AN ADDRESS

ON THE

MAINTENANCE OF THE HONOUR AND RESPECTABILITY OF THE MEDICAL PROFESSION.

*Delivered at the Annual Meeting of the Bath and Bristol Branch.*By EDWARD CROSSMAN, M.R.C.S., L.R.C.P., L.S.A.,
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GENTLEMEN,—The post I have ventured to accept at your kind invitation is one of no small honour, but it is one of great responsibility. Our Association having met in annual assembly, and gathered together the fragments up to date, disperses into Branches for the year, committing to the presidents and officers of these the stewardship of its interests until returning time reunites them all again.

The year gone by has been our jubilee, and now we start again to work; our motto always "Onward." But few of us can hope to see another fifty years—yet let us hope that each in his way will lay some little stone in the great fabric.

Amongst the several objects contemplated by the founders of our Association, we find "maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession." It is satisfactory to be able to reflect, at the end of fifty years, that at no time in the history of the Association has it been more thoroughly united in feeling or pervaded by a more active sentiment of fraternal goodwill and social and scientific fellowship; and that in great measure to the influence of this Association we owe it that, great as has been the advance made during the last fifty years in the scientific pursuits of the profession, equally great has been the rise in our social rank and standing.

History tells us of the barber-surgeon, the empirical leech or apothecary; and our President last year drew an amusing figure of the provincial physician of former times: "as with solemn step and well poised cane he descended from his lumbering postchaise at the door of some opulent patient. The arrival of the great man in some country town was quite an event, and a signal for all the blind, and halt, and lame, to turn out literally for a touch of the great man's hand. Those who could pay, pulled out their guineas; those who could not, might perhaps count upon getting a glance and a word from the 'Great Doctor,' as he was called. As he passed through the admiring crowd to his carriage in the courtyard of the inn, his grand and pompous manner denoted that he felt himself a head and shoulders taller than the poor apothecary, who stood by meekly trying to catch at the incontrovertible dicta as they fell from the mouth of the medical oracle."

The social history of our profession is one of alternate rise and fall. The origin of the healing art, probably coeval with the human race, was traced in classic times to Apollo; and Esculapius, the son or descendant of Apollo, became to the Greeks their god of healing. Machaon and Podalirius, the sons of Esculapius, are represented as exercising the art of surgery at the siege of Troy; so that, at this time, medicine took the position of a divine art. But in the time of Homer, on the other hand, although there remained considerable knowledge of anatomy, the art and position of the surgeon was little above that of the butcher. With Hippocrates (B.C. 400), a great step in advance was made again, for he wrote six surgical treatises, in which he described important operations conducted in a manner little behind that of the present day. The next step forward was made by the Alexandrian school (B.C. 300), amongst whom was Ammonius the lithotomist. And then again was a relapse; for at Rome, the first who cultivated medicine were Greek slaves, and these, being permitted to establish public baths, associated medicine, and especially surgery, with bath-keeping and barbering.

Once more, after an interval, medicine and surgery were studied as a science; for, about the time of the Christian era, we find Celsus upon the field, whose works are a great advance upon those of Hippocrates. In a well known passage, Celsus thus portrays the model surgeon. "He should be young, at least not very advanced in age; his hand, firm, sure, and never tremulous; he should be as dexterous with the left hand as with the right, his eyesight

should be clear and penetrating, he should be intrepid, and his sensibility should be such that, determined to cure his patient, he should be unmoved by his cries, and should neither hasten the operation, nor cut less than he ought, but proceed as if the complaints of the patient made no impression on him."

With Celsus were associated several men of distinction, amongst whom was Galen, the well known physician; and then succeeded (A.D. 200) the dark age, when surgery and medicine, in common with other sciences, were lost. Medicine was rudely practised by the monks, and surgery again became attached to the trade of the barbers.

The earliest revival in Europe arose from contact with the eastern nations in the Crusades; and, before the close of the eleventh century, Salerno, in Italy, became a school of medicine, claiming the right to confer the degree of Doctor of Medicine and Master of Surgery. But with the Renaissance, surgery sprang afresh, and the year 1514 saw the birth of Vesalius in Belgium, who, studying in Italy, became the parent of modern anatomy. His book, *De Humani Corporis Fabrica*, was published in Venice in 1543, and prepared the way for Ambroise Paré, who did for surgery what Vesalius had done for anatomy. Soon afterwards, born in 1578, came our own Harvey, describing the circulation of the blood, and Wiseman, who founded the first genuine English school of surgery.

Gentlemen, the position we occupy this day is one to which the profession has never before attained, whether regarded from a social or a scientific standpoint. There have been times when the world pointed to an individual physician or surgeon to whom it would render homage; but there never was a time when the profession as a body held the social, moral, and intellectual status it does at present. To the British Medical Association we owe much of this position, and it behoves us, upon whom the mantle has fallen, to see that we hand it on to our successors unsullied by its passage through our time.

Gentlemen, I invite you to spend the hour at our disposal to-day in thinking over some of the social and ethical responsibilities cast upon us by the founder of the Association. In his first address, Dr. Hastings said: "With regard to medical ethics, with the exception of a few essays, no attempt had been made to establish a code for the guidance of those needing such direction. In a well organised profession, there could be no difficulty in adapting to its exigencies the doctrines of general ethics, the principles of which exist in every well governed mind, and are identical in all circumstances, however variously they might be applied."

"But the organisation of the profession which obtained was not what it ought to be; the whole system of medical polity in this country was both defective and erroneous; opinions differed widely as to the evils and remedies; but few commended the existing state of things. This subject was," he added, "closely connected with the advancement of science; for if the profession were constituted as it ought to be, the harmony that would be established could not fail to be a direct means of more cordial and efficient co-operation in extending the science and improving the practice of medicine."

Taking this as our text, let us examine our professional polity, and see in what it is still defective, and what remedies we can suggest for its improvement.

Our first and elementary social factor is the class from which our ranks are recruited. There seems something in the study of medicine specially captivating to youths casting about for employment. They seem to see the pleasant side, and realise nothing of the opposite. They enter at once upon interesting work, with little of the dull drudgery required for other professions. It is of paramount importance, therefore, that our portals should not be opened too easily or too wide to those who select medicine as a cheap and easy walk in life, but that a process of testing and weeding out should be adopted.

