SOME CLINICAL OBSERVATIONS

AND

PROFESSIONAL REMINISCENCES,

*Being the Presidential Address to the North-West London
Clinical Society on Wednesday, October 30th.*BY SIR RICHARD QUAIN, BART., M.D., F.R.S.,
President of the General Medical Council.

My good friend Dr. Cagney has by some magnetic influence induced me to address you this evening, which, being my seventy-ninth birthday, I might have spent by my own fire-side. I may tell you that to-night.

CHOLERA.

To begin, then, with a few words of a personal character, I should say that in the year 1831 I became the pupil of an Irish surgeon-apothecary in Limerick. It was the year of the invasion of cholera. I recall one incident which impressed me. When my master had gone out in the morning, an old gentleman, between 70 and 80 years of age, called. He said: "Mr. Quain, I think I am very bad. Can you give me something? my bowels are bad." I said: "I am afraid you have got this disease." I gave him the routine remedy of that day. This varied, but probably at that time it was what was called "Ponsonby's drops"—a solution of camphor in spirits of wine, introduced by Lord Ponsonby, then Ambassador at Vienna; and I believe that and cold water did as much good in cases of cholera as any of the remedies that had been tried for it. The leading physician of the day in Limerick was Dr. Lyons, and his invariable practice was to give half a drachm of calomel and a couple of grains of capsicum, followed by further doses of calomel. My master being unable to go and see the old gentleman to see how he was, I knocked at the door and inquired, and the answer was, "Sir, he died an hour ago." That was a shock for a pupil fresh from school, who had been talking to this old gentleman at noon, to find that he was dead at six in the evening. The disease was very violent in Limerick at the time. It was limited to a district. This brings me to a very interesting and remarkable point. Why is it that we are protected, and that cholera is prevented from invading us? It is very much owing to the researches of a man, probably hardly known to any of you—Dr. Snow. He it was who pointed out that cholera was propagated by polluted water. This conclusion was the result of close research, Snow's investigations being opposed by such eminent men as Dr. Baly and Dr. Gull. They did not believe that cholera was thus propagated. At last there occurred a very bad attack in the neighbourhood of Golden Square, and the Broad Street pump became historical. Snow found that the people who drank water from that pump suffered from cholera, but those who did not, and took other water, escaped. An old lady and her niece migrated to Hampstead from this district, and died of cholera. There was not a case of cholera at Hampstead, but Snow showed that these good people had the water sent to them daily from their favourite pump to Hampstead. Nothing could be more confirmatory of the fact that cholera was propagated by poisoned water. These researches were extended by Sir John Simon and his able lieutenants, Drs. Parkes and Netten Radcliffe. Yet to-day possibly nine-tenths of the people now living do not know of Dr. Snow. There is no memorial; no monument. His name is unknown; but I hope, before I leave this earth, I shall secure something in the shape of a memorial to him. Probably the best of all would be, on the Thames Embankment, a granite fountain with the inscription that Dr. Snow had saved millions of lives. He was a graduate of the University of London, a member of the College of Physicians, and lived in Savile Row. He died at 50 years of age. He was a most unobtrusive man, and is best known as having written on chloroform and anæsthetics. We found memorials to all classes of people, and he is forgotten. He has been instrumental in saving the lives of

millions. Had he been a successful general, responsible for the deaths of thousands, he would have received a peerage and a pension.

THE GROWTH OF MEDICAL SOCIETIES.

In my early days there were only four societies of this character in London—the Hunterian, the Medical and Chirurgical, the Westminster, and the Medical Society; now there are twenty. The extension of these societies is a proof of their value, otherwise they would not exist. It would be well if they could be more concentrated. It was suggested at one time that the Medical and Chirurgical Society should be a great centre for all other societies. I have in my possession a series of rules and regulations that were prepared to convert the Medical and Chirurgical Society into the Royal Medical Society of London. It did not succeed, and so we are now divided. The Pathological Society was the first branch from the Medical and Chirurgical Society. It was suggested that there should be pathological evenings at the latter, but the idea was abandoned. The Pathological Society was then founded, and it has had great success. I was one of the founders. The real founder was a man whose name probably you have never heard, Dr. Bentley. That is another name that I hope to rescue from oblivion. Dr. Bentley was a Guy's Hospital man in practice in the City, and having seen in the Dublin Pathological Society the advantage that would result from such a Society in London, he applied to a number of physicians and others connected with hospitals. They embraced the suggestion, and the result was the Pathological Society of London. Dr. Bentley did more, for he was the founder and originator of the Victoria Park Hospital.

