

BIBLIOGRAPHICAL RECORD.

THE HUNTERIAN ORATION for 1850. BY **FREDERICK C. SKEY, F.R.S.** 8vo, pp. 44. London: 1850.

REGULATIONS TO BE OBSERVED BY STUDENTS INTENDING TO QUALIFY THEMSELVES TO PRACTICE AS APOTHECARIES IN ENGLAND AND WALES. 1850.

At the termination of the last century, and at the commencement of the present, the **MEDICAL PROFESSION** was in a most deplorable condition in this country; and the ailments of the great mass of the public were entrusted to the management of grossly ignorant, and uneducated practitioners. Of the number of those who professed to practise the art of medicine, the physicians alone were under the control of collegiate authority, and subject to professional examination. The rest were left entirely to their own tastes; some, more conscientious than their fellows, devoted themselves to the routine of lectures and hospital practice, and a few, fired with a praiseworthy ambition, actually presented themselves for examination at Surgeon's Hall—an ordeal, however, which, we are well assured, was by no means one of great severity. Under this system, a few great physicians and surgeons were undoubtedly produced; but their brilliant talents served only to show in darker colours the profound ignorance of their contemporaries.

In these circumstances, some honourable and high-minded individuals, lamenting the degraded condition of the science and practice of medicine, formed themselves into an association, the objects of which were to place the profession in a better and nobler position, to improve the individual standing of its members, and to secure efficient medical attendance for the middle and lower classes of society. These objects they pursued with unwearied perseverance, and amidst innumerable difficulties, owing chiefly to the opposition of the medical corporations, but partly to the apathy of the community. However, they finally succeeded in inducing the legislature to pass an Act, known as the Apothecaries' Act of 1815, by which Act, some of the objects in contemplation were attained; while others were frustrated by influences to which it is not necessary at present to advert. Such as it was, however, the Act passed both the Houses of Parliament, and received the Royal assent; and since that time, it has been the law of the land. It is hardly necessary perhaps to state that the powers, conferred by the Act, were successively offered to the Colleges of Physicians and Surgeons, and declined by both these bodies; they were at last offered to the Society of Apothecaries, and by them they were accepted. The Society were thereby empowered to appoint annually twelve examiners from their own members, whose duties were to consist in examining candidates for their certificate, and also to direct the course of study to be followed by the pupils. The Act moreover conferred upon the Society the power of prosecuting unqualified practitioners.

Since the Act of 1815, a great and striking change has been effected in the profession. The heterogeneous multitude who practise medicine, are now subjected to certain rules, are expected to attend lectures and clinical instruction, and are compelled, before entering into practice, to submit to an examination. This examination, which at first was imperfect and superficial, has gradually become more and more extensive and stringent, in proportion to the increased facilities offered to the student for the acquisition of medical knowledge. Hence has arisen a marked improvement in the *status* of the general practitioner. The knowledge of anatomy, physiology, chemistry, medicine, surgery, obstetrics, and pathology, has been widely diffused; and in every corner of the kingdom, in every provincial town, and even almost in every village, are to be found conscientious and scientific professors of the healing art in all its branches. The metropolis can no longer claim a monopoly of the talent of our profession.

The advantages which have accrued to the community, from this improvement in medical education, are incalculable; the middle and the lower classes (including the meanest pauper), who were formerly committed to the mercy of the charlatan or the druggist, or left to their fate, are now provided with competent medical attendance at a moderate, and, we regret to add, too often, a most inadequate remuneration. Nor have these advantages been confined to the general practitioners; for their elevation has given a vast stimulus to those who style themselves pure physicians and pure surgeons. The College of Physicians have relaxed many of their former vexatious restrictions, and have thrown open their doors to all *bond fide* graduates, and to others who are not graduates, if they can pass the very efficient examination which, of late years, has been instituted: the College of Surgeons have gradually improved the curriculum of education required of their students, and have instituted examinations, which, though lax and defective, are much more efficient than in former years. The just celebrity of the University of London, although little more than ten years have elapsed since its foundation, already sheds lustre upon the British metropolis; and among its graduates we could point to the best hopes of our profession.

We by no means assert, that all these beneficial changes have resulted from the Act of 1815; much is no doubt due to the spirit of the age, rousing the torpor, and infusing a more generous feeling into the Colleges. But it is certain, that the improvement of the general practitioner is clearly to be attributed to the operation of that Act of Parliament, imperfect and faulty as it undoubtedly is.

Such being the changes which have been effected in the constitution of the medical profession during the first half of the present century, it was with no small degree of amazement that we heard Mr. SKEY, the Hunterian orator for 1850, gravely and emphatically declare that the profession of medicine, at the present day, is "a degenerate pursuit!" He appears himself to feel that the use of such a phrase is open to criticism and liable to objection, and he, therefore, in his preface, proceeds to justify it in the following terms. "In justification of the term 'degenerate,' I would urge on the recollection of the reader, the condition of the profession at the latter end of the seventeenth century. At that time, the physician monopolized the entire rank and name of the practitioner of medicine:—the surgeon was a mere operative, identified with a menial trade; and the apothecary a drug-vender, having, like the surgeon, no claims to medical knowledge, *quoad* the treatment of disease, as may be inferred from the following lines of Dryden:

'Physicians from the tree have found the bark;
They labouring for relief of human kind,
With sharpened sight some remedies may find,
The apothecary-train are wholly blind.'

In the present day; the physician no longer monopolizes "the entire rank and name of the practitioner of medicine," but shares that rank with a multitude of others, who are not physicians; the surgeon is no longer "a mere operative, identified with a menial trade", but is an educated gentleman, and a member of a Royal College; the "apothecary-train" are no longer "wholly blind", but have their eyes pretty widely open: THEREFORE, (says Mr. Skey triumphantly), "am I not justified in assuming that, taking our profession as a whole, the entire body is *degenerate* from its former eminence?"

Is Mr. Skey serious in penning the above lines? For if so, he must surely leave it to be inferred, that if the apothecaries of the present day were again to be reduced to the condition of "drug-venders having no knowledge of disease"; if the members of the Royal College of Surgeons were again to be reduced to the rank and to the employment of barbers; and if the bag-wig and the gold-headed cane of the physician were again to be considered as the symbols of the concentrated medical knowledge of the empire—then the dream

of his Hunterian Oration, concerning the degeneration of the medical profession, would be abundantly realized.