Preliminary examinations were instituted with a view to secure that every student should have had a liberal education; but education has so much advanced of late that some further check is now required upon indiscriminate admissions to the rôle of medical student, and this would come best in the form of competitive matriculation. There is a limit to the capacity for instruction in our schools and hospitals; and it would be a great advantage if the number of students admitted each year was limited, the vacancies being filled by competitive matriculation. There ought to be no difficulty in the Medical Council limiting the number of students received at each school and hospital, in proportion to its teaching capacity. The Committee of Council of our Association, in its report on Medical Education (January 1881), says: "The number of students entering at any particular medical institution will very much depend

on the reputation of its professors, but it by no means follows that the size of a hospital connected with a school is in proportion to the number of students attending its classes.....In the hospital it is indispensable, in order to ensure a reasonable amount of real progress among the students generally, that they should not be merely lookers-on at work done, and listeners to instruction given to large numbers, but that each should be personally and systematically engaged in the examination and management of patients, under the direction of a teacher—one of the medical officers of the hospital. The student should have duties and responsibilities in his own sphere, as the teacher has in his. In order that practical teaching and learning in this case, or, indeed, in any other, may go on to a useful purpose, it is necessary that the number of pupils in any one class shall not be larger than may with convenience be taught individually by one teacher."

"Supposing, however, the number of students attached to a medical school are so numerous, that in place of about fifteen or twenty men attending the visit of one of the members of the staff, double this number of students go round the wards with him, it is almost impossible that efficient bedside teaching can be carried out; nevertheless, these students must attend hospital practice, and having purchased tickets for three years' admission into the wards, they have a right to go round the hospital.....Industrious men, under these unfavourable circumstances, manage to pick up a considerable amount of practical knowledge, but this class of students is not more numerous among medical pupils than among young men following other vocations; and the great difficulty we have to contend with is to teach the practice of their profession to the careless and less industrious pupils who form a large proportion of our students.....Under any circumstances, clinical teachers must be held individually responsible for their pupils, and so should only undertake to instruct as many men as they could teach efficiently. For this purpose, their pupils must be limited."

"And in many cases additions are absolutely necessary in the teaching element, that is, in the number of physicians and surgeons attached to our hospitals.....It is the duty of our examining authorities to endeavour to obviate the abuse of the system we advocate, and to guard the profession as far as possible.....We are convinced that so long as medical students find that if they fail to pass the examination of one licensing body, they can gain an entrance into the profession by passing the less severe examination of another licensing body, it is impossible to raise the standard of medical education to the point which our students are capable of, and which the public have every right to demand. As an instance in point, we may mention the case of a student who presented himself before a licensing authority, and was rejected. He immediately started for a second licensing body, and was again rejected; upon this, he went at once to a third licensing body, and passed. He registered as a qualified practitioner, paid certain sums of money, and, as a qualified practitioner, was admitted to a higher grade without further test by the very college which had not long before rejected him as unfit by examination to be granted a licence."

The old system of apprenticeship, with all its drawbacks, had this benefit—that it was an obstacle to the indiscriminate admission of youths, for every candidate was bound to find a master willing to stand sponsor for him.

We must not fail to recognise that the medical student of the present day is a very different character from his predecessor. No further back than the days of Mr. Pickwick he was *sui generis*; the materials out of which the profession was then formed were rude and unwhewn in the extreme. Now, the average student is a gentleman admitted to society; drinking, card-playing, and midnight rioting, are no longer essentials in his curriculum; frequently he has secured for himself the status of graduate or undergraduate of a university; more often he has been reared in a public school, and entering upon his technical education with all the rawness and inexperience of a schoolboy, has nevertheless an intellect prepared for theoretical instruction. But many there are who enter the student's life without their minds so disciplined; and it is to restrict these that a competitive matriculation is so much to be desired.

While upon this topic, I cannot refrain from a few remarks upon the one public school associated with our profession—the Royal Medical Benevolent College. So early as the thirteenth annual meeting of the Association, a resolution was carried that a committee be appointed to "consider the best means of establishing a school for the comprehensive and liberal education of the sons of medical men." The following year, this committee presented a report, the gist of which was that "subscriptions to the amount of

£1,610 only had been promised;" and the next year the report stated "that, notwithstanding the general assent with which the proposition was at first met, it had been received with such general indifference, and the amount of contributions was so inadequate, that the scheme must be abandoned; at the same time, it was hoped that the project might be revived at some future time under happier auspices, and with a better result." Alas! that time has not yet come, notwithstanding the general advance in educational facilities throughout the country.

No one desires more than myself to see the charitable objects of the Epsom College fully developed; but, gentlemen, the time has come when the medical profession should have a public school worthy of itself. The Army has its Wellington, the Church its Marlborough, and Medicine ought to have its college. The Medical Benevolent College was no doubt intended partly to fill this place, but such it has not done, and such it cannot do, until its tone and prestige are altered; its very name condemns it. Who of us cares to send his son to a Benevolent College, unless our means compel us to accept charity? and why should not our sons form the nucleus of a school giving us financial advantages similar to those of other professions which, like ourselves, reap their reward in honour, but not in loaves and fishes?

The student of the present day has great advantages over his predecessor in the systematic teaching in our schools and hospitals; his opportunities of acquiring theoretical knowledge are much greater; much more is required of him, and much more is obtained. But a time comes when more than theoretical knowledge is required, and then appears a vacuum in our modern system. The rough-and-ready sawbones of the past was not the intellectual equal of his compeer of the present; but, when cast loose upon the world to kill or cure, it is matter of grave doubt which is the better of the two. The old system of apprenticeship had given the student an insight into practice before he was cast loose upon the world; a period of "greater freedom and less responsibility" had prepared him for the details of practice; and, faulty and obsolete as the system was, something of the same nature is still required to replace it.

Turning to the report of the Committee of Council on Education again, we find "a large proportion of general practitioners express their conviction that there is a want in the education of medical students as regards the art of prescribing, and that a thorough knowledge of pharmacy is indispensably necessary to the general practitioner. Further, it is urged that, at present, medical men commencing practice are frequently unacquainted with much they ought to know concerning the ordinary routine of the general practitioner's work; and that, when called upon to take charge of a practice (including, perhaps, a parish and club patients), the young practitioner is not only incapable of dispensing his own medicines, but is also at a loss in various matters of detail; a neglect of which brings discredit upon himself, and endless trouble to his employer.Lastly, it is argued that no inconsiderable number of recently qualified medical men have no idea of the real nature of the duties of general practitioners until they are actually engaged in practice; many of them then discover that their work is hardly that which they had anticipated.