Turning to the clinical societies and their work, I do not know anything more important than the application of knowledge to the relief or cure of disease in the wards of hospitals. I was reading the other day an observation of Mr. Thistleton-Dyer, of Kew, with reference to botany. He finds that the study of botany is now unhappily almost a thing of the past, that the modern university student of botany puts his elders to the blush by his minute knowledge of some small point in vegetable pathology, but he can tell little as to the contents of a country hedgerow, and if an unfamiliar plant is put in his hand he is very much at a loss how to recognise its family. Now these clinical wards of the hospitals very much resemble the hedgerow, and people who devote themselves exclusively to limited investigations would feel as much at a loss in the rows of beds in a hospital as the man did in the hedgerow of Mr. Thistleton-Dyer. I therefore urge above all things the study of all the phases of disease and its treatment. It is very well to borrow the ideas of those devoted men who work at special subjects, it may be in anatomy, physiology, or pathology, but we must seek to apply this valuable knowledge practically. It is our whole study, and our whole aim and object, to prevent or cure disease, and nothing contributes to this desirable end more than a clinical hospital, where you can study the phases of disease, and bring your remedies to bear upon their treatment. I therefore heartily wish success to your hospital and to your society.

ALBUMINURIA AND MERCURY.

Now, gentlemen, I have met very many remarkable cases in my lifetime, and I would like to bring some of them before you. I particularly refer to cases of albumin in the urine. It is unfortunate that the name of "Bright's disease" was given to the presence of albumin in the urine. It scares everybody. "It is Bright's disease," they say. That is a specific thing for which there can be little help. That is, as I say, a great mistake. I had a case brought before me of a gentleman, a very active literary man, whose whole life was work. He lived generously, he worked hard, and the malady for which he came to me was the presence of albumin in the urine. The urine contained a marked quantity of albumin; there was a specific gravity of about 1015, and there were a very few casts. I recommended him to get his liver unloaded by small doses of calomel. He found so much benefit from this, that he kept a little ivory box in his pocket with a certain number of half-grain calomel pills, and whenever he felt his digestion out of order or a headache,

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he took one. That treatment went on for 25 or 26 years. During all this time he was in most active work, yet he had copious deposits of albumin in his urine. But now here is a very remarkable point. This patient at one time developed an indurated growth in the form of a ring round the corona glandis. There was no abrasion, no swelled glands.

Mr. Henry Lee saw the patient with me. Mr. Lee said, "Upon my word, I do not know what to make of it, but I think he had better be treated as if he had syphilis."

We agreed to administer blue pill every night, and this gentleman being a man of tremendous energy, very go-ahead in everything, we found that after two or three days he was taking 25 grains of blue pill a day. Not only that, but he also practised mercurial inunction. He was so eager to get rid of this "filthy thing," as he called it, that he actually exposed his penis to mercurial vapour, and he did get rid of it. All this mercury did not affect the albumin in the slightest degree; it did neither good nor harm. Mr. Lee said he did not think it would do harm, because in a case of albuminuria, in which he gave a mercurial bath, the albumin was diminished. I want to impress this one point upon you: that there has been a morbid feeling as to the impropriety of giving mercury in albuminuria, dropsy, and so on. It may sometimes do harm, but I am quite sure of this, that mercury is often invaluable. I believe it relieves the congestion of the abdominal organs, the liver and kidneys.