Having pronounced the profession of medicine to be a degenerate pursuit in the present day, Mr. Skey proceeds to point out the causes of its decline, and of the low estimation in which it is held by the community. He begins by declaring, that "by far the greatest of all the difficulties under which the profession of medicine labours, may be referred to the WANT OF EDUCATION;" and he proceeds to show, in very eloquent and appropriate language, the great benefits of literary and scientific attainments in those who are intended for the medical profession; and then he goes on to state his opinion, that "the almost universal neglect of these pursuits in early life, and the want of cultivation, both of philosophy and general science, are among the chief causes by which medicine is degraded in the present day." In these remarks we most heartily concur with Mr. Skey; and we also coincide with him, in thinking that some form of preliminary knowledge should be rendered compulsory on those who are destined to become members of the medical profession. But the language of Mr. Skey on this point, really conveys the most bitter reproof against the governing body of his own College; for, with the full power of demanding at least some evidence of preliminary knowledge from the candidates for their diploma, they have uniformly neglected to do so; and the only evidence of Latinity which is required at the College, from their alumni, is a very superficial and imperfect examination in that language, in the case of the few students who are articulated at the College. For fifty years, the College has shown itself wholly indifferent to the preliminary education of its members; and it is a notorious fact, that the most idle and ignorant students invariably prefer trying their chance at the College to attempting any other examination; because, among other reasons, they escape the Latin at the former place. We are credibly informed, that many of the members of the College of Surgeons are rejected by the "apothecary-train," at Blackfriars, for gross ignorance of the very rudiments of the Latin language. But we are doing injustice to the Royal College of Surgeons; the Council of that learned body have suddenly awoke from their mesmeric sleep, and have lately startled the world by demanding from the candidates for their fellowship, not only a knowledge of the Latin language, but also of the Greek, German, and French, together with mathematics, optics, and hydrostatics! As this is a step in the right direction, we are by no means disposed to find fault with it; on the contrary, we most highly approve it, and we only regret, in Mr. Skey's own words, "that this important requisition is not made referable to the *first*, rather than to the *last* stage in the career of the student." We would ask in addition, why, if classical, and mathematical, and philosophical, and philological knowledge are so necessary and so desirable, (as they undoubtedly are), in the *Fellow* of the Royal College of Surgeons, are they so utterly valueless in the *Member*? Why is the Member to be encouraged in his utter contempt for the mere elements of Latin grammar, while the Fellow is to translate Greek and Latin into English, and English back again into Latin and Greek, and is to be conversant, moreover, with the modern languages, and with mathematics, and natural philosophy? IS IT BECAUSE THE COUNCIL OF THE COLLEGE DESIRES TO FIX A BRAND OF DEGRADATION UPON THEIR MEMBERS, WHO FORM BY FAR THE GREATEST NUMBER OF THEIR BODY, AND CONTRIBUTE MOST LARGELY TO THEIR FUNDS; AND THUS TO SECURE, AS FAR AS POSSIBLE, A MARKED INFERIORITY—IN FACT, THAT DEGENERACY WHICH THE ORATOR SO ELOQUENTLY DENOUNCES?

The next important point to which Mr. Skey alludes, is the system of APPRENTICESHIP, which, according to him, is "little more or less than an ingenious device by which to exhaust or render nugatory, four or more invaluable years of the early life of the student." "During these four or more years, the so-called student is compelled to practise the art of manipulation, which consists in the wielding the important instruments placed at his command;

while he holds converse with the languages of the philosophers and orators of the past world, in a refined Latinity obtained from his master's day-book." "To this disgraceful system of officinal drudgery, the medical profession has lent itself in direct contravention of the laws of moral right, of reason, and of common sense"; and he continues: "I ask you whether the rooted injury thus perpetrated by *four or more long years of personal servitude*, in which the only distinction discoverable between his lot and that of an ordinary servant, consists in the fact, that he is made *the purchaser of his own degradation*, does not inflict a wrong on the mind and habits of a youth, which, in a very large majority of cases, no future opportunities of study, no future discipline, can redress or justify." Upon these passages, we shall remark in the first place, that the whole of them are gross exaggerations, while some of the statements are positively erroneous; but we are saved the trouble of many remarks upon this subject, by simply quoting the following lines from the regulations of the Court of Examiners of the Society of Apothecaries, published in 1835, and which have now, therefore, been in the hands of the profession for *fifteen years*.

"The legislature having made an apprenticeship of five years imperative upon all students, and having permitted them to present themselves for examination at the age of twenty-one, obviously intended that the greater part of their medical education should be included within that period; and the Court have great pleasure in stating that, in very many instances, students have actually completed their course of study, and have been admitted to examination, *within a few weeks after the termination of their apprenticeship*. It is, however, to be regretted, that this advantage has been frequently lost sight of, and that a great proportion of this valuable time, and not unfrequently the whole of it, has been passed exclusively in practical pharmacy. The Court are desirous of impressing upon parents the necessity of *preventing this waste of time*, by making such arrangements with practitioners, with whom they place their sons, *as may enable the young men to commence their attendance upon lectures in the course of the third year of their apprenticeship*."

Such are the recommendations issued by the Society of Apothecaries, with whom rests the administration of the Act of 1815: with these recommendations, the professors and teachers of the medical schools, and the pupils themselves, are all thoroughly acquainted. Mr. Skey, as an Hospital-Surgeon and a Professor, knows, perfectly well, that hundreds of students annually present themselves at the College of Surgeons and at Apothecaries' Hall for examination at the age of twenty-one, having completed the whole of their studies (including three years, and often more, of attendance upon lectures and hospital practice); nevertheless, in the year 1850, Mr. Skey declares that the "so-called student is *compelled to practise the art of manipulation for four or more years*;" that "a rooted injury is perpetrated by four or more long years of *personal servitude*;" and that the profession has "lent itself to this disgraceful system of *officinal drudgery*."

