

Presidential Address
ON
**MEDICAL EDUCATION IN RELATION TO
OBSTETRICS.**

*Delivered before the Obstetrical Society of London,
March 2nd, 1881,*

BY J. MATTHEWS DUNCAN, M.D., F.R.C.P. ED.,
PRESIDENT OF THE SOCIETY.

GENTLEMEN,—I have great pleasure in thanking you for the very high honour you have conferred upon me by placing me in this chair, a position which has acquired biennial increments of eminence from the well-deserved renown of the great physicians who have successively occupied it, and not least from that of the last President, Dr. Playfair, the author of valuable laborious monographs, and of a popular textbook, an esteemed teacher, and a famous practitioner. We are grateful to him for the time and labour he has given us, and I can only hope to emulate him in these respects as well as in his urbanity and gentleness.

The best honours in medicine are conferred by professional brethren, our peers, who alone are competent judges, who alone, indeed, know us. But I dare not rate my present position without deeply feeling that proportionate to the honour are the responsibilities and the duties. To take my allotted share in the mere business of this great and prosperous Society is not a heavy undertaking, but the other and less prominent duties of my position are really onerous—to preside, to direct, to encourage, to repress; to do all this in the proper spirit and in a manner that cannot be misinterpreted. I shall try, in reliance on your generosity and kindness and support, to keep unbroken the good reputation, as a Society, which we have hitherto maintained.

This Association has been and continues to be prosperous. Its membership is very numerous, its exchequer well replenished, its meetings well attended; above all, its proceedings are interesting and its annual volume of Transactions replete with valuable matter.

In the proceedings of our ordinary meetings we include addresses, discussions, demonstrations, papers. These last are various in character, narration of experience, curious or rare or instructive cases, new remedies, new instruments, and the results of observation and research. In the Council and in committees, besides the arrangement of business, much useful work is done of a political or semi-political kind; and I shall follow a precedent, which seems a good one, in devoting the few remarks I propose to make to some important and interesting political matters.

This Society has already interferred powerfully, and with advantage to the public interests, in various medico-political affairs, and there are some measures, especially that relating to the education and registration of midwives, which it has already done much to promote. In the present state of the conduct of legislation we can have little hope of success in Parliament, unless we secure the approval and active operation of a Minister of State, and in this we should probably have no difficulty if we could make for the Minister a quiet political bay in the busy and often turbulent session. We do not wish for our affairs the Parliamentary prominence of party questions, and we have no means of quickly convincing our legislators of their very great importance. We have therefore reluctantly to submit to the patient waiting for a more convenient ministerial season, a time of which we at present see no immediate prospect.

Before proceeding, however, I must devote a few sentences to explain the kind of importance to be attached to the political proceedings of this Society. Their place in the first words I address to you might be supposed to indicate that the Society claims for them a position paramount, and this would be a very great mistake. The Society knows well that political interference is a mere accident of public utility arising from the position it has otherwise attained. The great work of this Society is not political. It is not

No. 3001.

initiated nor fostered by Ministers of State, and it would be fatal to our best interests to wait upon such uncongenial influence. Obstetrics and gynaecology have been advanced to their present eminence and power and usefulness exclusively by the labours of comparatively humble medical men. As it has hitherto been, so in the future it must be. If we look to the gradual progress of our department of medicine, we observe little else than a series of scientific papers bearing the names of our obstetric heroes. A great practitioner distinguished for learning, sagacity, and power may for a time maintain posthumous fame; but for the most part practitioners and practices, books and instruments, have been lost in oblivion. Imperishable remain the small scientific papers that have taught us, and will teach all future medical students, the anatomy of the pelvis, the anatomy of the gravid uterus, the anatomy and physiology of the unimpregnated female, the mechanism of natural delivery, obstetric auscultation, obstetric anaesthesia, the mechanism of unnatural delivery, and others too numerous to mention here. The wisest judges of our Society will pay but scant attention to our political proceedings, and so also will our best members. The basis of our prosperity and greatness is the unobtrusive memoir embodying thought and work, and recording distinct results; and we must admit that such papers are often dreary affairs, as they are languidly read to benches not overfilled. The man who sends us such, generally a young man, must not be discouraged; his paper will command wide recognition, and, although worldly esteem and prosperity are but secondary objects in his view, his good work will be, as long as he lives, an increasing force tending to his promotion in these respects. It is enough to say of him, "He was the author of that." This Society will pay due attention to its political work as it arises, but it must devote its best energies to its scientific work. With the amount and quality of this it may be pleased, even delighted, but it can never be satisfied. Scientific appetite and greed grow with the food supplied. Every new contribution widens the prospect, and increases the demand for yet more.