The case I have just related is not an exceptional case. I was consulted by the parents of a young lady, 18 years of age, who when menstruating bathed in the sea. The menses stopped and œdema set in. This happened in May. I saw her in the following November; she had albuminous urine and general œdema. I did not quite see my way to using mercury, and I recommended hot-air baths, salines, and so on, but they had no effect. At last I determined to try mercury, and I gave her 3 grains of Plummer's pills—which would be equivalent to nearly three-fifths of a grain of calomel—three times a week; she took also some citrate of iron daily. By degrees all the œdema disappeared and the albumin got less. It never left her entirely. She got well, and was under my observation for eight years. I should say that she took 3 grains of Plummer's pill three times a week for a year, then twice a week for a long period, and then once a week. She went to the Cape of Good Hope, and when she came back she became engaged to be married. Unfortunately, after being married two years, she had congestion of the lungs following influenza, and died.

What I wish to impress on your mind is that under certain circumstances mercury is a most useful remedy in albuminuria, and it should not be avoided. In fact, the objection to it originated with Dr. Blackwall, of Exeter, who wrote in the year 1818 or 1820 on dropsy connected with kidney disease. He very nearly anticipated Dr. Bright. If you read the two side by side there is very little difference. At any rate, Dr. Bright's name unfortunately was given to mere albuminuria; and it is very difficult to say what "Bright's disease" really means. On one occasion an Irish lady had heart disease, congestion of the kidneys, and a good deal of albumin in the urine. I saw her with Dr. Richard Wheeler, and he let drop the words "Bright's disease." "Oh! have I Bright's disease?" Well," she says, "I shall see Sir William Gull, and I will ask him." Sir William Gull came. He saw the lady, and after a consultation she said: "Now Sir William, have I got Bright's disease?" "Madam," he said, "what is Bright's disease?" It was an instance of his tact; he evaded the subject, and went away. After he had gone, she said: "But he never told me." "Oh," I said, "he asked you what was Bright's disease, and you did not tell him." "How should I know?" said she. "Well, you don't know, and neither does he."

Speaking of Bright's disease, I was sitting next to Dr. Bright in one of the early meetings of the Pathological Society, and I happened to have the drawing, now in my hands, which I have given to the College of Physicians. It represents two distinct forms of Bright's disease—the large white and the contracted. I said: "Dr. Bright, which of these is Bright's disease?" "Oh, well," he said, smiling, "I will take them both." It is very unfortunate that the name "Bright's disease" should be used indiscriminately as it is, because it is applied to many cases which have nothing of so-called Bright's

disease about them. I will mention an illustration of that. I had a patient, a lady, who asked me to look at her boy, the only son and heir to a very large fortune. He was quite a skeleton, a wretched little fellow, 6 or 7 years old. I examined his urine, and I was very much surprised to find both sugar and albumin. I told her so. In the course of the afternoon her husband came and said: "You have shocked me about my boy; you find sugar and albumen in his urine; could that have arisen from eating sugar?" I said: "What does he eat sugar for?" He said: "His uncle consulted Sir William Gull about him, and Sir William Gull said as the boy was constipated, that he should eat plenty of bread and brown sugar." The boy liked the prescription, and indulged immensely in bread and brown sugar—any quantity. Of course this diet was stopped, and the boy got well. I lost sight of him for five or six years, and then he was brought to me from Eton. The servant who brought him said: "Eton is broken up, there is some scarlet fever there and floods, and the master desired me to bring the boy to see you. He has a sore throat and is not very well." I examined the boy, and found he had a great quantity of albumin in his urine. His throat was sore, but he had no rash; his figure was like a pouter pigeon, the abdomen marvellously distended. I said, "What have you been doing?" "Oh," he said, "I have been eating too much." It turned out that he had two hampers a week. Two other boys in the same house with him had two more containing pies and tarts, and all sorts of things, and this poor fellow had an enormous liver. I was very shocked, but his father telegraphed from Ireland, "Send him home: I have a very good doctor here." He went to Ireland, but the doctor there said, "Take him back again; I can have nothing to do with him." So the father and mother came over and brought him here, and I looked after him for a few days. The next thing I heard was that he had fallen from his horse when riding in Rotten Row, and was taken to St. George's, and there he was under the care of Mr. W. Rivers Pollock, the house-surgeon, and Mr. Dent. Of course the father and mother were very much alarmed. They asked me to go and see him. Mr. Dent and Mr. Pollock said: "We are sorry to tell you, but he has fracture of the orbital plate, and hæmorrhage all round the eyes, with albuminous urine. We thought it a very serious case." The boy was treated with simple diluents, and the albumin gradually disappeared. After a while he got better, and was taken to the hotel where his parents were staying; then when he returned to a diet of ordinary fare the albumin returned. The parents were so anxious about it that I had a specimen of the urine three times a day sent to me to be analysed, and each time with a bill of the fare of what he had eaten before. I tried to discover what suited him and what did not. I found that after a luncheon of cold chicken and tongue there was a great quantity of albumin. However, he got better. He went to Ireland, and the next thing I heard of him was that he was at Cambridge, and very fortunately he came under the care again of Mr. Rivers Pollock, who was then at Addenbrooke's Hospital. The boy was quite well, and was the master of the harriers. He grew into a healthy young man and is now married, so that you see albuminous urine does not mean a serious Bright's disease that cannot be cured.

