

THE mortality in London last week was at the rate of 19 deaths annually to every 1000 of the estimated population. The deaths in the last quarter have been fewer by 4655 than in the corresponding period of 1871.

THE two physicians in attendance on the Czarewitch are Drs. Hirsch and Botkin—both, the former especially, well known for their skill in enteric fever.

DR. FRANKLAND'S report for the last month states that the water from the Thames and the Lea, even after filtration, was very unsuitable for domestic use.

THE Munich Verein den Aerzte has bestowed its honorary diploma on Dr. John Macpherson, in recognition of his scientific labours and writings.

DR. BREWER, M.P., is now stated to be convalescent, and will shortly arrive in this country.

## PROFESSIONAL SKETCHES.

### I.—THE CONSULTING SURGEON.

THE order of men, of whom Astley Cooper, Brodie, Ferguson, and Paget, are familiar examples, has always had a *prestige* of its own among the public. "Sir Astley" was popularly regarded as little less than a deity, and was consulted by all sorts and conditions of men for all classes of disorders; and though in these days of specialism the multitude has become learned as to who is "good for" this and the other complaint, still the leading representatives of general surgery, as taught in our hospitals, command the respect of the public, and worthily support the hereditary dignity of the surgical baronet.

*Unde veniunt?* How are these great surgeons made, and whence does the supply come? We are not about to indulge in biographies, for those of deceased leaders are already written, and it would be invidious to allude to living men; but we must refer for a moment to a passage in Sir Benjamin's Brodie's Autobiography on this point. He denies that he had any particular taste or liking for his profession, and has no "faith in those special callings to certain ways of life which some young men are supposed to have." Still there are, we fancy, occasionally examples pointing in the opposite direction; young men, from what they have heard or perhaps casually seen of surgery in boyhood, entering upon life with the fixed determination to become hospital surgeons. Of course, family connexion may do something, for poor Bransby Cooper confesses, naively enough, in his uncle's life, that he never would have been a surgeon but for the death of his brother, Sir Astley's favourite nephew; and it is not too much to suppose that kinsmanship with a hospital surgeon may have determined the career of several professional worthies, particularly in the days when hospitals were close boroughs, and apprenticeship to one of the surgeons was the only road to office. Indeed, Sir Astley himself thus owed much to his connexion with Mr. Thomas Cooper. It is a little remarkable, however, that the examples of a son successfully succeeding an eminent father as a hospital surgeon are few and far between, and the cause is, we think, not far to seek; for, in the first place, the success of the parent dazzles the son, and prevents his going through the initiative labour by which alone success was attained; and, further, consulting practice is so entirely a personal matter that no man can hand on his patients to another, and runs the risk of losing them altogether if he attempt to do so. It may be safely laid down that no lasting reputation has been gained without a solid founda-

tion of honest work in early life. The scented dandies who used to perambulate the wards as articulated pupils of some leading surgeon, whose dress they imitated, and whose manner they aped, have all disappeared from the arena they intended to adorn, and have left it to men who for the most part had no introduction but their own talents and industry. Even the omnipotent treasurers of the great endowed hospitals find it impossible to push their relatives into reputation and practice, and every year shows more and more that success must depend upon individual exertion.

To be a leading consulting surgeon, a young man must devote at least ten years to the drudgery of teaching anatomy. By no other means will he gain the knowledge which will be so useful to him in after life, by no other process will he learn to teach at the bedside successfully. A man who can give a successful "demonstration" of a complicated anatomical region, so as to be understood by the bystanding students, will not find much difficulty in seizing the points of a case, and laying them before his clinical class in the wards of a hospital. But a knowledge of anatomy *alone* will not make him an operator; he must practise and teach operating on the dead body, and will probably find thereby an introduction to practice not to be despised. For it is to his pupils that the young surgeon must look for a *clientèle*. They will appreciate his labour and his zeal, and will gladly repay kindnesses shown them while *in statu pupillari* by consultations when they get into practice themselves. It may, and probably will, be somewhat galling to the teacher to find the *quondam* pupil, of no great ability, embarked in a flourishing business by the aid of money judiciously invested in the purchase of a general practice, and inclined to patronise his old master, who is still plodding painfully along the road to success. But the time will come when matters will be equalised, and the practitioner will boast of having been the pupil of his now eminent master, and will thrust him upon his patients as *the* man for every complaint under the sun.

