in the sac or membranes of the chord. The sciatic nerve was of its usual size.

Mr. Porter then gave the statistics of twenty-one published cases, from which it appeared a large proportion occurred in the sacral region, and then the lumbar, and from the results of these cases he drew the conclusions, that spina bifida is not necessarily fatal, that it does not appear that the results of surgical interference are very encouraging, and that puncture is the only operation which is worthy of trial.

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

[These observations were originally addressed to Dr. Charlton, the Secretary of the North of England Medical Association, and published by the Council of that Association. They are here reprinted with some additional remarks and alterations.]

In considering the bill of Sir James Graham, we may in the first place rejoice that the subject of Medical Reform has at length been brought before Parliament, and under such auspices as will secure for it some degree of attention. The provisions of the bill are for the most part such as we have been led to expect from the reports which have at different times got abroad respecting it. In some points, it would, if enacted, constitute an improvement on the present state of things: in others it would place us in a worse condition than we occupy at the present time.

The establishment of a Council of Health, &c., is a most important step. Such a body might be rendered highly advantageous in many ways, and would tend to obviate many of the incongruities of which we have now to complain in medical education and government. The control of the Universities and Colleges by a general council would be most useful. The *Times* objects to this feature of the bill, but I think without reason: what institutions are more in need of supervision? Is it proper that in the same profession, so many establishments should have uncontrolled power to make each its own regulations, irrespective of the rest, particularly when as in some cases the same body of men, in addition to the making of such regulations, act in the twofold capacity of teachers and examiners of their own pupils? whose fees depend on the number of *successful* candidates for degrees, diplomas, and licenses, while the institutions to which they belong are enriched by the admission of the same? One of our greatest defects consists in the want of uniformity in the conditions upon which parties are admitted to practice, a defect which has given rise to a very unfair competition, to the admission of improper parties, and to the consequently inordinate overstocking of the profession. This evil clause 19 of the bill is *intended* to obviate, and such an arrangement it has ever been one of the main objects of reformers to accomplish. The 14th clause would ensure a *complete* education for general practitioners—at present we have *mere* Licentiates of the Apothecaries' Company styling themselves "*surgeons*," while many whose sole qualification consists in a surgical diploma, are acting as general *medical* practi-

tioners. The bill would furthermore yield reciprocity of privilege, by abrogating all local restrictions, and enabling the qualified practitioner to exercise his vocation as such in any part of the United Kingdom.

A register of qualified practitioners is also a useful provision. The age at which parties are to be admitted as physicians and surgeons is an improvement. It will tend to secure for these departments accomplished and learned men. Some will continue their studies until the prescribed age, others will in the interval between 21 and 26 occupy themselves in general practice. Clause 16 would oppose an effectual barrier to foreign degrees attainable by purchase.

The bill would annihilate the Apothecaries' Company as an examining and licensing body for medical men. This is another improvement, and in saying so I am actuated by no feeling of disrespect towards the Company. On the contrary, I am desirous to give it credit for having done its best to administer, with advantage to the public and the medical profession, a very defective Act of Parliament; and in its hour of trial I should be most unwilling to deprive it of the consolation it must derive, from the sympathy of those who formerly displayed but little affection or respect towards the "Old Hags of Rhubarb Hall. But agreeing in opinion with Mr. Green and others, that the office of examining and licensing the general practitioners of England should never have devolved on a "city guild and trading company," I feel but little sorrow in the prospect of this duty being transferred to the Colleges of Physicians and Surgeons. The improvements in medical education made by the Apothecaries' Company have, in my humble opinion, been somewhat over-rated. The court of examiners have from time to time increased the number of classes and lectures, &c., to be attended by the student, but I question whether they have increased in a *corresponding degree*, his actual and practical attainments. The system of "grinding" has flourished *pari passu* with the augmented curriculum of Apothecaries' Hall, and the licentiate has entered upon practice with his head "crammed" with a huge mass of ill-arranged and undigested matter. His education has not, in fact, been of a sufficiently practical character. I will do the Company the justice to say, that the five years' apprenticeship entailed upon it by the Act of 1815, has stood very much in its way as an educational establishment.

Clause 25, for securing efficiency of examination, is amongst the good parts of the bill. Written or printed questions, furnished by the Council, might, with a view to uniformity, constitute a part of the examinations of the different boards.

Clause 30 distinctly states, that unregistered practitioners shall not recover at law charges for advice, &c. It does not so clearly give that power to the registered, although such may be inferred to be the meaning of it. Physicians being "registered persons," would, I imagine be entitled under this clause, to a legal claim for payment of their professional services. The clause might be made more explicit: a clearly defined right to remuneration for *advice, attendance, and operations*, would strengthen the hands of those general practitioners, who are endeavouring to abolish the system of making their charges dependent on the quantity of medicines supplied to their patients.