"It has been found necessary to establish a medical school at Netley, through which men have to pass before they are allowed to become army surgeons, among other reasons, because our metropolitan and provincial schools cannot give their pupils a special training for the duties connected with the medical charge of a regiment. Now this practical kind of teaching is what general practitioners so strongly contend for. They argue that, before a medical man is considered qualified for the duties of a general practitioner, he should have had that special training in the work that lies before him—work which, beyond a knowledge of his profession, is as peculiar in its details as any that a regimental surgeon can have to perform."

It is for these reasons that the unqualified assistant is so much in demand. To the busy practitioner, the student fresh from college is of little service; he wants his work done *tuto, cito, et jucunde*. In the majority of cases, the assistant is the book-keeper and dispenser, attends to the trifling ailments which crowd the surgery, receives messages and orders, and makes engagements for his principal in his absence. All these duties the recently qualified man has to learn; and in too many instances, instead of setting himself to learn them, inflated by his newly acquired titles, he is rather disposed to teach his principal than be taught by him.

The outcry against the employment of unqualified assistants only comes from those who really do not know the need; no doubt, in many instances, unqualified men are placed in positions of responsi-

bility most unjustifiably; but the busy practitioner must have assistance of the kind he requires, and, if he cannot obtain it from those admitted to the profession, he must seek it amongst outsiders.

Under the old system, the principal received payment for teaching those elementary duties, and the apprentice, being bound for a given time, repaid his master for much of his trouble; now, we have no one to take this place but the unqualified assistant, and he, alas! is but a sorry substitute; for, as we all know too well, he is generally a man who has tried and failed to qualify, and is only retained in a subordinate position by his legal inability to rise higher.

The remedy for this want would be provided, if the proposal contained in the last paragraph of the report, from which I have already quoted, were carried out, thus:

"A student, before being granted his licence to practise, should work for a time under a general practitioner, or at a public institution, where he has personal charge of patients at their own homes. Work of this kind should certainly not be undertaken before a pupil has passed his examination in anatomy and physiology; probably the best time would be after he has completed his examination, and before actually assuming charge of a practice."

This is only the regulation adopted in the Church, where, after due preparation and examination, the minister is ordained deacon to assist the priest for a given period; at the expiration of which, and after some further examination, he is admitted to the full duties and responsibilities of the priesthood. Such a class of probationers would be invaluable in the profession, furnishing the general practitioner with what he requires: a properly educated assistant, bound to him for a definite period, dependent upon him for testimonials, and securing to him thereby a faithful service; while the probationer would probably earn more in such a position than he now does during the first few years of independent practice.

But it is not only for general practice that a period of probation is required; it is equally desirable as a prelude to special practice—whether medical, surgical, or obstetric. The minor offices in hospitals and colleges might well be filled by those who, in probation for the higher grades of practice, were articulated to physicians or surgeons. Such a commencement of professional life would remove from our midst the host of impecunious young men who, in order to gain a livelihood, resort to every kind of unworthy stratagem, lowering the fees and degrading the social tone of the profession.

Passing from the student to the qualified practitioner, let us consider for a while the organisation of the profession.

The public, and, indeed, we ourselves, have a very hazy idea of the distinctions between the different branches of practice; the *Medical Register* is our only authority, and from this it is impossible to learn to which branch of practice any individual devotes himself. It would be much more satisfactory if we were allowed to register with our diplomas the particular branch we elect to practise.

It is the ambiguousness of our position which has given rise to the great anxiety displayed of late to claim the title of "Doctor"—a title implying an university degree, and in former times associated with a pure physician. The claim put forward by the licentiates of any College of Physicians is so ridiculous and unreasonable, that it would hardly deserve notice, but that the correspondence in our periodicals shows that there is a strong feeling upon, and two sides to, the question. The reason is obvious: the profession has no distinction of grades and no definition of practice, and each one desires to put such a handle to his name as shall imply that he is one of the "upper ten."

Our friends address us all indiscriminately as "Doctor." Our patients speak of us as "the doctor." We are all, in fact, in our professional capacity "doctors," just as the manager of a mine, or the master of a merchant ship, is called by his professional designation "Captain." But, in our social and individual position, there can be no question that those only who have the university degree can claim any title of precedence.

This is scarcely more than a subject for ridicule, but a question of real importance is the organisation of the profession and the distinction of its grades. The three great classes, physician, surgeon, and obstetricist, to which must now be added the modern public health-officer, are pretty clearly defined, but the subdivisions of these are not so. The general practitioner, the family attendant, the consultant—how are these to be distinguished?

The general practitioner, constituting the rank and file of the profession, has a pretty clearly defined position and practice.

The family attendant is a more ambiguous individual. He may be physician, surgeon, obstetricist, or general practitioner; he may be a young M.D. struggling to exist, or a surgeon whose hair has

grown grey in consulting practice; it is around this class the greatest jealousy gathers, for it has no beginning and no end.

And then the consultant? What constitutes a consultant—how is he to be distinguished from his brethren? It is not age, it is not always education, it certainly is not experience, and it frequently is not talent.

The Church and the Bar are divided into grades so distinct, with the duties and privileges of each so clearly defined, that no friction arises between the one and the other, and hence the high tone prevailing amongst their members, the social position accorded to them, and the respect and deference shown them by the public. If the social status of our profession is to reach a point at which it can claim comparison with these, a reorganisation of our ranks must take place, the duties and privileges of each must be defined, so that all cause for heart-burnings and jealousies may be removed, and a spirit of honour and mutual confidence established.

The first line requires to be drawn between the general practitioner and consultant, the former corresponding to the attorney-at-law and the latter to the barrister. As the attorney is precluded from practising as an advocate, so is the barrister forbidden to practise as an attorney; the same restrictions should exist in medicine, and at once one of the most fruitful sources of jealousy would be removed—viz., the possibility of the consultant supplanting the consultant. But, further, the relations between the attorney and barrister are those of cordial confidence, because communication between the client and the counsel can only take place through the attorney. How different would our consultations be if such a safeguard were given us? The consultant would then meet the consultant with perfect confidence, and accept and act upon his advice with cordiality and respect.