A first operation in the public theatre of a hospital is an important epoch in a young surgeon's career. Critics he knows will be there—possibly unfriendly ones—and the occasion is as serious in anticipation for the surgeon as for the patient. Much of a young operator's serenity will depend upon his consciousness of ability to accomplish what he is undertaking, and a good deal upon the *entente cordiale* existing between himself and his colleagues. To sit down to a first lithotomy with the knowledge that unfriendly critics are looking over one's shoulder, and to hear every step annotated in an audible whisper, is enough to shake the nerve of most men. On the other hand, the knowledge that an experienced colleague is at hand, able and willing to lend a hand, or speak a timely word of caution or advice, will steady a shaking hand, and embolden a man nervous only from inexperience. A fussy assistant is, however, worse than none at all, and it is amusing sometimes to see how men who shirk the undertaking of a serious operation themselves, are always ready to interfere with uncalled-for suggestions, which probably land the operator, if he is unwise enough to pay attention to them, in difficulties from which he has to extricate himself.

A first lecture is almost as trying to some men as a first operation, particularly if the new lecturer has to succeed a popular teacher. If the young professor is wise he eschews either reading a written lecture, or attempting to recite one previously learnt by heart, and, trusting only to notes, boldly faces his audience, and speaks to them *ore rotundo*. It is difficult to explain why some lecturers at once lose all control over their class and never recover it, whilst others find no difficulty in maintaining silence, and riveting attention. But of all mistakes a bothered lecturer can make, the

worst is to lose his temper; if he can keep this he may with perseverance restore order and harmony, but without it a lecture-theatre is apt to degenerate into a bear-garden.

After some years spent in hospital work, the "brass plate," which has hitherto proved so little attractive, begins to develop a power of drawing patients into the net, and the happy proprietor finds that people do come to him, instead of crossing to the great man over the way, whose crowded dining-room has been his *bête noire* for years. If, as he can well afford to do, the young surgeon gives time and attention to the ailments of those who consult him, brings his knowledge to bear as best he may, and honestly does his best, he soon finds that he is fairly successful, and, without making any great hit, gradually increases his connexion. Then he probably marries, and if his partner have some little income of her own, so much the better, since expenses rapidly increase with family cares. To marry before he has really made a fair start is simple suicide, for he cannot work as a married man in the way he would have done single. Probably now he gives up some of the hard work of teaching, and devotes more time to writing. Papers for the societies, communications for the medical journals, perhaps some work on a favourite subject, now occupy his spare time, and lead to a lengthened consumption of midnight oil. And here lies the rock on which many a reputation is wrecked. To write well, to express one's thoughts in good idiomatic English, is not given to everyone, nor, indeed, have all who possess the art of writing matter which is worth bringing before their fellows. To string together extracts from other people's works, with a few twaddling remarks or badly reported cases of the author, is not the way to write up a reputation, though the attempt is thus not unfrequently made. Still less can a lasting and honourable name be gained by the frequent advertising of some pamphlet or petty work with a title appealing rather to the public than to the profession. It is not thus that the leading surgeons of the day have made their mark.