DISORDERS OF THE LIVER.

This case, gentlemen, brings me to the subject of disorders of the liver. Now, when we remember that every animal in creation from the highest to the lowest has a liver, or something equivalent to it, it must be an organ of very great importance, and I believe sufficient notice is not taken of it. I have seen myself a sequence of sugar and albumin and urea appearing alternately in the urine. I wish I were skilled enough in organic chemistry to explain this, but it is not within my power to do so. I will give you an illustration. It was formerly said that the proportion of urea you may find in the urine depends entirely on the quantity of urine that is passed. On one occasion I was consulted by a gentleman living in the Temple. He was a young man under 40 years of age, with large means. I saw him with Mr. Savory—afterwards Sir William. He said: "This man is dying; I do not know what is the matter with him. All his family die in this way." The patient was a good-looking fellow, whose complaint was: "I cannot do anything,

doctor; the fact is I am no use." "Are you very weak?" "Yes, I am very weak; I do not care to walk or to do anything." I said: "What do you eat?" He said: "I like vegetables. I take little but vegetables and very little stimulant." I said to Savory: "How about his urine?" He said: "His urine is all right." I said: "I should like to have some of it." It came to me, and I found that it had a specific gravity of about 1035, and was loaded with urea. The next meeting I had with Savory I said: "I think I have a clue to it." When asked if he passed much urine, he said he was weary of performing the act of micturition, passing from six to eight pints daily.

Now that single case upset the whole theory that when there is excessive urea it is owing to the diminished secretion of urine. In his case the secretion was enormous. He was well purged with colocynth and blue pill, and got well, this treatment being pursued for years. That case led me to think how much the liver had to do with the excretion of urea. A French writer, Dr. A. Martin (Paris, 1877) has pointed out that the amount of urea in the urine is very often a test of diseased or congested condition of the liver. I have found that information very useful in like cases. People come to you and say: "I am so depressed; I am so languid, I can do nothing." Examine the urine, and in nine cases out of ten in that condition you will find excessive urea. Put the liver right, and you will generally cure the patient.

The late Mr. Carlyle was a patient of mine. As all the world knows, he was a man of great judgment and great power of observation. With regard to himself, the only remedy I could ever get him to take was grey powder. He lived to 82 or 83. Grey powder was his favourite remedy when he had that wretched dyspepsia to which he was subject, and which was fully accounted for by the fact that he was particularly fond of very nasty gingerbread. Many times I have seen him sitting in the chimney corner smoking a clay pipe and eating this gingerbread. He overcame the difficulties incident to this habit by his grey powder, which did him much good.

