere.

Gordon, though a retiring man, was full of quiet humour; he told a story well. One of himself amused us much. A country woman, a farmer's wife, consulted him, her main complaint being that she constantly "reefed up wind," meaning thereby frequent eructations, no doubt kept up by the habit so common amongst the lower orders, at least in Ireland, of forcing such. Dr. Gordon prescribed for this woman

asafoetida pills. Some months elapsed before he saw the patient again; he had forgotten all about her, so he again prescribed the same pills. She took the prescription and looking at it said, "Why this is the same old asafoetida pills again, they did me no good." Gordon asked her how she took them, and was told that she "swallowed them with a drop of water." "That, ma'am, was your mistake," he gravely said, "you should hold them in your mouth, chew them well, and swallow them slowly." She went away quite pleased to try the new method of taking pills. This "reefed up wind" is quite a nuisance amongst the old women in Dublin; they all practise it. I have seen two women sitting on a doorstep, one keeping up constant efforts to produce eructations, and the other clapping her on the back exclaiming, "That's right, reef it up."

If the great advance made in medical science during the last sixty years has led to a revolution in the practice of medicine and surgery, the education of the student has in like manner been revolutionized, not merely altered, and after very mature experience and much thought, I am compelled to say, not in my opinion in all respects for the better. Sixty years ago a higher standard—perhaps too high a standard—in anatomy was required of the student than is now demanded, while the clinical teaching of both medicine and surgery was far more extended than under the five years' scheme now in vogue, the result being that while the student of the present day when qualified will be far better educated in the collateral subjects, including by that term physiology, chemistry, and physics, and has acquired some knowledge at least of the then unknown science of bacteriology, he is greatly inferior in the practical part of his profession, which can alone be acquired by long clinical teaching.

During my fourteen years' term of office as representative of the College of Physicians on the General Medical Council, I took an active part in the discussion which resulted in the formulating of first the four and then the five years' schemes for medical education. To the last, in its present form, I strongly objected. I objected to the practical inhibition of a student studying anatomy or attending hospital during his first years of study, and having closely watched the result, am strongly confirmed in my then opinion. I held then that during the first year the student would not have sufficient compulsory work to occupy his time; that this would tend to the forming of habits of idleness; that he would consequently be driven more and more into the crammer's hands, and that his fifth year would be devoted to this pernicious method of teaching and not to clinical work. I have kept in touch with teachers ever since, and all except a few too interested not to be biassed admit that my fears are only too truly realized.

I see no difficulty in improving the present five-year scheme; this might be done by encouraging the student to dissect during his first year, and to attend hospital, even were it only the extern department; that would be better than nothing.

But the real solution of the difficulty would be were intending students to pass an examination in at least chemistry and physics prior to registration, registration being compulsory. This, of course, means relegating the teaching of chemistry and physics in the majority of cases to ordinary schools.

The objection to this would come mainly from the lecturers in schools of medicine. I am sorry that such should be losers. No reform is possible without someone suffering; but is the whole profession—not to speak of the public, who are so interested in the matter—to be sacrificed for the sake of a very few?

When some such reform comes—and come it must, sooner or later—four years devoted mainly *ab initio* to the study of anatomy and of medicine and surgery in all their branches would produce a far superior class of practitioners to those turned out by the cramming system now in vogue.

The Conjoint Board of the Royal Colleges of England has initiated this reform, and other bodies must follow that lead, though it may take time to effect it.