Much interest has been, and is now, widely expressed and widely felt in the improvement of the medical curriculum, and our department of the profession is indebted to our late president and to Dr. Macnaughton Jones for their enthusiastic advocacy of its claims. With especial force is it insisted that the course of midwifery lectures required by the Corporations is inadequate, and while on this point there is, so far as I know, no difference of opinion, I am sure that, in the whole matter, we have the sympathy of all men of progress. In considering it, the distinction should carefully be maintained between the theoretical and the practical, between what is desirable and what is feasible and attainable; and this is not always done. For instance, it is common to say that from every student there is, or there should be, required evidence of a thorough knowledge of this or of that, and, among others, of midwifery and the diseases of women and of newly born children. Now, it is only a very moderate amount of knowledge that is now or ever will be required, and it is in vain to aim at more. It is not necessary to have experience at examining boards to get assurance of this, for, after more than thirty years of unceasing study and practice, my own knowledge of the subjects is anything but thorough.

It is a moderate amount of elementary knowledge that is required of a candidate for licence, and he is expected, nay, in duty bound, to cultivate it so as to produce the maturity of a good general practitioner. Within a limit of forty lectures it is impossible for the teacher to give a good introduction to the elements of his subject; and yet it is not to be forgotten that the best teacher is he who condenses most successfully—who, knowing what is essential, what is of high importance, fixes on a well-arranged and, if possible, a consecutive series of facts and principles, and carefully indoctrinates his pupils in them. In any other sense a complete course is not desirable. Our lecturers should be neither schoolmasters nor grinders.

The history of teaching surely indicates that in this matter we shall in due time get what we want. If we are true to ourselves and increase the science, room will be found for the teaching of it. Our glorious ancestors, Smellie and William Hunter, taught midwifery and women's diseases from love of, and respect for, the subject, as those teachers do now who give far more than the curriculum requires, and so it will always be. Smellie's and William Hunter's courses were not required by the licensing or analogous boards of

their day, and they probably never reached the length of twenty lectures. We have got far beyond this, having compulsory courses, which in some schools must reach one hundred lectures—compulsory actual practice of students, clinical teaching and lectures, and instruction in instrumental delivery.

In settling what should be our demands in respect to compulsory attendance on lectures, we must consider our position in relation to medicine proper and surgery proper. The solidarity of medicine, surgery, and midwifery is a popular and a true argument, and justifies our claim to equal honour and consideration for the three branches. But while this claim is now at length, thanks to the unaided achievements of obstetric science, undisputed, it does not follow as a consequence that equal time should be allotted to the teaching of the three departments. Medicine and surgery are each larger than our department. They were taught systematically before midwifery; and, as a result of this historical fact, their teaching embraces large and important subjects, such as the doctrines of inflammation and fever and injury, which, though obstetrical as much as they are medical or surgical, yet are not uselessly repeated in courses of midwifery, being left in those older departments of teaching to which ours is an addition.

But the points to be regarded in this somewhat complex subject are not exhausted. Time is short, and we must reflect on the age to which we would have a medical student's education prolonged. The curriculum requires a period of about four years, and is already so filled that more can scarcely be crammed into it. Without an extension of the curriculum to five years, it appears to me vain to hope for a thorough and fair rearrangement of the various times allotted to the various courses; and such an extension is a matter for very full consideration, with a view to the interests, not of students only, but of the State also. It is not a mere mechanical question—so much time available, so much attendance on lectures possible; for it has been widely asserted, and with some show of reason, that our present extended curriculum is a failure, not only not yielding results in proportion to the extension, but producing only increase of cram and dangerous pretence of knowledge. With this view I do not coincide, but it puts in a clear way the evils attendant on attempting too much. When we increase the curriculum, we must consider not only the time available, the age to which the study should be prolonged, but also the digestive power of the average student's mind. The production of pedantry is to be shunned.

As members of this Society we have observed with deep concern those discussions in the Medical Council which relate to the place, in the education of our medical practitioners, accorded to physics and chemistry, and we cannot hesitate to express our sympathy with those who wish for these branches of science a paramount position among the not purely professional. For Greek or Latin, we have no special reason to contend, because the obstetrician or gynaecologist has never occasion to make use of them, unless for some purely literary, not scientific or practical purpose. Although it may well be asked, What interest have the legal guardians of the education of our practitioners in Greek or Latin? it may, on the other hand, be confidently asserted that their place and power in the higher education of all men need no defenders—no supporters. These languages are not necessary for a medical practitioner, and this cannot be said of physics and chemistry. As obstetricians or gynaecologists we can neither comprehend what has been achieved in the past, nor can we have any hope of future progress without the aid of the latter. Latin and Greek may be said truly to have much the same place in higher general education as anatomy has in medical education; for through them pass the roots of our language, our philosophy, our arts, and our sciences. But while high culture cannot exist without Latin and Greek, excellent practitioners, such as the Medical Council has to care for, may flourish without them. Latin and Greek will always be studied by the highest class of medical men, and will always command an equivalent return of power and influence, and even of the gross reward of money. Physics and chemistry must be studied by all good medical men, and knowledge of them is a guarantee of good practitionership.