Now, as we are as much opposed as Mr. Skey can be, to any system of personal servitude, or of officinal drudgery, which we are convinced was never either contemplated by the legislature or sanctioned by the profession, we are happy to quote the following passages from the *Preface to the Regulations of the Court of Examiners of the Society of Apothecaries for the year 1850*, which sentences place the matter in question in a still stronger light.—"The Court of Examiners have always regarded the term of apprenticeship required by the Act of Parliament of 1815, *as a period of study*, to be employed by the pupil, under the superintendence of a practitioner, *not merely in dispensing medicines*, but also *in attendance upon lectures and hospital practice*: and they have felt justified, after careful consideration of the clause in the Act relating to apprentices, in giving to it this enlarged and liberal interpretation. In repeating their opinion at the present opportunity, they are induced to hope that parents, in selecting the practitioners with whom they

place their sons, and in the arrangements made between them, will bear in recollection, that *the Court do not require a servitude of five years to practical pharmacy*; but that they recommend *every possible opportunity to be afforded to the pupils for their moral, intellectual, and professional advancement.*"

It is not our intention to enter into any defence of the system of apprenticeship; it appears that the clause in the Act relating to apprentices, was introduced by the House of Lords during the passage of the Bill through the different branches of the legislature, and that it was not solicited or recommended by any of the parties who were anxious for the success of the measure. But we cannot help remarking, that it appears to us, that the evils of this system have been grossly exaggerated; and while we willingly admit that an extensive course of collegiate education in classics and mathematics, followed by a strictly medical education extended over many years, is far better than any apprenticeship: yet, as such a course of study is incompatible with the means and the expectations of the great bulk of medical students; we do not regard the present system with such utter abhorrence as some of our contemporaries. Nay, we may go a little farther, and may agree, that if the pupil, at the commencement of his career, is "compelled" for a year or two, "to wield the important instruments placed at his command," by which, we apprehend, is meant the art of compounding medicines, together, probably, with learning how to bleed, draw teeth, dress wounds, apply bandages, read prescriptions, etc., we cannot conceive that the pupil will make a worse practitioner in after-life. We know, and could point out instances, where persons, in the highest rank of the profession, have made the grossest mistakes from the want of knowledge of the rudiments of pharmacy; and we therefore think it desirable, even in cases where no apprenticeship exists, that the pupils should "wield," for a short time, the implements which, if he does not use them himself, he is afterwards to recommend in the treatment of disease. We cannot but remark, also, that where the pupil is diligent, and the master conscientious, the period of apprenticeship is not only passed without inconvenience, but is attended with positive advantage: for, in the familiar intercourse of domestic life, a vast mass of information may be conveyed to the pupil in the most pleasing form, and it would be a libel upon the general practitioners of this country, to maintain that many such conscientious instructors of youth are not to be found. If, indeed, parents are actuated merely with a view to pecuniary saving, and bind their sons to the lowest members of the profession, on the distinct understanding that the pupils are to work in proportion to the smallness of the premium, we cannot see that any parties have a right to complain; and if such pupils do spend four or more years in personal servitude, we have no sympathy for them, and leave them to the compassion of the Hunterian Orator.

Another remarkable feature in the Hunterian Oration, is AN ATTACK UPON THE GENERAL PRACTITIONERS of this country. "The general practitioner," says Mr. Skey, "is an amphibious link between a profession and a trade. . . . He is permitted a remunerative profit on the materials of his druggist, on the mechanical agents of treatment, not on the exercise of the judgment that selects them. For his loss of time, or his knowledge, however superior to others, he attains no certain compensation. . . . I do not hesitate to assert, that it is impossible, in many cases, for the medical attendant to be remunerated, but by the resort to means, which high principle must proclaim in his own breast to be indirect, and even disingenuous." Now, like many other portions of Mr. Skey's oration, a great part of his remarks upon the state of general practice in England may be set down to exaggeration, and some to misrepresentation; and it must be observed throughout, that he is fond of representing the errors and defects of any given system, as forming its intrinsic essence. Thus, because among those who are styled general practitioners, some do, and some do not dispense their own medicines, and a third class adopt a plan (which we greatly disapprove) of charging so much for the medicines they

supply ; “ *therefore*,” says Mr. Skey, “ the general practitioner is an amphibious link between a profession and a trade.” But we must examine Mr. Skey’s statements rather more closely. “ If,” says he, “ the law award payment for physic only, *of necessity* the medical attendant disposes of as large a quantity as is compatible with the digestive capabilities of the patient.” No doubt “ if the law award payment for physic only,” *then* the practitioner is tempted to send as much medicine as his patient’s stomach and pocket can bear ; but the law does no such thing ; and it has been decided over and over again in the courts of justice, that a medical man may obtain compensation for his professional services, independently of his drugs ; and we really cannot help expressing our amazement that Mr. Skey should venture upon an assertion which has not the slightest foundation. We thus proceed to demolish, by argument, the whole structure of Mr. Skey’s denunciation of general practice. “ If,” say we, “ the law affords compensation for medical services independently of drugs, as it undoubtedly does, then the practitioner need not consult the digestive capabilities of his patients as to the amount of physic they are able to swallow ; *therefore*, he may claim a compensation for his medical services independently of drugs, and, *therefore*, (as trade consists in the mere selling and buying of commodities), the general practitioner is not necessarily an amphibious link between a profession and a trade.” It is very far from our intention to defend the sale of drugs by the members of a learned profession ; we confess to a feeling of abhorrence at seeing (as we have seen), the diploma of the College of Surgeons of England, placed in a shop-window in juxtaposition with lozenges, barley-sugar, soap, perfumery, and antibilious pills ; but we cannot view in the same light, the custom prevailing among many medical men, of providing the necessary medicines for their patients, and charging for their attendance ; and we believe that such is the practice of many of the most respectable members of the medical profession in this country. Employed in this manner, medicines are nothing more nor less than the instruments in the hands of the practitioner, and he is no more to be blamed and insulted for employing his calomel pill or his opiate draught, than Mr. Skey, the pure surgeon, is to be ridiculed and abused for using his catheter, splints, or lancet : in neither case does the party claim remuneration for the instruments used, but for the skill required in using them.