Far be it from me to complain of those with whom I come in contact, but it must occasionally happen to all of us, that upon subsequent occasions patients have of their own accord placed themselves under the treatment of physicians or surgeons, to whom they have been introduced by the regular attendant in consultation. This occurs often from no misconduct of the consultant, nor from intentional disrespect on the part of the patient, but simply because the one is as accessible as the other. Protected by the safeguard I have mentioned, consultations would be of daily occurrence; general practitioners would be only too glad to share responsibility the moment any difficulty arose, and consulting practice would correspondingly increase.

But it is not only between the general practitioner and the consultant that a line of demarcation must be drawn. There should be two grades of consultants, corresponding to the outer barrister and the Queen's counsel; and as the outer barrister must sit without for a certain number of years before he is called within the bar as Queen's counsel, so the junior consultant should be required to practise for a given time before he is called to the position of select consultant. The practice of the former would be in consultation with the general practitioner, but the select consultant would be precluded from practising, except in those difficult cases in which a third opinion is required; and as the junior consultant would only be brought into contact with the patient through the general practitioner, so the select consultant should only be allowed to practise with a junior.

At first sight, it may seem unreasonable to restrict the practice of all those who consider themselves, or desire to become, consulting practitioners; but it requires but little reflection so see that our present position is a most anomalous one. There is absolutely nothing to prevent any qualified practitioner dubbing himself consultant; and, as a matter of fact, the same individual is the family attendant in one house and the consultant in another.

Again, it must strike everyone as ridiculous, that the time and talents of our leading men should be occupied in prescribing for many of the simple ailments which crowd their consulting-rooms, and that custom should require them to accept the same fees as those so much beneath them in professional status. If our great men were only consulted in select cases, and their fees proportionately raised, their talents would be much more available for the benefit of the public; their labour would be diminished, while the financial position of themselves and those beneath them would be vastly improved.

The business of the general practitioner would be ordinary confidential attendance upon the public, medical, surgical, or obstetric; and those appointments alone would be open to him in which such practice is required. He would either himself supply the medicines and appliances required by his patients, or make arrangements with a druggist to do so for him; for, however much the rising

generation may turn up their noses at the indignity of handling drugs, there must be a class in the profession to do it, and it is only a question whether they will do it themselves or compel the public to introduce another grade to do it for them. Nothing is more narrow-minded than the petty jealousy-shown towards prescribing druggists by those who affect to be too pure themselves to handle drugs. Their affectation is "for the safety of the public;" in truth, it is the safety of their own pockets. The answer to all that has been written of late about "dispensing practice" is simply this, that throughout England there are to be found, both in town and country, general practitioners professionally eminent and esteemed, and socially most highly respected, who have always supplied the medicines they prescribe. Let us not confound "dispensing medicines" with "selling drugs." There is a legally constituted body of pharmaceutical chemists, whose privilege and business it is to sell drugs. This privilege is not ours, and we have no right to poach upon it. We practise a profession; they carry on a trade; and it is essential to the honour and respectability of our profession that no member of it should be allowed to trade in drugs. So long as it is possible for a qualified doctor to keep an open shop, so long must we shut our eyes to the druggists prescribing. The question of charging for medicines separately, or, indeed, charging for them at all, is quite distinct from that of furnishing the medicines. It may or may not be to the advantage of the profession to desist from the old custom; but, in the sister profession of law, no objection is raised to the solicitor's charges for folios engrossed, and no question is raised whether the engrossing is done in the solicitor's office or at his law-stationer's. There is no pride so false as that of being "too big for one's clothes."

On the other hand, from the class of consultants would be filled all those numerous appointments which do not involve ordinary attendance upon the sick—teachers and lecturers, the staff of hospitals, lunacy practitioners, health-officers, assurance-officers, inspectors of factories, and others. The divisions of medicine, surgery, and midwifery would be subdivided into special branches; for the very *raison d'être* of the consultant would be that he had devoted special attention to one particular subject. No general practitioner, however talented, or however much at leisure, can in the present day keep pace with the advance in every branch of practice; and it would be to obtain the opinion of a specialist that, in the majority of instances, a consultation would be desired.

The class of select consultants would not only furnish our great teachers and professors, but would also provide us with an aristocracy, who being paid by large fees, would have time to devote to sharing those honourable public positions which reflect lustre and influence on the profession. We should be represented by them in Parliament and at the Council-table. Their pre-eminent position would qualify them for patents of nobility, and Medicine, like the Church and the Bar, would have its most honoured members sitting in the House of Peers.

With the division into distinct orders would follow a more satisfactory adjustment of fees.

The general practitioner licensed to practice as such would be paid by charges—a legal claim. The consultant by fee—an honorarium. Such theoretically is the custom now, but practically we find a large body of practitioners claiming the position of consultants who intermingle with their consulting a family practice, for which their remuneration is upon the same scale, and received in the same manner as the general practitioner's.

The charges for general attendance must in all cases be regulated by local circumstances, and the social and pecuniary position of patients, but there ought to be a tariff established by statute, to which reference could be made in case of dispute.

It would be no more necessary that charges should always be based on this tariff, than is the case with the bills of costs of solicitors, who, having a standard by which their bills can be taxed if required, do nevertheless charge for their services in proportion to the pecuniary position of their clients or their own professional status. But at present we have nothing to guide us, and no standard by which our charges can be regulated.

On the other hand, the consultant's fee being an honorarium, and not recoverable at law, would be subject to no tariff; the old guinea would be the minimum, there would be none of the subdivisions of this which now exist; with which the amphibious practitioner salves his conscience by dividing the guinea into shillings while competing with the general practitioner for family practice.

The younger consultants would be content to pocket the guinea, looking forward to the time when this would multiply itself, while the select consultant would never accept less than five or ten guineas.