A very interesting and remarkable case was that of a nobleman 63 years age, a man of great intelligence, of very amiable character, and clever. He had been a patient of Dr. Lombard, of Geneva, the physician who first indicated a difference between typhoid and typhus fever. Lord A., as a boy at College, had acute rheumatism and endocarditis, and it was many years after that that he first came under my notice. I found him in the month of November suffering from a mild form of influenza. It was one of those foggy days by which we are so much afflicted, and he said, "I won't stop here; I am going to the South of France, but I should very much like to see Bence Jones and Dr. Watson before I go." When they met, Bence Jones said, "Well, that man ought to have died long ago; I told him so." True enough, this gentleman always met Bence Jones afterwards by shaking hands with him and saying, "Jones, you may shake hands; I am not a ghost." However, Drs. Watson and Bence Jones agreed that he should go to Paris, and he went. He was under the charge of Dr. David Christison, the son of Sir Robert. He arrived at Paris in the evening, and the next day but one I got a telegram: "Lord A. is very ill; pray come to-night." I went over and arrived in the morning, and met Dr. David Christison. He said, "He is very ill; he has congestion of the base of his left lung." I knew at that time he had albuminous urine; he was suffering from mitral valve disease with some enlargement of the heart. Nothing could be more unfavourable than his aspect, for he was very ill. Sir Joseph Olliffe had called in Baron Louis and M. Trousseau; they prescribed a mild dose of grey powder and antimonial powder. Trousseau said that he should take nothing beyond "tisane."

As this was contrary to the suggestion I had made to Dr. Christison as to the importance of maintaining his lordship's strength I was sent for. Seeing how low the patient was I immediately prescribed for him the *mistura spiritus vini Gallici*. I believe this to be a valuable remedy in many cases. In the first edition of the *Pharmacopœia* published by the General Medical Council it was left out, but it has since been restored. I also applied a blister. When Trousseau arrived, between 10 and 11, with Baron Louis and Sir J. Olliffe, I said: "Knowing his lordship, I felt it neces-

sary to give him brandy." "What?" said Trousseau. "do you cure Bright's disease in London with brandy?" "No, we do not," I replied; "but I should like to keep his lordship alive while your remedies are doing him good." As the result of the treatment Lord A. got much better, and I went away after eight days leaving him better. Baron Louis then came to see me, and was rejoiced to find how well he was. He, however, said: "I know at the Hôtel Bristol there is some magnificent burgundy. He must be tired of the brandy; give him some burgundy." The patient took it for three days, and then his kidneys stopped secreting and there was more albumin than ever in the urine. I was recalled, went on again with blue pill and squills and so on, and Baron Louis was sent for. I said: "M. Louis, this is the effect of the burgundy." "No," he said; "it is the over-feeding; you have given him so much to eat. What will you do?" I said: "We will give him blue pill." He said: "Do you cure Bright's disease in England with blue pill?" I said: "I do not know that anything will cure his lordship now." Fortunately, the blue pill did good; the dropsy went and he got very much better, though he remained extremely low and had aphthæ of the mouth.¹ He had a very sore back; though he lay on a water bed, a portion of the sacrum was exposed; but, notwithstanding that, he got better, was moved, and finally came home to his country house in England, and went on extremely well for the remainder of the summer. But in November he went out for a drive on the Downs; he got cold and had pleurisy. He got through it, but eventually he died suddenly at the end of March from heart disease. However, he might have been well now if it had not been for this undue exposure on a cold winter's night. M. Trousseau introduced this case into one of his clinical lectures, winding up with the sentence, "Had he been a Frenchman he must have died."

SOME REMARKABLE CASES.

Passing now to one or two rather remarkable cases, I was asked to see a gentleman in Harrington Square, aged about 40, with Mr. Claremont, of Hampstead Road. He said, "This is a very curious case. The man has a morbid impression that his bodily smell is most offensive. He is engaged in business as a solicitor. He meets his partners, and conducts business with them, but he has tact to hide it from them." The patient was in his bedroom, dressed exquisitely cleanly. He said, "Well, sir, I am very sorry to bring you here. My smell must be most offensive to you; in fact," he said, "I am afraid your horses will feel it at the door." That was his strong impression, and even the pictures in the dining room were covered up to keep them from this offensive matter. I examined his abdomen, and found a swelling in the iliac region. I said to Mr. Claremont, "He has a fecal accumulation there." He said, "All my smell comes from there." Mr. Claremont subsequently had to open a very fetid caecal abscess. We know that there is nothing more intolerable than the stench of such an abscess. But how will you account for his impression? There, however, is the fact: Mr. Claremont and I witnessed it. He was perfectly cured by the discharge of this abscess.