Without entering into any elaborate defence of general practice, it may be safely argued, that it is very well adapted for the wants of the great bulk of the community. In the metropolis, and a few other places, where wealth is abundant and talent diversified, a division of labour commands a sufficient remuneration, and finds ample scope for exertion. The Countess of A., or Mrs. B., the city millionaire’s wife, has a physician for one complaint, a surgeon for another, a physician-accoucheur for a third, and an apothecary, probably, provides the medicines and attends the children and the servants. But how is this possible for a person in ordinary circumstances, and, *à fortiori*—how impracticable for the lower classes ? It is, therefore, absolutely necessary, that, to supply the wants of the middle and lower classes in the metropolis, and of nearly all ranks in the provincial towns and villages, there should exist a branch of the profession, the members of which must be generally competent to undertake the management of all diseases. Whether this branch of the profession do, or do not supply their patients with medicines, is, in our opinion, quite immaterial. If any practitioner inundate his patient’s house with draughts and mixtures, it is quite competent for the patient—nay, it is his duty,—to dismiss the “ amphibious” gentleman, and avail himself of the services of another who adopts an opposite system ; but that the mere fact of a patient being supplied by his medical attendant with the necessary medicine, should subject the practitioner to be insulted and reviled, spoken scornfully of as a peddling tradesman, and almost accused of dishonesty, appears to us to be as monstrous, as it is a ridiculous perversion of common sense. In some cases, it is highly necessary and desirable, that the medicines

should be supplied by the medical attendant ; where, for instance, very active drugs are employed, their preparation and composition should be superintended by a man possessing some scientific knowledge. Again, in many situations, as in country villages, or at sea, in military practice, or in the colonies, the medical practitioner *must*, in nine out of ten cases, be the dispenser of his own medicines ; and why this circumstance, *per se*, should fix the brand of unprofessional conduct or of inferiority, on the character of a medical man, we are wholly at a loss to conceive ; and, therefore, we emphatically deny.

If Mr. Skey had availed himself of the opportunity afforded him of recommending the discontinuance of the system of charging for drugs, he would have done no more than his duty ; but, as he has taken advantage of his position to indulge in an indiscriminate and ill-timed attack upon general practice, we cannot wonder that he has drawn upon himself the just indignation of a most meritorious, a most ill-used, and a most ill-paid, and, as yet, unprotected class of his profession.

At the commencement of page 32, Mr. Skey declaims as follows : " I conceive that so long as the general practitioner consents to subject his professional practice to such degrading conditions, he is unworthy the rank and estimate of a professional man. Medicines should be dispensed at their real, not their adventitious value. With one voice, this department of the whole profession should cry aloud, and claim their indisputable right to repudiate a practice so vicious, both as regards their own high claims, and their utility to others ; and obtain from Parliament the title to a remuneration, more consistent with the real services they have rendered, and less derogatory to the repute of the high profession to which they belong." Now, as a piece of rhetorical flourish, this is all very well ; but what are the " degrading conditions" to which the practitioner is obliged to submit ? We have already shewn that the dispensing of medicines is purely a matter of convenience and of private arrangement, and that no practitioner need do so, unless he choose, as the law allows him to claim compensation for his services, either with or without medicines. But general practitioners are to " cry aloud" and " obtain from Parliament the title to a remuneration more consistent," etc. What are the general practitioners to " cry aloud" for ? and what are they to expect to obtain from Parliament ? There is no occasion to cry aloud for a title to a remuneration which the law already allows them ! But is it intended that Parliament is forcibly to separate the supply of drugs from the practice of physic, to abolish dispensing on the part of the practitioner, and throw it entirely into the hands of the druggist ?¹ If this be done, we are then tempted to ask, moreover, whether it is intended that Parliament is to arrange a tariff of fees for the payment of the practitioner ? and on what principle this tariff of fees is to be arranged ? whether, as in the case of solicitors, all persons, whether peers, judges, merchants, tradesmen, servants, or labourers, are to be equally charged six shillings and eight-pence a visit ? or whether the fee is to be regulated according to the rank, or station, or wealth, or poverty of the patient ? or according to the rank or the abilities of the practitioner ?

In France, and in Scotland, where the dispensing of drugs is principally

¹ The druggist, be it remembered, generally prescribes medicines to all who come with ready money, too often strives to injure practitioners who supply medicine to their patients, and patronizes others who send prescriptions to his shop. The chief business of the petty druggists is prescribing. We find the following *morceaux* in the Registrar-General's Report for the week ending Saturday, April 20, 1850. " In Charing Cross sub-district, at 22, Salisbury Street, a gentlewoman, aged 37 years, died of 'aneurism, and extensive disease of the aorta, spasmodic collapse (thirty-five minutes). *Post-mort.*' Mr. Leonard states, that 'the deceased retired to bed, having previously taken a draught, made up by a chemist, on the verbal report of her servant ; was seized with vomiting and violent pains in the bowels, and soon died, exclaiming, 'Am I poisoned ?' just before death."

in the hands of the druggists, is the emolument or social rank of the profession higher than in England?

We leave these questions for Mr. Skey's meditation; and, in the mean time, we may as well express our opinion, that the remuneration of the medical profession must, after all, for the most part, be a matter of arrangement between the patient and his medical attendant, and must depend upon conventional usages, upon the circumstances of the times, and upon the mutual honour of the parties.

One word more, and we have done with the Hunterian Oration. There is in this composition, amidst a great quantity of clap-trap, some really good writing, and it also contains sentiments in which every upright medical practitioner must cordially concur. Yet we cannot but express our regret, that Mr. Skey did not submit his manuscript, before its publication, to the pruning-knife of a judicious friend, acquainted with the present transition-state of medical practice,—a course which might have prevented him from offering much unprovoked insult, and from making many erroneous statements, calculated to exasperate the great body of his brethren, and to unjustly lower them in public estimation.