And now, as years roll on, the young surgeon gains those two great boons which years alone will give—age and experience. Fortunately for him, the public can understand that, for operations, comparatively young eyes and hands may be as good as older ones; but for consultations the grey head undoubtedly carries weight. As the seniors at his hospital retire or drop off, he attains those posts which his long apprenticeship has so well fitted him to hold; his reputation rises, his patients increase. If the man is really a good man in every respect, both professionally and socially, his friends rally round him, he becomes the great man of the day, and may, with health, enjoy his honours for some years. And these honours carry with them no little pleasure. To be successful in the object of one's early ambition, to be courted by the rich and noble, to be worshipped by one's patients and pupils, and to be respected by one's professional brethren, must gratify most men. Then, again, the solid fact of making a large income and laying by for one's family has its charm. The consulting-room overflowing with patients, the numerous afternoon consultations, and the frequent operations and journeys, though they fully occupy the time of the surgeon, and may severely tax his strength at times, have their gratifications also, not least among which is the prospect of a well-earned autumn holiday, when the society of wife and children becomes something more than a name, and when happy idleness can be well appreciated. No doubt professional incomes are popularly greatly exaggerated, and half the hospital surgeons in London are supposed to emulate the traditional though probably apocryphal £22,000 of Sir Astley Cooper. To make £5000 per annum for any number of years, a surgeon must be very successful, and it is only a few of the masters

of the art who ever reach twice that figure. No doubt the surgeons have more "plums" in the shape of large fees for operations than the physicians, but then to most men these are few and far between, whilst the attendance on chronic medical cases is illimitable. Again, popularity is always fleeting—the popular consultee of to-day is eclipsed by someone else to-morrow, and it happens too often that a large practice is enjoyed but long enough to pay off the encumbrances of early years without leaving any great provision for old age or for wife and children. It unfortunately happens, moreover, that the number of quasi-perfect surgeons is limited. Many a man of great promise when young fails in after years, and is content to occupy a respectable but never a first-rate position, and circumstances may prevent an otherwise eligible candidate from maintaining the struggle until his opportunity arrives. And yet a second or even third-rate position in London is not without its gratifications. We owe much to men who may be said in one sense to have failed—i.e., in making large practices—but who for that very reason have time to do much good work in our medical schools and hospitals, who train the practitioner of the future, who act as examiners of the various licensing boards, and who make solid contributions to the literature of the profession. To many men such a life is more agreeable than the constant bustle of the popular consultee, and they find time to cultivate the fine arts and collateral sciences in a manner which reflects honour upon the profession to which they belong.

#### RELAPSING FEVER IN THE METROPOLIS.

It may be useful at the present moment, now that relapsing fever has reappeared in South London, to recall the chief facts of the outbreak of which the recent cases seem to be a recrudescence. The first known case occurred in the metropolis in July, 1868, and it was quickly followed by others. These cases attracted considerable attention, for, so far as was known, relapsing fever had not existed in England for thirteen years, the previous epidemic of the disease having ceased in 1855. Dr. Murchison, who studied the history of the earliest cases with great care, came to the conclusion that they had probably contracted the disease from Polish immigrants. Numbers of Polish Jews, residing in Whitechapel, were among the first known to be affected with the fever, and it was known that the disease had been prevalent in East Prussia and Poland prior to its appearance here.

In 1869 relapsing fever underwent a considerable development in the metropolis, and in 1870 the outbreak attained still larger proportions. In the earlier months of 1871 the disease declined rapidly, and before the termination of the summer it had apparently entirely disappeared. Although the malady was first recognised in the metropolis, it was not there that the earliest extensive outbreak appears to have taken place. From Mr. Simon's twelfth annual report we learn that in the autumn of 1868 there was a remarkable outbreak of relapsing fever in Tredegar, Monmouthshire; and that the malady subsequently became very prevalent in some of the neighbouring iron districts. At the time the disease prevailed in the metropolis it extended to almost every large town in the kingdom; and accounts still reach us from time to time of its existence in some of the large centres of industry. Very recently, we understand, it existed—if, indeed, it does not at present exist—in more than one part of the Staffordshire pottery district.

During the outbreak in the metropolis, it is of great interest to note that a large proportion of the cases admitted into the London Fever Hospital came from Camberwell. Of the state of the patients at the time of admission to the hospital Dr. Murchison has written:—"With rare exceptions, the patients admitted with the disease into the Fever Hospital had been in a deplorable state of destitution, far greater than that of the average of typhus patients. Even