

able to his *Alma Mater*, that he will be glad to have any contrary impression that may arise from its perusal corrected; and I attempt to do that, because I concur in the remark quoted from Dr. Humphry's letter, that "for the intelligent and industrious student, the universities are the very best entrance to the profession." I am, etc.,

F.R.C.S. WHO REGRETS NOT HAVING HAD AN
UNIVERSITY EDUCATION.

March 26th, 1861.

PROFESSOR BENNETT ON MEDICAL
EDUCATION.

LETTER FROM JOHN HUGHES BENNETT, M.D.

SIR,—As my remarks on Medical Education appear to have been much misunderstood, I have to ask, as a favour, that you will insert the abstract of them which I now forward. The insinuations of your Edinburgh correspondent are alike unfounded and ungenerous. I beg emphatically to deny that I have ever manifested dislike and disrespect to the extra-academical school of this city. I am satisfied, also, that if the opinion of the Edinburgh students could be ascertained, they would repudiate the correctness of his statement, that assessors were required in the University in order to secure to them a fair examination. I am, etc.,

J. HUGHES BENNETT.

1, Glenámas Street, Edinburgh, June 4th, 1864.

Lectures. It has been said that lectures occasion loss of time to the student, and that better information is to be obtained by private reading and reflection. But this cannot with correctness be said of such lectures as are good and well delivered. An able condensation of our existing knowledge, drawn up by one thoroughly acquainted with the subject, delivered orally, with proper emphasis and gesture, and illustrated by well executed drawings and experiments, must be regarded as amongst the best means of instruction. But if the lecturer knows little of his subject, reads a monotonous compilation incapable of fixing the attention of his class, or has not sufficient means for illustration and experiment, then the lecture can produce little effect. What, then, is required is not the suppression of lectures, but that such as are necessary should be well delivered and sufficiently illustrated. In short, pains should be taken to obtain good instructors: and this point, which has escaped all writers on the subject, is one which primarily demands the attention of the Medical Council. No one should be permitted to become a lecturer in medicine, unless he can show that, by previous studies at home and abroad, he possesses: first, an extensive knowledge of his subject; and secondly, the power and means of communicating what he knows to others. In France and Germany, this is sufficiently secured: but in this country, lectureships in medicine are distributed in schools irrespective of any knowledge or aptitude for teaching special subjects.

But whilst, on the necessary and essential subjects, the greatest care should be taken in the appointment of teachers, every encouragement should be given to those who lecture on extra topics. The greater number of specialties that can be treated of the better; and as such courses are not imperative, there is no danger of their being any tax on the student's time and resources—at least, so long as the essential branches are well taught. There are many subjects which, in every medical school, admit of supplementary instruction, such as ophthalmology, dentistry, syphilitic and mental diseases, practical histology, etc.

Examinations. With examinations, as with teaching, the first point is to secure that the examiners thoroughly know the subjects upon which they examine, and are capable of eliciting from the student the amount of his knowledge. On looking over the list of our examining boards, it will too often be seen that some of the gentlemen who compose them have never taught or especially studied the matters on which they examine.

The only parties capable of examining are experienced teachers, who, in consequence of their annually reviewing their special subjects, must be cognisant of details. It is easy for boards or for the Medical Council to regulate on paper what may appear to be an effective examination; but unless they secure good examiners, who will conscientiously perform their duty, all such regulations must be vain. In Edinburgh, there are certain parties who allege that all teachers are too lenient to their own pupils. They have had sufficient influence to cause a portion of the limited sum granted to the Scotch Universities to be set aside for the payment of what are called assessors. It has been sufficiently shown that these gentlemen, for all the purposes of a true examination, are unnecessary, and that, so far from acting as guards for the public against incompetent practitioners, they are more indulgent to the students than the professors themselves.

What the Medical Council, therefore, should especially pay attention to are: 1, the means of securing good teachers; 2, the means of obtaining efficient examinations; and 3, how to extend the practical methods of learning the science and art of medicine in our schools.

[We insert those parts of Professor Bennett's lecture which refer to the point in hand. We certainly do not see that he anywhere condemns the extra-academical schools. EDITOR.]

FOREIGN BODIES IN THE EAR.

LETTER FROM PAUL BELCHER, ESQ.

SIR,—With your permission, I will make a few remarks upon the subject of which Mr. Thompson treats in last week's JOURNAL.

I do not think it needs any apology as a "little matter for insertion", because these *difficiles nugæ* make up chiefly the sum of the country practitioner's daily work. The other day, I saw a little child who had put a stone into his ear. He had been seen by an experienced surgeon, who had failed to extricate it by forceps, etc. Immediately upon syringing the ear, and before the syringe was more than half emptied, the stone was expelled. It was polished, smooth, and white, and of the size of a horse-bean.

I think I may state it as a fact, that there are very few cases where syringing with more or less assiduity will not be effectual; and that not only is it a means to which "it may not be amiss" to resort, but that it is the remedy *par excellence*, and will disappoint us far less often than the most ingenious or complicated instruments.

Dr. W. Kramer, in his book on *Diseases of the Ear*, says (New Sydenham Society's edition, p. 46: "Laceration of the membrana tympani, serious injury to the periosteum of the tympanic cavity, with consecutive and fatal inflammation of the dura mater, are consequences which, even in the hands of eminent surgeons, I have seen result from attempts to remove foreign bodies from the meatus. It would, therefore, be quite useless to enumerate the various instruments which have, even up to a very recent period, been suggested for this purpose." It is only, he says, when the body lies in the outer part of the meatus,

does not quite fill it, or is of a fibrous nature, that we should resort to forceps. In all other cases, he advises syringing. The water, he adds, penetrates behind it, and "raises it even where most firmly impacted, and, in a perfectly gentle and quiet manner, washes it unflinchingly out of the ear."