THE REGULATIONS OF THE COURT OF EXAMINERS OF THE SOCIETY OF APOTHECARIES for 1850, form a very important, although a very unpretending, production. The Society of Apothecaries possess no *prestige* to render themselves attractive to the medical public; they have silently and unostentatiously performed, for upwards of thirty-five years, the duties delegated to them by the Legislature in 1815. They have done more to elevate the tone of medical education than any of the Colleges; and until some better system, or one as good, be generally adopted and sanctioned by the Legislature, it is to be hoped that they will be encouraged in their laudable efforts to maintain the high standard of medical education which they have endeavoured to establish. We are by no means disposed to pass an unqualified eulogium on the Society of Apothecaries; but we must, in common justice, offer a few remarks which may, perhaps, remove some very erroneous impressions entertained in respect to the Society. In the first place, the Society, it appears, derive no benefit whatever from exercising the Act of Parliament, beyond the power of electing the Examiners; and it is therefore evident that, whether they retain their privileges or abandon them, they can have no interested views in the result. The Examiners are chosen from the members of the Society, and must be practitioners of ten years' standing; they are not chosen by seniority, but are *selected* on account of their talents, and are liable to removal from time to time. Now nothing can be fairer than such a system, for the Examiners are neither self-elected nor irresponsible; and the only question is, whether the system has been fairly worked out. It has been objected to the composition of this Court, that its members are undistinguished in the eyes of the medical profession; and this objection would have more weight were it not known that, by a bye-law of the Society, "no Member of the Court of Examiners will be recognized as a Teacher on any branch of Medical Science". However competent, therefore, a man may be as a lecturer, he is utterly forbidden to exercise his talents so long as he remains in the Court of Examiners; and hence, as Hospital Surgeons or Physicians, or as Lecturers or Professors, the members of the Court of Examiners never *can* become known to the profession. But by this regulation, the Court of Examiners are placed in a position of great independence, and their integrity must be unquestionable; for, as they have no personal interest either in the schools or in the pupils, they are able to perform their duties to all, without favour or affection to any. The "Regulations" which they have lately published, afford, we think, a convincing proof of the soundness of their views and the correctness of their intentions.

Desirous of elevating the character of the medical student, they urge most

strongly the great importance of preliminary knowledge, and they lay much stress upon the lamentable fact, that a great number of the rejections which take place, are owing to a total ignorance of the Latin language. They then proceed to state: "In accordance with recommendations, published many years since, the Court consider that the pupil, *before he enters upon his medical studies*, should possess a competent knowledge of the classics, so as to be able to translate any easy Greek or Latin author; and that he should also be acquainted with the elements of mathematics and of natural philosophy, and should acquire one or more of the modern languages—French, German, or Italian."

On referring to copies of former regulations, issued by the Court, we find sentiments expressed of a precisely similar nature. In page 3, of the Regulations of 1830, the Court "beg seriously to impress upon parents and guardians, who destine the youth, under their care, to the study of medicine, that a *familiar* acquaintance with the Latin language is indispensable, and that a knowledge of Greek is scarcely less so"; and they also recommend their pupils to study natural history, and the *exact* sciences. In 1832, they recommend a familiar knowledge of Latin and Greek, together with an acquaintance with the mathematical sciences, and with the French and German languages. These recommendations are repeated in all the subsequent regulations. But the Court have not been satisfied with merely *recommending* this preliminary knowledge: in the case of the Latin language, they have systematically *enforced* it, as is proved by the number of rejections which have taken place, solely for ignorance of Latin.

We have, lying before us, a copy of the regulations, dated July 31, 1815, wherein the candidate for examination is required to possess a competent knowledge of the Latin language, and to evince it by translating parts of the *Pharmacopœia Londinensis*, and physicians' prescriptions. In 1827, the candidate for examination is required "to translate, *grammatically*, parts of the *Pharmacopœia Londinensis* and physicians' prescriptions", and "should any doubt arise as to the candidate's possessing a competent knowledge of Latin, he will be required to translate a passage or passages from some one of the easier Latin authors." In 1830, the candidate is required to translate parts of *Celsus de Medicinâ*, or *Gregory's Conspectus Medicinæ Theoreticæ*, in addition to the *Pharmacopœia Londinensis*, and physicians' prescriptions; and in 1850, they have recurred to a plan which they originated, we believe, in 1839, of volunteering to institute a separate Latin examination on a day distinct from that of the general examination; a plan which has the two-fold object of relieving the student from the Latin test at an early period of his medical studies, and of ascertaining carefully that he understands not only the mode of translating the language, but also its grammatical construction.

In this conflict with the powers of darkness, the Court of Examiners, so far as England is concerned,¹ have fought the battle single handed. The College of Surgeons, the only other corporation with which the general practitioners, as a body, are in any way connected, have never considered it worth their while to urge on their candidates the importance of the Latin, or any other language; indeed, the only opportunities that the general practitioners enjoy, of knowing that any branch of human science is expected of them by the College, except anatomy and surgery, are when they are called together to be abused and ridiculed by the Hunterian Orators, for not knowing what the College never required them to learn.

In that part of the Regulations of the Court of Examiners of the Apothecaries' Society, which refers to purely medical subjects, the object seems to be to direct the attention of the students to practical science; and we perceive, with great pleasure, two or three very important alterations in their present

¹ The College of Surgeons of Edinburgh are deserving of the highest praise for what they have done to elevate the tone of the preliminary and professional studies of their students.

regulations as compared with those issued in former years. In the first place, we perceive that the subject of practical chemistry is now brought prominently forward; and this regulation, which enforces upon each student a course of distinct chemical manipulations performed by himself, in addition to the mere attendance on the systematic course, must tend most materially to impress the facts of this most important and most delightful science upon the minds of the pupils. It can never be too strongly urged upon the attention of medical students, that the science of medicine is not only one of theory, but also one of observation and experience; and that those things which are *seen* and *felt*, make far more impression than those which are merely *heard* from the lecture-table.

“*Segniùs irritant animos demissa per aures,
Quàm quæ sunt oculis subjecta fidelibus.*”

Believing, therefore, as we do, that chemistry is equally important with anatomy, and that they form, together, the basis of scientific medicine, we hail with great pleasure the prominent place which chemistry is now made to occupy, as a practical pursuit.