Were this a proper occasion, I might enter at length on the history and the present bearings of this important matter, but I shall confine myself to a very few historical remarks which may encourage the supporters of what we

regard as indisputably the best direction of medical legislation. Even anatomy was once in the insecure and neglected position in which physics and chemistry now are.

Although physics and chemistry are not depreciated or lightly esteemed, their supporters have still to struggle to secure for them their proper place, and medical history points surely to their still further rising importance in medical education. The problem was well understood and the conflict stoutly maintained a century ago, and the too successful ringleader then was the great Stahl, who, while he despised and opposed anatomy, fought ardently against the introduction into medicine of mechanical and dynamical theories, and, upon the whole, Stahl gained the day—that is, he in this matter carried with him the majority of great medical men. Truth, however, is invincible, and in spite of Stahl and his followers, opposition to mechanical, chemical, and dynamical theories has gradually become less and less, till now the whole of the psychical school is extinct or survives in defence of the comparatively very narrow influence of what are now called vitalist doctrines. Of these profound doctrines and of their great supporters we speak only with unqualified respect. Their existence and extensive power as now exercised are in no manner a protest against the great and due influence of physics and chemistry.

So great has been the progress of physical, chemical, and dynamical theories in obstetrics and in the other branches of medicine, in our own days, that it is necessary still further to explain historically the reluctance, even now, to admit their rising power and utility. Most of us here, at least most of those who have even a few grey hairs, and most of the members of our Medical Council, were reared under the potent empire not of Stahl, but of theories more or less exclusively metaphysical like his. Not a few of us imbibed our first lessons in medical science at the feet of the venerated Alison, the greatest medical philosopher of his day; and as we love the memory of the man, we are slow to disparage any part of his teaching. Yet his teaching—that is, what was instilled into us so recently—is already so obsolete in kind, though not antiquated by mere lapse of time, that you will scarcely believe that these are his words:—"When we compare," says he, "the general notions as to medical science which are prevalent at the present day with those which are recapitulated by Dr. Cullen in the Introduction to the last edition of his *First Lines* as holding their place up to his time in the schools of medicine, the most important observation that occurs to the mind is the present general, although not always avowed, recognition of this principle,—that the phenomena of disease, like all other phenomena of living bodies, belong to a class of facts, and constitute a subject of investigation altogether distinct from those which are presented by any forms or changes of inanimate matter. Dr. Cullen states that 'the mechanical philosophy had been applied (soon after the discovery of the circulation) towards explaining the phenomena of the animal economy, and continued till very lately to be the fashionable mode of reasoning on the subject;' and he very properly admits that it must 'still in some respects continue to be applied,' but he adds that 'it would be easy to show that it neither could, nor ever can be, applied to any great extent in explaining the animal economy.' Now an important step," Alison continues, "has been already made in the progress of medical science, when this proposition has received the general assent of the profession, and when the study of Mechanical Philosophy is recommended to the student of medicine, not as one of the foundations of medical science (with the exception of a few simple applications of its principles in some parts of physiology), but simply as an example of successful investigation. A nearly similar observation may be extended to the subject of Chemistry, for although it be true that all vital actions are attended by, and in part dependent on, a series of continual chemical changes, and although a certain knowledge of chemical principles is therefore required of the physiologist, yet the chemical changes of animated nature are so distinct from those which we produce at pleasure in dead matter, as the stimulation by nerves and the contraction of muscles are distinct from any of the principles and powers of mechanics."

If physics and chemistry were in this slighted state forty years ago, and have now risen to jostle Greek and Latin in their time-honoured places, what may we not expect from the progress of science within another forty years? There is no reasonable doubt of their growing into pre-eminence.

and it is to be hoped that they will not treat rudely the study of these languages, which are the favourites of all that are scholastically disposed. For physics and chemistry we ask no favour, only justice, at the hands of our Medical Council.