I am, etc., PAUL BELCHER.

Barton-on-Trent, June 1st, 1864.

GRATUITOUS MEDICAL SERVICES.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—In a letter on this subject, or, as he calls it, "professional charity", Dr. William Ogle has, I think, entirely misrepresented the spirit and motives with which the Metropolitan Counties Branch discussed this question, when he says: "I think the narrow and self-interested view of advice gratis, which was taken, for instance, by the Metropolitan Counties Branch (see resolutions proposed by Dr. Gibbon, 1863), is most damaging to our professional reputation."

As far as I am concerned, my view was assuredly not *self-interested*, for I have long ceased to fill any gratuitous medical appointment; and, further, I have repeatedly declined to assist friends in securing such offices. It is more difficult to refute the charge of *narrowness*. Perhaps I shall best do this, together with that of selfishness, by referring your readers to the list of members present at the discussion, and to the fact that the resolutions were unanimously agreed to.

I have always argued this question in the patient's interest. In urging the Association to take action, I wrote you (Sept. 6th, 1862) as follows:

"There is one point which perhaps has not been sufficiently insisted upon; namely, the *inefficiency* of the out-patient practice, especially at our metropolitan hospitals, where one unpaid medical officer is expected to register the names and addresses of from 50 to 100 new patients, and to examine and treat 300 or 400 cases at one sitting. An assistant officer fresh from the schools, with abundance of time on his hands, and anxious to gain experience, may possibly do something like justice to the task. But what man, who has his bread to earn, can year after year afford the time necessary for the proper investigation of 100 cases—making, where necessary, stethoscopic, urinary, abdominal, and vaginal examinations? It soon degenerates into such rapid routine, if not *scamped* work, that he begins to think that the steam-engine which grinds the drugs might, with advantage to all concerned, be made also to do the prescribing work."

At the meeting, after detailing the injury which such a system inflicted on the public, I admitted that medical service might be rewarded by honour as well as by money; that, as unpaid labour was unprofitable labour, it ought to be paid for in some shape. And then I contended that the honour of a hospital appointment in London had been so diluted of late years as to be no longer adequate to secure that amount of skill and care to the labouring classes that was desirable.

I do hope, sir, Dr. Ogle will favour the Association with an exposition of what his views *really* are; for at present, although I have twice read his letter, I do not comprehend the drift of them. If they are at all practicable, and conducive to the medical relief of the poor, they shall have my best attention. Dr. Ogle bids us follow the example of the divine in this matter—the very thing that one of my resolutions pledges us to do. No clergyman gives his services gratuitously to any hospital or other public institu-

tion. As to surplice fees, my experience accords with that of your sensible correspondent "F. H. H." There may be a few exceptional instances in which they are remitted. For instance, some of the London clergymen administer free baptisms on Easter Monday; and, at the Cambridge Hospital, a dozen clergymen at one time undertook to read prayers *gratuitously* in weekly rotation. The results, however, were anything but satisfactory; and I believe the governors have since appointed a *paid* chaplain. I visit the homes of the London poor a good deal, and fail to recognise the great unpaid labours of the Protestant clergy. Certainly they do not profess, *as we do*, to work gratis. The Bishop of London is now asking for three millions sterling to meet the spiritual destitution of the metropolis. The bishops of our profession, including Dr. Ogle, cannot do better than follow this example.

Dr. Ogle is in error to suppose that my resolutions are directed against *private* advice gratis. It would be impossible, as well as wrong, for the Association to discourage this form of true benevolence; but it would be a boon to every one concerned to suppress the system of public gratuitous medical services.

I am, etc.,

SEPTIMUS GIBBON, A.B. & M.B. (Cantab.)

3, Finsbury Square, April 20th, 1864.

SIR,—I trust that your efforts in arresting the plague of gratuitous medical practice will be more successful than was the attempt of our JOURNAL on the same subject some ten years ago. The harder worked portion of the profession owe you gratitude for your plain-spoken views on this question, despite the sneers of the *Medical Times and Gazette*, which will not annihilate you. For my own part, I can hardly believe that the dons amongst us know the injury they do to their professional brethren, especially to those who have hard work to make both ends meet. Is there any great difference between starving a brother to death and cutting his throat? Perhaps the latter is the more merciful plan.

It does not seem sufficient to some that they should already give their time and skill freely at hospital and dispensary work, but they must add to this advice gratis, at a certain hour, at their own houses. There is nothing that I can discover to palliate this. I have known a patient of mine obtain advice in this manner, who was well able to pay me four or five shillings a visit—a farmer, farming upwards of a hundred acres. It could not be said that I had misunderstood the case. I had never been consulted about it; he acted simply to save himself expense. Yet the giver of this advice was one of my greatest friends professionally, who perhaps at the time little thought of putting his hand into my pocket, robbing me, but none the better himself.

There is another form of this hydra-headed monster, which is equally degrading to us professionally, although it *does* bring something to the pocket. I allude to the fact that many profess to give advice gratis, and then in certain cases say, "Yes, but your circumstances are too good," etc. Is not this a form of *obtaining money under false pretences*? I have known this frequently. Not long since, a patient of mine was anxious to consult a physician. I recommended one to him; he chose to select his own; and I subsequently found that, with the view of getting his advice, etc., for nothing, he had gone to one of those public yet private special disease dispensaries; but, on the plea of paying more attention to his case, the presiding medical luminary of that institution persuaded him to go to his private residence; and, on going into the case, he found it necessary to deplete