The next subject to which we may advert, is of still greater importance; and this is the direct encouragement now given to the STUDY OF CLINICAL MEDICINE, which stands in the same relation to the theory and practice of medicine, as practical chemistry does to the systematic lectures on that subject. It is notorious that hitherto clinical teaching has been most grossly neglected in the metropolis, notwithstanding the abundant opportunities afforded for its cultivation, by our splendid and richly endowed hospitals; and the consequence has been, that the best of our students have been in the habit of resorting to Edinburgh or to Paris, for that instruction which they have been unable to obtain in London. There can be no doubt that a course of systematic lectures on medicine is highly important to the student in paving the way for his practising, in future, with safety and advantage; but it is equally important, that he should verify, by the evidence of his own senses of sight and touch, at the bed-side, and in the anatomical inspection-room, the facts or doctrines which have been enunciated in the lecture-hall. Students have been compelled to attend too many lectures, and, amidst the multiplicity of oral discourses, have too generally neglected that *practical* study to which the lectures merely form the introduction. But on this point we cannot do better than quote the following passage from the regulations. “The Court would also invite the student to test, by his own experience, and the exercise of his reasoning powers, the truth of the facts and theories which are offered to his notice. While, therefore, they strenuously urge a diligent attendance upon the various lectures delivered by the teachers, and a careful study of the works recommended by them, they would as strongly recommend an unremitting devotion to the practical duties of the hospital, the dead-house, the chemical laboratory, and the dissecting-room.”

The Court appear to be dissatisfied with the present system of teaching at the medical schools, and we confess that we do not wonder at their dissatisfaction. Teaching is too often undertaken, not for the purpose of instructing the student, but in order to bring the teacher into public notice. Hence, the lecturers are by no means sufficiently impressed, that the duty devolves upon them, not merely of *delivering* their lectures, but of ascertaining afterwards, by oral examination, whether the student has understood their import. The Court, therefore, strongly recommend that a friendly and cordial feeling should be cherished between the teachers and the pupils, and that the former should subject their classes repeatedly to catechetical instruction, conveyed by questions and answers; a plan which, if generally adopted, would, in their opinion (and also we may add, in ours), contribute very materially to obviate the practice of *grinding*, by doing away with its necessity. The custom of *grinding*, in fact, is a necessary evil, resulting from the laxity of the teachers, who, if they cannot perform their duties themselves, should delegate their performance to others. In short, let the grinders be recog-

nized as auxiliary teachers at the medical schools. Thus, a system would be established similar to that of private tuition at Oxford and Cambridge,—a system, which has never, so far as we know, produced any prejudicial result either to the attainments of the pupils or the reputation of the Universities.

Whatever objections may be raised to particular portions of the "Regulations", they are evidently dictated by a sincere desire to improve the *status* and increase the usefulness of the General Practitioners. As the Court of Examiners are, for reasons above stated, quite above the suspicion of interested motives, we feel bound to accord them our hearty meed of approbation, and to thank them, on behalf of the profession and of the whole community, for their earnest endeavours, under many discouragements, to elevate the character of that class of medical practitioners to whose charge is committed the entire pauper population, and a majority of all classes of society.

A TREATISE ON DISEASES OF THE BONES. By EDWARD STANLEY, F.R.C.S., President of the Royal College of Surgeons of England, and Surgeon to St. Bartholomew's Hospital. Post 8vo. pp. 367. London: 1849.

If a man steadily apply his powers of observation during a long period, to any subject, he cannot fail to be rewarded for his diligence, by gaining an amount of knowledge beyond his fellows. Such is the case in the present instance. Mr. STANLEY has for many years been investigating the diseases of the osseous structures, with all the advantages which a command of the wards of the largest hospital in London, and an unlimited admission to anatomical collections, public and private, could afford. For more than ten years has the book been expected; but the delay in its appearance is by no means to be regretted, for it has enabled the author to avail himself of recent pathological and microscopical discoveries, which have been neither few nor unimportant.

HYPERTROPHY AND ATROPHY OF BONE are first considered. The former disease is most frequent in the bones of the face, and is familiar to most surgeons who have the opportunity of observing hospital practice. When Hypertrophy occurs in the long Bones, it may cause increase in length as well as in bulk, giving rise to inequality between the limbs, and much inconvenience. Atrophy, on the other hand, may arrest the development of Bones, and cause a shortened limb. A very remarkable case is mentioned, in which the growth of the lower jaw was arrested in a child at the age of two years, causing, in after-life, a singular deformity. As regards treatment, but little can be done in these cases.

NEURALGIA OF BONE, is a term applied by Mr. Stanley to a painful condition of these structures, which, we suspect, comes under the class of hysterical affections. Three cases are mentioned,—all of females under thirty, and the general symptoms are those characteristic of hysteria. In one, amputation was performed; but with the exception of certain dark patches, resembling ecchymoses, in the cancellous structure of the condyles of the femur, nothing abnormal was found.

INFLAMMATION OF BONE. Enlargement of Bone is the general effect of Inflammation of its tissues; but its characters vary with the circumstances giving rise to the inflammation. It may be accompanied by expansion or induration of the Bone, or by osseous deposits on its surface; and, according to recent observation, expansion of tissue is one of the most frequent alterations to which it is liable. The result is softening of the bone by separation of the walls of the cells and widening of their interstices. Mr. Stanley believes that a bone, once so enlarged, will permanently remain so. Another change is, that after the separation and widening have taken place, the lamellæ become thickened, hardened, and consolidated—producing induration of the tissue; the solidity being due to the formation of concentric osseous laminae

upon the insides of the Haversian canals, narrowing some, and obliterating others. Accordingly, indurated Bone is less vascular and oily than healthy Bone, and sometimes acquires the colour, as well as the compactness and weight of ivory.

No structure of the body surpasses bone in the perfection with which it exemplifies the singular law of symmetry of disease. The two sides of the pelvis will present changes, the very counterpart of each other. The long bone will enlarge equally, and present evidence of morbid action identical in every hollow, ridge, and swelling; and from no disease are such results so frequent as from rheumatic inflammation. On such enlarged and indurated bones, medicines have no effect: the unhappy subjects are doomed to drag about with them, for the remainder of their days, the heavy and misshapen limbs:—

“*Monstrum horrendum, informe, ingens!*”

Mr. Quekett has observed, that with induration of the articular ends of bones, their surfaces, when deprived of cartilage, become smooth and polished with a porcellanous appearance, from the blocking up of the Haversian canals with earthy substance.