But to enable the consultants to live during the earlier years of their career, gratuitous hospital service must cease, the medical staff like all other officers must be paid for their services. So early as the fifth annual meeting of the Association (1836), a Committee was formed "to consider the best means of affording medical relief to the sick poor." And in the report presented we find the following passages: "Your Committee are aware that the vast amount of gratuitous medical assistance that has been at all times afforded to the needy by all grades of the profession has been productive of at least one very injurious effect; it has induced the unthinking portion of the public to conclude that there was some sort of conventional, if not legal, obligation on the medical profession to attend, without reward, to the ailments of the poor. This kind of misapprehension, or ignorance, of the real state of the case, has doubtless been the source of many recent grievances."

"It is, therefore, worthy of consideration whether it does not become the duty of the profession to prove the fallacy of this popular notion, by some limitation and greater discrimination in the supply of their gratuitous advice, by resenting all attempts to convert their spontaneous benevolence into a forced enactment; and by demanding a proper remuneration from those who are bound, not only by the dictates of rational humanity, but by the laws of the country, to provide the necessary assistance for the destitute sufferers."

"There is yet another reason for suspecting the real advantages of the gratuitous services of our body: viz., the effect which is thereby produced on the poor themselves. It cannot be denied that a great proportion of the attendance afforded by the medical charities of this country tends to perpetuate the injurious habit of dependence upon others for the supply of necessities which, by timely forethought and frugality, the working classes might procure for themselves. And it is no less obvious that benefactions which were intended for the relief of the indigent, are frequently applied for the assistance of those who do not really require them, and who have no legitimate claim on the unrewarded exertions of medical practitioners."

In what other walk in life do we find such philanthropy—if it may be so called? Barristers waiting for briefs do not offer their services gratuitously to the public. The clergy, however badly paid, are not asked to work for nothing, and yet the prizes at the Bar and in the Church are far superior to anything to be obtained by the greatest success in the medical profession.

The public do not require or demand gratuitous medical service. We have thrust it upon them almost against their will, and we ourselves are responsible for the abuse which is made of our liberality. The charitable founders of our medical institutions originally made a liberal provision for the payment of their physicians and surgeons, and this, in addition to the dignified position accorded to them, furnished a fair reward for the labour bestowed; but now hospitals and medical charities are ever increasing in number, and we provide too the professional labour without pay. Alas! the public knows too well that it is not the interest we take in the poor, it is not our charity or philanthropy which induces us to undertake so much, but it is the desire for notoriety, the professional advertisement we covet.

To estimate this question fairly, we ought to regard the profession as a body, and see what a grand increase would be made to the common fund, if only a small stipend were attached to each hospital appointment. Take, for instance, ten large London hospitals, employing, in round numbers, a staff of 250 physicians and surgeons. Suppose that the senior half of these received £200 a year and the juniors £100, the profession would be enriched by £37,000 a year. Multiply this by the number of physicians and surgeons serving gratuitously throughout the country, and see what a vast income would be added to our badly paid profession. But is it not unfair that men, in the position of the majority of these, should be asked to work for nothing? Are most of them rich and independent men? Is it not a fatal obstacle to many a good man who, with talents and capability, would gladly devote himself to the advancement of scientific medicine, if only he could meanwhile find the means of living? Ask many of our great men what was their position in early life. Was it not a struggle for existence? And would not £100 a year have been a godsend to them in those days?

Of course, it is said that hospitals are educational establishments, and the staff are paid by their pupils. But this is beside the question. There are many hospitals without schools attached, and consequently without a regular system of pupillage. Pupils' fees are for services rendered to the pupils, and are not on such a liberal scale as to more than compensate the trouble and exertion of teaching. If it were so, it would be manifestly unjust that the pupils

should be called upon to pay for all the professional service rendered to the hospital. It is the service to the public that demands remuneration. Public policy has established the axiom that one portion of the community must assist another portion, when sick or afflicted, with medical attendance and comforts; but no one has a right to say that the duty of providing for these emergencies shall fall exclusively upon the medical profession.

But it is not only a direct injustice to those who are aiming at future distinction, it is an indirect injustice to the larger body who are content with the lower grades of practice; for, if candidates can be found ready and anxious to fill gratuitously all the hospital appointments, can it be wondered that the salaries of workhouse and dispensary officers are fixed at such a miserable figure?

Arising immediately out of the question of the payment of the medical staff is the corresponding one of the free admission of patients to hospitals. There are two modern institutions which conclusively prove that the class from which hospital patients are derived are able and willing to pay something towards the benefits they receive during sickness—the first is the modern village hospital, and the second the provident or self-supporting dispensary.

The village hospital is essentially a rural institution—established for the benefit of the doctor as well as the patients. It saves the country doctor much time and labour, by centring under one roof his worst cases, providing him with the assistance of an experienced nurse, and enabling him to order, with a certainty of its being provided, whatever is necessary in the course of treatment. The patients are mostly his own; those for attendance upon whom he is paid in some way or other—by the Poor-law, benefit-clubs, dispensaries, and so forth. But the characteristic feature in its management is, that a weekly payment is required from each patient towards his maintenance in the hospital. The amount is usually made dependent upon the circumstances of the case, and varies in different hospitals, according to the cost of maintenance or the endowment provided; but the inquiry necessary to fix the sum furnishes the authorities with an opportunity of preventing the funds being wasted on undeserving recipients. The payment has a salutary influence in checking the dependent spirit which is the parent of pauperism. It enhances the appreciation of the benefits derived; while, by adding to the general funds, it enlarges the field of usefulness of the charity. It has been asserted that the poor are unable to make any payment, and that the required contribution will exclude many deserving cases. Experience proves the fallacy of this assertion. Not only are the payments made with cheerfulness by those who really need the assistance, but it has been shown that, as a rule, the poor actually prefer the hospital in which they pay to that in which they do not.

Without going closely into figures, it may be assumed that one fourth of the total expense of maintaining a village hospital can be met by the payments received from the patients; and if this is the case with the rural poor, may not as much, or more, be expected of the urban population? Such an addition to the income of our large hospitals would remove the financial obstacle to the remuneration of the medical staff.

The provident, or self-supporting dispensary, provides for the home attendance upon the families of the urban artisans. The funds are derived from small payments made at stated intervals, upon the principle of mutual insurance, and these amount in the aggregate to large sums. Thus, at Northampton, 17,849 members pay £2,218 per annum, at Derby 5,696 members pay £997 per annum, and at Manchester 13,759 members subscribe £2,881 per annum. The class from which these payments are received is identical with that which furnishes the patients to free hospitals, and there seems to be no reason why they should not be able to contribute towards their medical benefits in the one institution as well as in the other.