There was a second case of another kind. I was asked by Dr. Walsh, who afterwards left London, to see a patient with him, a man of rather eccentric habits. It was said that he had been shut up for three or four days, and that when the door was opened he was found lying on the bed quite insensible. No food was to be seen beyond the remains of a mutton chop which he had provided for his parrot. We were told that he was always talking about "a block," and the fear of this block prevented him from eating. We brought him to, but he died in the night. A *post-mortem* examination revealed that he had a lump of feces in the rectum as hard as iron.—there is no knowing how long it had been there. It was as big as a man's fist. It was perfectly true that the poor man had a block, and he had starved himself to death in consequence.

I will now mention a case or two of another kind. I was required by Mr. Wakley, the coroner, to make a *post-mortem* examination of a man whose story was this: He was a mason. He came in to his dinner, went to the scullery, washed his

¹ I had more than 100 telegrams from him during the illness, and went 17 times to Paris.

hands, and when he came out he said to his wife, "It is all over, I have taken poison." "What have you taken?" "Arsenic." She carried him off to the Western General Dispensary, where my excellent old friend, Dr. Humbey, at that time was resident medical officer. He was out, but there were two young pupils of his there, very good fellows, who thought it was a very important case, and they would treat it pretty actively. They gave him tartar emetic, pumped out the stomach, and pumped oxide of iron into it, and a good many other operations they performed. The poor man was extremely ill, had vomiting, with profuse painful diarrhoea, and died in twenty-four hours. The beadle of the coroner went to the chemist, and said, "How did you come to sell this man poison?" He said, "I sold him no poison; I thought he was off his head when he came." "What did you give him?" "Oh, I gave him some alum and cream of tartar, and labelled it 'poison.'" He swallowed this. When I made the *post-mortem* examination, to my amazement I found a very great deal of arsenic in the stomach. That was rather puzzling. I said, "If it is in the stomach it ought to go further down." So I searched the intestines, but there was no trace of arsenic anywhere. The simple explanation of it was this: These two young fellows, horrified to find the man had died without taking arsenic, pumped some into the stomach. Mr. Wakley was a very stern man, but of most amiable and excellent disposition. He said, "Now, Quain, this is a dreadful thing. These people might be declared guilty of manslaughter; at any rate, it is a great contempt of court. I will commit them." I begged him not to do so, saying, "You will ruin them. I am sure it was all well intended." Finally the coroner was persuaded to let the matter drop. But it was a very remarkable case. I might have had some hesitation at first about it had not the quantity of arsenic been so enormous. I should mention that there were two intussusceptions in the ileum.

THE GENERAL MEDICAL COUNCIL.

I have occupied a great deal of your time, but will you excuse me, as President of the General Medical Council, saying to you a few words on that much abused body? I have been a member of the General Medical Council more than thirty years, and I feel assured that body will have an enormous influence for good on the medical profession hereafter. I remember that when general political reform was in the air there was also a question about medical reform, and the great cries of that day were, "Let the profession govern itself, with uniformity of qualification and reciprocity of practice." At that time, as you may know, people educated in Ireland were not qualified to practise in England and Scotland, and *vice versa*. Uniformity of qualification has hardly yet been reached, but reciprocity of practice has been fully established. That was asked for, and very many appeals were made to Government and Parliament for medical reform. Some people wanted very much, some wanted very little, and between the extremes what one Government proposed was that the Government should appoint the General Medical Council, and to have a Government stamp of registration—that is to say, to take the control of the medical profession entirely out of its own hands, and to give the fees that were paid altogether to the State as a tax. That was very much opposed, and was never carried, but the Government saw their way to a change, and the beginning of it was that a Board was constituted in 1832, called the Board of Health. At that time Sir Benjamin Hall, a very radical man in his tendencies and a homœopath, was President. We went to him to ask him to give us a medical Bill. He said, "What do you want?" He said, "Do you mean to tell me I am not to go and consult anybody I like?" We answered him: "Yes, consult whom you like. You may go to the greengrocer; we have no doubt he is accomplished in simples, but we won't allow him to be called Dr. Green." He assented to that, and said: "Let me remind you how it was when Lord Althorpe was Chancellor of the Exchequer," and he told us this story: There was a suggestion before the House that nobody should be allowed to prescribe unless qualified, and Lord Althorpe said: "The last financial statement I had to make, I was coming down to the House. I was suffering intensely from gout, so that I thought of turning back and postponing it, but," he said, "I went into a chemist's in Parliament Street, and he gave me