SUPPURATION IN BONE is of two kinds, circumscribed and diffused. The latter is a very formidable disease, causing great constitutional disturbance, and much local mischief, as proved by several cases related. The circumscribed suppuration is less formidable; but its diagnosis is of importance, as it may be confounded with simple inflammation, and also with the neuralgic or hysterical affection before alluded to. As regards the treatment of Suppuration in Bone, there is nothing deserving of special mention for its novelty, although the rules laid down are excellent.

CARIES. By Caries, Mr. Stanley designates those changes which, under certain circumstances, are consequent on chronic suppuration in the cancellous texture of Bone. He distinguishes the simple, scrofulous, syphilitic, and phagædenic varieties. The following is the description of the phenomena attendant on the progress of Caries. “Inflammation extends from the bone to its investing soft parts, which become swollen, thickened, and tender, and abscesses are formed in them which contract into fistulous passages, leading to the diseased bone. The periosteum covering the diseased bone becomes thickened, very vascular, and readily separable from it. The bone itself is at first very vascular, then its cells become filled with a reddish brown fluid, apparently a mixture of blood and pus, and occasionally combined with oily particles. Absorption of the bone, but chiefly of its animal part, ensues; that which remains is porous and fragile, and of a grey brown or black colour, probably from decomposition of the matter within its cells; to which cause likewise, the fœtid odour of the matter discharged through the fistulous passage may be ascribed. The diseased bone may gradually disappear, either by ulceration, or by its discharge in fragments through the fistulous passages in the surrounding soft parts. Ulceration in some instances commences within the bone, hollowing it out and reducing it to a thin shell; in others, ulceration commences in the outer surface of the bone and extends progressively inwards. Whilst these changes are in progress, granulations, very loose and spongy, and bleeding on the slightest touch, often arise from the diseased bone, filling the cavities in its interior, and protruding through the fistulous passages in the soft parts covering it.” (p. 52.)

With respect to the treatment of Caries, incisions through the soft parts to let out the matter, and soothing applications, are chiefly recommended. Operative measures are to be resorted to with caution, but great stress is laid on absolute quietude of the limb. In certain cases, the iodide of potassium is of great service, by arresting the inflammation of the periosteum covering the diseased bone.

ULCERATION OF BONE. On this, valuable remarks are made; and the fol-

lowing points of diagnosis may be advantageously borne in mind. "The Ulceration of Bone, which is the effect of single inflammation in its tissue, usually begins at a simple point, and spreads equally in width and depth. When, however, the ulceration is consequent on inflammation of the periosteum, it spreads widely over the surface of the bone, but does not in general deeply penetrate its substance. Syphilitic ulceration usually begins at many points, distinct yet close together, giving to the appearance of the bone a worm-eaten appearance. Malignant Ulceration of Bone is generally irregular in its outline and surface; and it extends in a manner to form excavations in the bone of unequal length, width, and depth, with sharp over-hanging margins" (p. 60.) Ulceration of Bone is sometimes a distinct and primary disease; and as such, attacks the head of the femur but capriciously. It only occurs in adults, and always in males, being often traceable to local injury and to rheumatism. The chief symptoms are, weakness and uneasiness, scarcely amounting to pain in the hip joint; its progress is exceedingly slow, but it eventually destroys part of the head of the femur.

The observation that reproduction of the compact substance of Bone removed by ulceration never occurs, is, we believe, due to Mr. Stanley, and was made by him many years ago. In cases where there appears to be reproduction, dense fibro-cellular tissue—not bone—is the new formation.

Necrosis. To this a considerable space is devoted, and it is well worthy of careful perusal. Necrosis usually attacks the compact tissue of bone, and the tibia is most frequently its seat. Next in frequency ranks the femur, and the lower jaw is often subject to it. One of the latest observations on the subject is, that the manufacture of lucifer matches is very apt to give rise to Necrosis of the jaw-bones, probably from the phosphorous acid vapour given off. The precise *modus operandi* is not yet positively known, although the probable explanation is, that the fumes of the acid give rise to inflammation of the periosteum of the jaw, the general health being at the same time greatly depraved. The phenomena of exfoliation have been greatly elucidated within the last few years by the labours of Professor Goodsir, Mr. Bransby Cooper, and Mr. Gulliver,—although it is but justice to John Hunter to state, that the accuracy of his views has been strikingly confirmed by the light thrown on the subject by these able microscopists and observers. The Haversian canals which immediately bound the dead, or dying bone, are enlarged contemporaneously with the filling of their cavities with a cellular growth. As this proceeds, contiguous canals are thrown into one another; and at last the dead, or dying bone is connected to the living by the cellular mass alone. It is now loose, and has become so in consequence of the cellular layer which surrounds it, presenting a free surface and throwing off pus. Mr. B. Cooper has ascertained, that a large quantity of the solid constituents of bone are contained in the disease arising from diseased bone. We must pass over the mode by which the old bone is removed, and that by which its loss is repaired, and proceed to the treatment of Necrosis. As a general rule, soothing applications are the best; but it occasionally happens that a moderate stimulant is required, and when such is the case, Mr. Stanley recommends mercurial ointment mixed with soap cerate. The old practice of soaking necrosed bone with dilute mineral acids, to hasten its removal, is not approved; but, in some cases of superficial Necrosis, the application of potassa fusa or nitric acid, is admissible. In cases where the Necrosis is clearly superficial, and where the exfoliation is at a stand still, the removal of the dead bone by operation is expedient, and also in internal and deeply seated Necrosis, when the dead bone is ascertained to be loose.

When the shaft of a bone is necrosed and separated, its removal is advisable;—but in such operations, as little as possible of the walls of the new bone must be injured, as there will be no reproduction of it. The treatment of Necrosis of the Bone of a finger or toe, was, in former times, to amputate it; but modern experience has shown that all that is necessary, is to divide the

soft parts covering the dead bone sufficiently to permit its extraction. The finger will be shortened, but still its form will be retained, and it will be a useful member. There are well-marked and instructive cases introduced to illustrate the various positions laid down, in this, a very important section of the volume.