The patients' payments in the village hospital go towards their maintenance, in the provident dispensary towards the remuneration of the doctors, but in both cases it is a contribution in aid of the assistance rendered them, and embodies the true principle upon which medical charity should be dispensed, and proves that the working classes are able and willing to contribute towards their medical benefits.

The Medical Acts Amendment Bill now before Parliament seems to recognise some of the positions we have been contending for. It paves the way for the establishment of professional grades by providing, first, a class of general practitioners, licentiates of the Medical Council in medicine, surgery, and midwifery; and then recognising a distinction between qualifying titles and higher titles, and requiring them to be separately registered. The proposal to

require every practitioner to register annually, is a step towards requiring each to register the grade in which he is entitled and elects to practise; and if authority were delegated to the corporate bodies—the College of Physicians on the one side and the College of Surgeons on the other—to "call" those possessing higher titles to constitute a superior grade, the distinction between general practitioners and consultants would at once be established.

In passing, I would observe that it can hardly have escaped the notice of consulting surgeons that by this Bill the surgeon is not recognised as holding the same distinguished position as the physician, for the fee of the surgeon is made a legal charge, while that of the physician is an honorarium. This is a relic of the past, and should no longer exist, for it can scarcely be held that in the present day a leading surgeon does not hold a position equivalent to that of a leading physician.

The principle for which our Association has so long contended, viz., the direct representation of the profession in the Medical Council, is at last conceded. For many years a contest has been carried on over medical reform, the combatants being the universities and corporations on the one side, and the British Medical Association and the profession on the other. Victory seems now with us; at any rate, the representative principle for which we have contended is accepted by the Government.

A Medical Council, composed of six Crown nominees, eight representatives of the universities and corporations, and four representatives elected by the registered practitioners, will constitute a medical parliament from which we may hope for improved professional legislation.

The one qualifying licence of the Council will remove the unseemly competition between the nineteen licensing bodies, which has hitherto been such a scandal; while the separate registration of the higher titles will act as a stimulus to each university and corporation to raise the standard of its diploma, regarding the quality rather than the quantity, of those who affiliate themselves. But while we congratulate ourselves on the accomplishment of our wishes in regard to representation, we must, as law-abiding citizens, cheerfully acquiesce in the professional status given by the Bill to women, and those who in legal phraseology "adopt, or refrain from adopting any particular theory of medicine or surgery," by which, of course, is meant homœopaths, hydropaths, *et hoc genus omne*.

The admission of women is rather a question of sentiment than of principle, and there are many in the profession who think that the position to which woman aspires in this nineteenth century is only her due, and an evidence of our advancement in true civilisation. For my own part, I think otherwise, and believe that in the interests of society, and for the sake of woman herself, the position occupied in former times was much more to her advantage, and more in keeping with the object for which she was created, viz., as a helpmate to man. But as regards homœopaths, the question is quite different. We have here to deal with a heresy—a schism: and it is most important that the position taken by orthodox medicine should be carefully and prudently established.

In a country like our own, in which the utmost liberty of thought, word, and deed is permitted to every one—in religion, in politics, and I had almost said in morals—it can hardly be expected that any restriction should be permitted in medical belief or practice, and we can scarcely find fault with the State for establishing homœopathy, or any other theory of medicine or surgery, upon an equal footing with our own; but while we admit the justice of liberty in this respect, it is our bounden duty to remain firm and loyal to the truth of the principles we profess. We do not and cannot ourselves countenance, or hold communication with, those who practise upon principles which we believe to be false and heretical.

It seems difficult to understand how the Board of Examiners, constituted under the Act for the final examination of all candidates for the licence of the Medical Council, can pass those adopting any other theory than that of orthodox medicine. Yet the Act provides "that a candidate shall not be required to adopt or refrain from adopting the practice of any particular theory of medicine or surgery." But, as members of the British Medical Association, it is our duty to remain true to the principles which our Association has from its infancy ever maintained, viz., "that orthodox medicine, basing its science on the investigation of nature, apart from theory or doctrine, cannot countenance any who assume designations implying the adoption of exclusive theories or modes of treatment."

To admit to our membership homœopaths would be to acknowledge a doubt of the truth of the principles we profess, and to ignore the objects for which our Association was formed.

To consult with homœopaths in practice is equally irrational and immoral; not that we should decline on principle to hold intercourse with a homœopath, because he thinks differently to ourselves, but because it is our duty, in honour, to sink all other considerations but the good of our patients, and no possible benefit can accrue to the consultee from a consultation between those who regulate their treatment by opposite views of disease, and attribute to remedies opposite effects.

But while we refuse to hold professional intercourse with homœopaths, we should carefully avoid injustice to them; we must give them credit for honesty, the time is past when the imputation was current that a homœopathist must be a "knave" or "fool;" we must acknowledge that there are many men of learning, ability, and rectitude in their ranks; and if these can believe and practise what appears to us such a palpable imposture, we must admit that the less learned, less highly educated, and less scrupulous, may also be conscientiously deceived; we should never condemn others simply because they entertain convictions which to us seem foolish, mischievous, or illogical; this is bigotry as much in medicine as in religion.

Above all, we should take care to avoid anything like an appearance of irritation or jealousy towards them; there is room for us all; there are to be found amongst the public many who like to be treated through the imagination, who prefer miraculous cures to restoration by simple means; and this is the class who furnish the *clients* of the homœopath; to us they are not satisfactory patients, our plain and simple treatment is irksome to them; as of old, they desire something less commonplace than the waters of Jordan to effect their cure.

But while we give the homœopathists credit for honesty and integrity of intention, and endeavour to do to them as we would others should do to us, it is our bounden duty by every means in our power, and whenever opportunity occurs, to expose the fallacy of the principles upon which they base their theory, not in a spirit of ridicule or contempt, but in serious defence of those scientific truths which have been built up for us by a long line of ancestral workers. Let us never hesitate or fear to do this, but let us do it in a spirit of charity, with the firm conviction that truth ever will prevail.