some medicine that relieved me immediately. Am I not to get such a thing as that?" he said, "the thing would never be tolerated." Well you know that tradition exists in the House of Commons, and I believe nobody would ever there say: "You must prevent people from prescribing." You may prevent them from calling themselves or pretending to be doctors, and I believe in our Act we have enough to prevent that, and I trust whether we get further legislation or not we shall be able to prevent people calling themselves doctors and imposing on the public. That is quite as much as we shall get.

But with regard to the Council itself, if you have before you the names of the very distinguished men, from first to last, who have taken a share in it—Brodie, Green, Watson, Burrows; and men from Edinburgh—Christison, Syme; and from Dublin—Stokes and Corrigan—men of the very highest type, and those equally great men, their successors—I believe these men have always worked for the advantage of the medical profession; but they have been prevented by jealousy, one body of another—rivalries—what Sir Dominic Corrigan called the "battle of the shops," and have never had free scope. By degrees a better feeling has come about, not by legislation or by prosecutions, but by what Mr. Syme called "moral suasion." I believe that the bodies are coming round to see that it is most desirable for their own interests, and for the interests of the profession, that they should have honest and sufficient examinations, and that in a little time you will see, under the guidance of the General Medical Council, by their visitations of examinations and by not proceeding harshly or quarrelling, a very great advance will be made in the education of the medical profession. When I first joined it I remember the examination of the College of Surgeons extended over one hour—half anatomy and half surgery; now the conjoint examination is spread over more than thirty-two hours, so great is the advance; and this examination must of course lead to improved education. The period of study was at one time two and a-half to three years; now it is five. I believe very much of this change is due to the General Medical Council. They have had great difficulties to meet—the "battle of the shops" and so on; but I believe you will all live to have the government of the profession in your own hands. We are compared sometimes with the lawyers, but if you look at the solicitors they have no power. However infamous a man's conduct may be, they must bring him before a court of law. We need not do that. The highest court has pronounced that if we declare a man's conduct "infamous," there is no appeal. It is so, and therefore it makes us extremely careful in coming to a decision on that point. But there are degrees of disgrace less than infamy which ought to be corrected. This should be done by the medical authorities in their by-law. At this moment I have before me the case of a grocer in Liverpool who gives with a quarter of a pound of tea a ticket to three doctors, and any one of them can be called in. These doctors are the hirelings of this man, and he says to his customer: "If you buy a quarter of a pound of tea a week, or for two or three weeks, you will be entitled to receive medical assistance." Can greater prostitution of an honourable profession be? Again, with regard to the fee of £5 paid for registration, it compares favourably with the stamp tax of £30, and £25 paid by a solicitor on admission, besides the annual tax of £9 for the certificate.

There are many other things I might have said, but I will not detain you longer, and I thank you very much for the attention you have given me.

PROFESSOR RIEDEL, of Jena, has been called to the Chair of Surgery at Göttingen in succession to Professor König.

WE are pleased to note that Dr. Urbano Orad, the medical officer of the Spanish army whose death in Cuba was recently announced in the *BRITISH MEDICAL JOURNAL*, is still alive and has nearly recovered from his wounds.

ON Monday, November 4th, the President of Council of the British Medical Temperance Association gave a breakfast to a number of medical students in the Throne Room of Crosby Hall, Bishopsgate Street, London. Speeches were delivered after breakfast showing the advantages of total abstinence from alcohol, especially to medical students.