TUMOURS OF BONE. Cartilaginous Tumour occurs in the early and middle periods of life, and presents two distinct forms, one peculiar to the outside of a Bone, the other to its interior. The latter form occurs in the smaller bones, the former attacks the larger. The substance composing these tumours is of a blueish or greyish white colour, and chemical analysis obtains from it the same results as from pure cartilage; such tumours are of slow growth, and strictly local. In the early stage, preparations of iodine and mercury may effect their gradual dispersion. Every other variety of tumour, to which the osseous tissue is subject, is passed in review; and the subject is concluded with a summary of facts, which cannot fail to be of service in assisting the diagnosis of these, often obscure, cases. Whilst on the subject of Pulsating Tumours of Bone, Mr. Stanley brings evidence to show that such tumours may be arrested in their progress by the ligature of the main artery of the limb; and that moreover, in two known instances, the ligature of the artery was followed by reparative processes in the bone, effecting the restoration of its natural size and firmness.

SCROFULA IN BONE. It appears to Mr. Stanley, that the bones are primarily affected in only a proportion of the Scrofulous Diseases of Joints, for in cases which he has carefully watched, and which exhibited the local and constitutional characters of Scrofula in a marked degree, inflammation was found in the synovial membrane, with tuberculous deposit in and about the joint, whilst in the bone no unsoundness existed. When, however, destruction of bone has taken place from Scrofula, no reproduction ever takes place.

MORBID GROWTHS FROM THE LOWER JAW. Eight varieties are described, which are accurately detailed. The following remark is not to be lightly regarded in these days of chloroformization.

“One consideration, it has appeared to me, belongs to all operations performed for the removal of either a portion or the whole of the Superior Maxillary Bone; namely, that they are cases in which a serious objection lies against the use of either chloroform or ether; for, inasmuch as by the influence of these agents in annihilating sensibility, the irritability of the glottis is weakened, if not wholly lost, there must be danger of a trickling of blood from the mouth into the glottis, without the excitement of a cough to expel it from the windpipe.” (p. 288.) This objection does not apply so forcibly to operations upon the lower jaw;—but to guard against the possibility of blood descending towards the larynx, the patient, during the operation, should sit upright, without reclining in the least.

In taking leave of this volume, we must express our opinion, that it possesses the merit of being essentially practical, lucid, and well arranged. The materials, selected with judgment, indicate extensive observation and careful reflection; and the book is altogether of so useful a character, that no professional library will be complete without it.

SKETCHES OF THE MEDICAL TOPOGRAPHY AND NATIVE DISEASES OF THE GULF OF GUINEA, WESTERN AFRICA. By WILLIAM F. DANIELL, M.D., Assistant-Surgeon to the Forces, etc. pp. 200. London: 1849.

A lengthened residence on the Western Coast of Africa has given Dr. DANIELL many opportunities of observation; and in the present volume we have the fruits of his research and inquiries presented in the form of a highly interesting and instructive treatise, on the general and medical topography, the natural history, diseases, and customs of the inhabitants of the coasts of

the Bights of Benin and Biafra, and the islands of Fernando Po, Prince's, St. Thomas, and Anno Bona. The regions which he describes have an unenviable notoriety for insalubrity : yet the following paragraph well explains much of the fatality among Europeans visiting these parts. "Could those causes of disease which have been hitherto ascribed to climatorial alternations be more thoroughly investigated, I apprehend we should discover that no small number were founded on very inconclusive data. It is a well-known fact, that the notorious insalubrity of Africa has frequently served as the scape-goat on which the blame of those evil consequences (resulting from the reprehensible indulgence of dissipated courses) might be unreservedly thrown, without the risk of their being disputed or even questioned. When we seriously reflect on the impaired constitutions of two-thirds of the human beings who frequent these colonies, recklessly indifferent as to the price of human life, we require no further argument for the rational explanation of those abnormal states of the system that so largely swell the amount of victims, in the occasional and almost inexplicable pestilences which prevail in these regions." (p. 13.)

We hope that Dr. Daniell will one day favour his professional brethren with a good practical treatise on the Diseases of Western Africa. He is eminently qualified for the task ; and will thereby confer a great benefit. In the meantime, we heartily recommend his "Sketches of the Medical Topography of the Gulf of Guinea", as a work combining interesting topographical information, with knowledge likely to be of service to all engaged in the treatment of disease in those regions.

THE PHYSIOLOGY OF DIGESTION, considered with relation to the Principles of Dietetics. By ANDREW COMBE, M.D. Ninth Edition. Edited, and adapted to the present state of Physiological and Chemical Science, by JAMES COXE, M.D. pp. 191. Edinburgh: 1849.

Of the manner in which DR. COMBE has performed his task, of popularly explaining the Physiology of Digestion, and applying it to the Principles of Dietetics, and, consequently, to the preservation of health, there can be but one opinion. Whether we consider the book before us as a scientific treatise, or as a popular physiological work, it stands unrivalled for completeness of information, correctness of deduction, and clearness of diction. The labours of the most eminent contributors to our knowledge, in the various subdivisions of the subject, and the practical deductions, are expressed in a correct, simple, and convincing manner. The author and the editor show a praiseworthy caution in drawing deductions from meagre or uncertain data.

DR. COXE has ably discharged the trust bequeathed to him by Dr. Combe, of revising his work, and incorporating with it what was useful in recent researches. The latest discoveries and observations are skilfully embodied and applied. We can detect no omissions. Among the additions, we observe the observations of M. Bernard on the use of the pancreatic juice, and some observations on cod-liver oil, which are principally founded on the essay of Dr. C. J. B. Williams, published in this JOURNAL for January 1849.

MICROSCOPIC EXAMINATION OF THE WATER SUPPLIED TO THE INHABITANTS OF LONDON AND THE SUBURBAN DISTRICTS; illustrated by Coloured Plates, exhibiting the living Animal and Vegetable Productions in the Thames and other Waters, as supplied by the several Companies ; with an Examination, Microscopic and General, of their Sources of Supply, as well as of the Henley-on-Thames and Watford Plans, etc. By ARTHUR HILL HASSALL, M.B., F.L.S., etc. 8vo. Pp. 66. London: 1850.

The work is so fully described in the title-page now transcribed, that it is not necessary for us to do more than commend it, as one well deserving of perusal. The horrible nature of the compound fluid, which the Londoners drink under the name of water, is well set forth.