Clause 31 renders it penal for any unregistered person to style himself a "physician," "surgeon," or "licentiate in medicine and surgery;" (these are the titles under the bill,) but if I mistake not, he might call himself a "general medical practitioner," or even a "doctor of physic," with impunity. The clause is good—as far as it goes.

The foregoing appear to me the provisions of the bill, which, if carried out in a proper spirit, would render it, so far as they are concerned, a measure of utility both to the public and the medical profession. To sum up briefly, I would say, that in establishing a Council of Health, placing the whole profession under the superintendence of one presiding body, controlling the Universities and Colleges, promoting uniformity of qualifications, insuring a complete education for the general practitioner, abolishing local restrictions and yielding reciprocity of privilege, providing a register of qualified practitioners, fixing a more suitable age for the admission of physicians and surgeons, preventing the importation of degrees attainable by purchase, releasing the profession from its connection with a trading company, adopting means for securing efficiency of examination, giving to all registered practitioners power to recover charges for attendance, &c., and making it a misdemeanour to assume falsely certain titles, the Bill would constitute an improvement in medical legislation.

(To be continued.)

HOMŒOPATHY—MEDICAL ETHICS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The subjoined letters will explain themselves. Were this merely a private matter I should not seek to occupy your valuable pages with it. I am induced to believe, however, that it has a more general interest to the profession, as indicating the proper course for its regular members to pursue in, what may sometimes prove, difficult circumstances. If you agree with me, and deem it of sufficient importance, you will, by giving insertion to it, oblige,

Sir, your most obedient servant,

CHARLES CHADWICK, M.D.,

Physician to the Leeds General Infirmary, &c.

Leeds, November, 1844.

(Copy.)

"12, South Parade, November 8th, 1844.

"Sir,—The position which a medical man holds towards his professional brethren is of such moment to him, that he cannot but be anxious to set in its true light every action that is likely to affect it. You will therefore not be surprised that I should be desirous of stating, as is done in the following lines, the sentiments I expressed on Tuesday evening last, in the conversation I had the honour of holding with you. I have besides another object in addressing you: it is to request that you, in like manner, will relate in writing the substance of what you expressed on the occasion referred to. I am led to hope that you will not withhold compliance with this request, from your having informed me that the views to which you then gave

utterance, had been formed during nearly a week of deliberation; they may therefore fairly be presumed to be precisely such as you had on reflection determined to be right. I may also be allowed to remind you that since what passed between us is likely to be the topic of conversation in many circles, it would be well that the mention of so unusual a procedure, as your refusal to accept as an acquaintance one holding the same professional degree with yourself, and who was introduced to you by a mutual friend, should be accompanied by the statement of the reasons which in your opinion justified such a step.

"I stated to you, that believing as I do in the superiority of Homœopathy in the treatment of disease over the prevalent medical systems, my practice must differ from that of the majority of the profession, and by this circumstance we appear to be mutually precluded from meeting in consultation. I cannot, however, discover why this should prevent the customary interchange of professional courtesies. Myself differing conscientiously from others, I am willing to believe that they as conscientiously differ from me, and acting on this belief, I am anxious to show that I have no wish to allow these differences of opinion, to be an obstruction in the way of courteous and friendly intercourse with my professional brethren. And to this intercourse I looked as the possible means of removing, sooner or later, those differences of opinion as to the treatment of disease which at present divide us.

"I have the honour to remain, Sir,

"Your obedient servant,

"F. W. IRVINE.

"To Dr. Chadwick."

[Copy of reply.]

"Leeds, November 11, 1844.

"Sir,—I shall not shrink from the position, however unenviable, into which you seem anxious to draw me, by making me accountable for the disappointment you naturally experience at your professional reception here, but at which you should not be at all surprised, so far as it affords me an opportunity of setting myself right upon the question of social etiquette, which you think I have infringed.

"Whatever might have been your anxiety to form the acquaintance of any professional gentleman on your arrival in Leeds, you should have remembered, and in some sort observed, the ordinary usages of society, which I am now obliged to say you have, to a great extent, disregarded.

"You first left your card at my house, and you should have drawn but one conclusion from my not returning the call. You then, after some time had elapsed, brought a card of Dr. Drysdale's, which was, I find, intended as an introduction by that gentleman of yourself to me. With that gentleman I never had more than a slight college acquaintance, and never having interchanged with him other than ordinary civilities, should certainly not have spoken of him as 'a friend,' nor should I have presumed to introduce any medical friend of mine who might happen to visit the place of his residence to him, still less one holding opinions diametrically opposite to his own on subjects of such vital importance. I am quite aware you might be ignorant of the exact nature of our acquaintance, but your friend Dr. Drysdale should have considered