It is a wise counsel never to wash your dirty linen in public; but while condemning others for pinning their faith to abstract theories, it is well for us to remember that we are now and then the slaves of theory and fashion. We have only to recall the old system of blood-letting to remind us that orthodox medicine was the victim of a delusion as absurd and as universal as any we can imagine. I am old enough to remember those sanguineous days—when as an apprentice I have had half a dozen arms bleeding in the surgery at a time—and have heard the doctrine gravely preached to students "when in doubt, bleed." Fashion has now carried us to the opposite extreme, and induced us to neglect what in appropriate cases is probably a most valuable agent. I doubt not that many who pass the college now would be plucked if passing depended upon their capability to perform the operation of phlebotomy.

Again, think of the days of Todd, when every acute inflammation was treated by alcohol, and almost by alcohol alone. How is it now?

And then, pause for a moment on the fashion of the day. Is there not an antiseptic wave passing over us, a wave which will probably recede as rapidly as it has advanced, leaving a modicum of truth behind it? At the present time are we not in danger of drifting into a theory of organisms, attributing all morbid actions to their presence, and all therapeutics to their destruction?

But now, let us dwell for a few moments upon a subject which ought to interest us all, which has always been a prominent object of the Association, and yet has never made the progress it deserves—I allude to our charities. Probably no class of the community does so much for the commonwealth in charity, in philanthropy, and in disinterested kindness as our profession. And yet it must be confessed we do not help each other as we ought; while we are constantly giving our time, our talents, and our money, for the benefit of others, the seeds of a benevolent institution sown in the early days of this Association have not yet yielded ripened fruit.

One of the earliest resolutions of the Association (Oxford 1836) was the establishment of a Medical Benevolent Fund, to afford immediate pecuniary relief to distressed qualified members of the profession, their widows or orphans; and to grant annuities to the aged or disabled among them.

It was originally proposed to compass two objects: (a) a benefit club with stipulated payments, securing certain corresponding ad-

vantages; and (b) a benevolent fund, having for its object the relief of distressed medical men and their families, irrespective of all claims but their misfortunes. The first of these was speedily given up, and the benevolent fund alone established.

Probably no relief fund has ever been or is better managed, or has succeeded in affording more unostentatious charity than this. Its affairs are managed by a committee of professional men; the working expenses are confined within very narrow limits. Applicants have no trouble or expense in canvassing for relief, nor are they subjected to the pain of publicity, while the assistance is given *toto, cito, et jucunde*; if for no other reason these advantages should commend the fund to the liberal support of the profession and the public.

The Medical Benevolent Fund is essentially the charity of the British Medical Association, and, as such, has pre-eminent claims upon its members. I would venture to ask, Do we support this fund as we ought? Do we each one of us contribute annually to the utmost of our ability towards this object? If we do not, then I say we neglect one of our obligations to this great Association, of which we are proud to be members.

The other great medical charity is the Royal Medical Benevolent College, established in 1855, through the instrumentality of John Poynter, in order to provide an asylum and pensions for duly qualified medical men, and the widows of such, in reduced circumstances, and a school for the sons of duly qualified medical men.

The asylum contains twenty-four residents, called pensioners, each of whom is provided with three furnished rooms, and receives a pension of £21 a year, with an allowance of coals. In addition to the resident pensioners, there are twenty-six annuitants, who receive £21 *per annum* without residences. All must be legally qualified medical men, or widows of such, not less than sixty years of age, and with a yearly income not exceeding £60. By the liberality of an old friend and neighbour of our own, there are also three Morgan annuitants, daughters of duly qualified medical men, who receive £20 a year each; so that, in all, there is provision in this charity for fifty-three annuitants.

The school provides free board, clothing, and education for fifty boys, sons of duly qualified medical men, besides receiving the sons of all qualified medical men at very moderate charges; thus, in the Royal Medical Benevolent College, we have a really magnificent charity.

Unfortunately, the good work of this great institution is somewhat marred by the vice of election by governors, which entails upon candidates great trouble and expense, and results in the success of those having most friendly interest rather than those who are most in need. Nevertheless, this charity has claims upon us all, and it is much to be regretted that in the last report (1882) the council are obliged to say that "the financial position of the College has been for some time a source of great anxiety to them, so much so that they deemed it necessary, at the end of last year, to issue a special appeal, showing that the expenditure during the five years from 1876 to 1880 had exceeded the income by nearly £700 a year, and that this deficit had only been met by spending such legacies as had not been bequeathed for defined purposes, and by selling out a part of the small amount of funded property possessed by the College, while the number of deserving candidates for pensionerships and foundation scholarships is so much in excess of the vacancies, that it would be matter of deep regret if it should become necessary, for lack of funds, to reduce the number maintained by the College."

Here again we have a great call upon our benevolence, and I would ask, do we all bear our share of this burden of love? Referring to the accounts, we find that, while the medical practitioners in England and Wales number about 15,000, the annual subscriptions to the Benevolent College only amount to £2,734, and of this sum a considerable proportion is contributed by friends outside the profession, so that we are bound to conclude that a very large number of us do nothing towards the support of these brethren in distress.

But the stigma of improvidence and unthriftiness which has so generally attached itself to our profession seems to be resented by some of us just now, and another effort is being made to establish a provident fund or sick benefit club. Thrice before such a society has been proposed, twice in connection with the Association. First, in 1836, when the Benevolent Fund was opened, a branch was suggested "for the assistance of contributors who may be unable, through sickness or casualty, to continue in the performance of their professional duties;" but the committee reported that they recommended the scheme for a benefit club to be abandoned and the

charitable scheme alone established, the result being the commencement of our British Medical Benevolent Fund. The second attempt was made at the Bristol meeting of the Association in 1863, upon a proposal by Dr. Richardson to establish a provident association. A committee was appointed, and a long report presented and discussed at the following annual meeting at Cambridge, and a society established; but its lifetime was only two years, for before the meeting of 1867 it had been dissolved in consequence of the lack of support. The third sick benefit club was suggested by Sir John Forbes in 1850, but, like the others, it either never existed or speedily ceased to exist.