The registration of disease is, as you are aware, making great progress in isolated parts of the country, and its universal adoption may be expected in no long time. Before this time comes, imperial legislation may compel it; and it is almost certain that further legislation with a view to prophylaxis will be a valuable fruit of the increased knowledge provided by the system. There are many ways in which such prophylactic legislation may interest us; and it is in the highest degree imperative to prepare for it, and to watch it, so as to have the laws wisely framed for the public good. Puerperal fever will, no doubt, be the chief class of diseases in our department for prophylactic legislation; and it may be expected that we shall be able to give decided testimony as to the value of our plans. Antiseptic cares are already in some parts of Germany required by law or recommended to midwives by those who have a legal right to command them; and it is to be remembered that in that country almost the whole of midwifery is in the hands of midwives.

It is evident that in this country we have been passing through a period of alarm allied to panic, arising from newly acquired knowledge of the greatness of the evil and ignorance of its nature and mode of propagation. This prolonged panic has naturally led to extravagant views and to grave injustice, especially to midwives and to hospitals. Obstetric science is gradually disclosing the nature and prevalence of the diseases classed under the name of puerperal fever, and this work has been done chiefly under the guidance of those antiseptic theories which have produced such grand results in medicine and surgery as well as in midwifery. It is to antiseptic theories also that we owe our most trusted resources in practice—resources whose value is demonstrated beyond all doubt, and which will soon, I believe, be so generally adopted as to command the consideration of those interested in prophylactic legislation.

But I wish, at this early time, to put in a plea for another prophylaxis, the legislative protection from syphilis, especially of women about to be married and of doctors. It is not rare to meet with instances of carelessness on the part of bridegrooms so gross as to merit the imputation of criminality; innocent women being, as a result, infected with syphilis, and thereby killed or maimed for life, and their offspring in a like terrible plight. No doubt such tragedies are sometimes enacted in spite of due care on the part of the husband; but many are the result of culpable thoughtlessness or culpable neglect. Again, in my own medical circle I have lost, through accidental surgical infection with syphilis, several medical brethren whose lives were very valuable. One of them, an accoucheur, did not survive attendance on a syphilitic lying-in woman above a year and a half. Now, it appears to me that such proceedings as the marriage of a man who knows he has recent and active syphilitic disease, should be taken cognisance of by the law, and regarded as a crime not much less grave than manslaughter; and the same is true of such proceedings as that of a lying-in woman who, knowing she has syphilitic sores on her pudendum, fails to warn her accoucheur of the circumstance. Disease and death coming in this deliberately careless way, surely involve not less horrible and heinous criminality than any other offence.

The education of women for the important profession of midwifery has long been carried on, in many quarters in these countries, with more or less completeness, and with very good results. It has been, and is, the custom to give to pupils a course of lectures, and to require practical instruction and some experience, before conferring a diploma or certificate of competency to manage ordinary natural labour and puerperal state. Nearly ten years ago this Society prescribed a modest curriculum for pupil-midwives, and established an examination to test their attainments, with a view to granting a diploma to such as gave satisfaction to the Society's examining board. This good scheme has had an encouraging amount of success, the numbers passing in each year, from 1872 to 1880 inclusive, being 6, 11, 4, 2, 3, 4, 5, 12, 22. But this does not satisfy us. We want a recognised legal position, chiefly registration, for graduates, and we desire a great increase of members taught and seeking our diploma.

In some foreign countries, to which we look as examples

for consideration rather than imitation, the education, registration, and regulation of midwives have long been carried on with apparent satisfaction to all parties. You all know the text-books for midwives issued under Government auspices in Germany. I have brought with me the book of the rules of midwifery service in the kingdom of Wurtemberg, issued by authority of the Ministry of the Interior. I also show you the remarkably cheap, handy, and useful obstetric bag which is recommended to midwives in that kingdom. Foreign obstetric conditions are, as I have already said, very different from those of the United Kingdom; and, of course, the Government arrangements are not exactly what we should desire for our country, with its limited employment of midwives, and what we consider the freer spirit of our laws.