The object is most estimable, but the difficulties and obstacles have hitherto proved insurmountable. The professional income of a medical man depends entirely upon his own personal exertions; he cannot delegate his duties to others for any length of time without sacrificing his practice, and is, therefore, in the same position as an artisan, and equally in need of assurance against disablement. But really, to meet our needs, a provident society should fulfil two distinct requirements: 1, assistance during temporary disablement by sickness or accident, and, 2, provision for widows and orphans after death. There can be no doubt we are open to the charge of improvidence, from the frequency with which death or disablement overtakes us before we have made adequate provision for those dependent upon us. But the explanation of this is, that we are called upon to do so much in early life gratuitously, in the hope that success may attend us later on. If life and strength be given us this good time may come, but too frequently it has not come before death has found a widow and orphans unprovided for, or the necessities of early days have so involved our finances, that even when success has come, it has not been sufficient to enable us to lay by a store.

The sick club now proposed may be a wise provision for mutual support, and may do much to help us during life, but it will not remove the responsibility resting upon us to make provision for those whom we may leave after death, or free the profession from the reproach that in too many instances the widows and orphans of those who have lived in affluence and luxury are suddenly reduced to penury and want.

What seems needed, is the addition of a scheme drawn upon the lines of the Society for the Relief of Widows and Orphans of Medical Men in London, a Society now nearly 100 years old, which has successfully combined the advantages of providence with benevolence. It is provident, inasmuch as by the small yearly subscription of two guineas, the members do, through it, protect their own families from destitution, should they unexpectedly need it. And it is benevolent, as its benefits are conferred only on those who are left in indigent circumstances. The report says: "The experience of ninety years, has fully proved the need that existed for this Society; 194 widows and 277 children of members of this Society have been placed in comparative comfort by an aggregate sum of over £100,000 paid in half-yearly instalments. Many of these would have been in a state of absolute poverty, had not the Society stepped in to succour them."

But, gentlemen, my time is exhausted, and I fear your patience also; if it were not so, I would gladly enter upon other topics bearing upon the great problem of "maintenance of the honour and respectability of the profession," and, as a stimulus to further exertion, I would invite you to recall what has already been accomplished through the instrumentality of this Association and its powerful organ, the JOURNAL, in the army and Poor-law medical services, in sanitary science, State medicine and medical reform.

I cannot expect the views I have propounded to be in accord with the opinions of all who have so kindly listened to me; but I trust that nothing I have said has wounded the susceptibilities of any.

Ours is a noble work, and we should be noble in our bearing. It is a great and glorious calling we have chosen; and it rests with us individually to make its disciples respected and esteemed. We cannot all be great, but we can all be good; we can all be inspired with the desire to maintain the honour and respectability of our profession; each in his little sphere can do his social duty, remembering—

"This above all. To thine own self be true,
and it must follow, as the night the day,
Thou canst not then be false to any man."

"God and the doctor alike adore,
But only when there's danger, not before.
The danger o'er, both are alike requited;
God is forgotten, and the doctor slighted."

Gentlemen, before I sit down, allow me to express my sense of the honour you have done me in making me your President. I will ask you to accept my assurance that it shall be my endeavour, to the best of my ability, to do my duty in the position to which you have called me. But let me remind you that I am but an humble unit, that the maintenance of this large and important Branch in its ever increasing sphere of usefulness and efficiency must depend upon its members, and that it is only with your kind consideration and support, I can hope to pilot it safely through my year of office.

CASE OF COEXISTENCE OF DIPHTHERIA AND TYPHOID FEVER.¹

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THE recent illness of the Postmaster-General may add interest to the following case. The patient was Mrs. J. K., a married woman, about twenty-eight years of age, living in Manor Street, Cambridge. Three days before her illness began, one of her children had died of diphtheria, two of them having been affected. Mr. Carter, who attended them, had no doubt as to the diagnosis. The children had sore-throat, and exudation upon it.

When I first saw Mrs. K. (on December 14th, 1861), she had been confined to her bed about a week. From Mr. Carter I learnt that her illness had begun with sore-throat, and that there had been small white diphtheritic patches upon the throat. When I examined it, I could find none, nor any signs of diphtheria; but upon her abdomen were some of the rose-spots characteristic of typhoid fever; and at the base of her right lung, to the extent of two or three inches, the percussion-sound was dull, and small crepitation could be heard. She was feverish; her pulse was 130; her bowels loose. She was in the seventh month of pregnancy.

For six days she continued in much the same state, as an ordinary case of typhoid fever, with moderate pneumonic complications; her bowels loose; her pulse above 120; her tongue dryish; and a general condition requiring wine and brandy. During these six days, her throat remained free from diphtheritic appearances; but on the morning of December 20th it again became sore, and in the evening the uvula and soft palate were covered with a white exudation, the adjacent parts being bright red. Her pulse then became a little less frequent, falling to 116. Chlorate of potash was now prescribed in small frequent doses, and next day tincture of perchloride of iron. On December 28th, her urine contained albumen. The exudation, after its reappearance on December 20th, was seen from day to day; it had a diphtheritic character, and was very extensive. It was still present, though somewhat reduced in extent, on January 2nd. When I saw her on January 5th, it had been completely cleared off.

Early in January, she began to suffer much from retching and vomiting. She was troubled also with cough. The right lung was consolidated at its base, but to a small extent only. The vomiting so persisted from day to day as to bring her into great peril. On January 20th, the liquor amnii escaped. Active delirium now came on, and continued for upwards of twelve hours, when she suddenly aborted of a seven months' child, which lived half a day. The mother nearly died during the removal of the placenta, though scarcely any blood was lost. After labour was completed, the vomiting ceased, and she gradually recovered.

Mrs. K. had been nursed during her illness by her mother, Mrs. S., aged 58, who lived in the outskirts of Cambridge, in an isolated cottage within a large garden. On February 14th, 1862, she took to her bed with typhoid fever. She had the ordinary symptoms: the rose-spots, loose stools, etc. She went on favourably until March 13th, when, after sitting up near an open door, she had rigors, ushering in double pneumonia and hæmorrhage from the bowels. She died on March 24th.

The chief interest of Mrs. K.'s case is in the disappearance of the local signs of diphtheria, and their suspension for six days during the continuance of the typhoid fever, and then their reappearance and persistence for thirteen days or more. This appears to me a fact, not perhaps contrary to what might be expected, but at least worth notice. It differs from what was reported in the case of Mr. Fawcett.

Nine years previously, I had attended a severe case of typhoid fever in the same house, in Manor Street, in which Mrs. K.'s illness occurred. The patient was a young man of a different family.

¹ Read at a meeting of the East Anglian and Cambridge and Huntingdon Branches.