Our examination system has recently been extended by the Society empowering its honorary local secretaries to conduct the written examination. This diminishes the expenses of candidates by reducing greatly the number of days spent in London, a single day for *vivâ voce* examination being now sufficient. That this widening of the area of easy working of our midwifery system is a good proceeding I have no doubt; indeed, the improvement and extension of the practice of ordinary midwifery by women is a most desirable object. Many people still living remember the time when the whole of this practice was in female hands. It was taken from them, not by the other sex because they were male, but in consequence of their superior education and scientific attainments. Science overthrew all the prejudice against man-midwifery, and this was not a small matter; for authority as well as prejudice were at one time so strong on the side of women as to bring Dr. Wertt to be burned at the stake for attending a woman in labour. If women are to be reinstated in the practice of midwifery, whether in unnatural or in natural labour, it is education and science alone that can do it, and women may be sure that these are irresistible. Meantime we are interested only in the extension of women's usefulness in ordinary cases, natural or nearly natural, and our object is to secure for the public a class of such women, reliable because duly qualified. The gain to the greatest number will be considerable, for the service of midwives is, of course, got at a less rate than that of fully educated practitioners, whether male or female. Besides, such fully educated practitioners are gainers, for their time and health are so valuable, and rapidly increasing in value, as to make it a very hard struggle to do full justice to their cases. Everyone knows how necessary patience and long waiting are for the performance of midwifery duty, and no one is proof against the bias given by impulses of time and health. The more extensive employment of midwives will greatly improve the care of the poorest and largest class. Such women are comparatively easily remunerated; they go to their cases unembarrassed by other important and pressing engagements, and they expect, without regard to the nature of the case, to have a stay greatly longer than is anticipated by the fully qualified practitioner. Against advantages there are, no doubt, disadvantages; and here, as in innumerable other difficulties, we make the best attainable compromise.

We have naturally been disappointed at the political delay of our scheme for the education and registration of midwives; but we are not discouraged, because we have no active opposition, and the urgency of the matter is daily increasing. Indeed, if we consider the gradual growth and progress of all such schemes in this country, and the still only partially developed state of our own midwives' arrangements, we may even assume that the delay does not involve loss of time, but will add, when the proper opportunity comes, irresistible force to our appeal to the Government.

We shall, no doubt, carry with us the sympathy—we hope also the active support—of the Medical Council. This medical Parliament, embodying as it does the political knowledge and experience of the profession, will surely do its duty by us, for it has hitherto shown itself wisely zealous for the interests of the public, not hesitating, after due consideration, to go beyond its chartered duties when such interests pointed the course.

The presence in the Council of an obstetric member has never been indispensable, yet always desirable; and the deficiency of such a member has been keenly felt, and, of course, most by us whose interests are especially dear to ourselves. When the education and registration of midwives come within the range of practical politics, we trust an obstetric member or obstetric members will be in the Council

to give aid. On the death of Dr. Hudson your Council seized the opportunity to memorialise the Government with a view to the filling of the vacant place by an obstetrician, and I am happy to tell you we have gained our end, for I have a letter from the Lord President of the Council assuring me that the wishes of the Society will be carried out.

You are all well aware of the preparations that are being diligently carried on for the meeting of the International Medical Congress in this metropolis in August, and no doubt take especial interest in that part of it called the Section of Obstetric Medicine and Surgery. The general and executive committees of the Congress have nominated for this Section a president, vice-presidents, council, and secretaries, embracing a large number of distinguished physicians whose names will certainly command the confidence and respect of our brethren both at home and abroad. When the Section meets, honorary presidents will be elected from among the eminent obstetricians who, we already know, will come to the Congress.

The importance and usefulness of such meetings as this call for no remarks, for their very existence is in itself almost a sufficient demonstration of them. We are living in an epoch of great development of scientific parliaments; and no one dares to predict, though he may rejoice to anticipate, to what good result this will lead. Scientific Societies have flourished in great towns ever since the revival of learning. National scientific meetings have been regularly established only within our own times, or are being established now. But this kind of progress may be said to proceed in a sort of geometrical ratio. Political conferences are of comparatively old date, and have only a remote analogy with the scientific congresses; but the great Industrial Exhibition of 1851 no doubt offers a striking resemblance to our Medical Congress, and it inaugurated an era of international activity laden with many peaceful blessings.

Our own Society was started only twenty years ago; it had no perceptible period of infancy or adolescence, but from the first bore the appearance and produced the fruits of a mature association. Its founders had, in their sound judgment, justly estimated what was wanted, for, accordingly, our Society has supplied the want, and has prospered. It was not enough to have occasional allotted portions of the meetings of the Royal Medico-Chirurgical Society and a few papers in its annual volume of Transactions. Obstetrics and gynaecology had commenced rapidly to grow, not only in bulk but also in philosophic elaboration. The metropolis required monthly meetings devoted entirely to the subject of our practice and study, and this activity is represented not by a few papers of observation in Medico-Chirurgical Transactions, but by an annual obstetrical volume, rich not in mere observation and dogmatism, but also in speculation, experiment, and research. Under the auspices of the British Medical Association we have a great annual national medical congress which, not many years ago, began to have a special obstetric section. But already all this is not enough. Professional brotherhood, the jostling of co-operating intellects, the comparison of results in practice, are increasingly exigent. Meetings in all great towns and national meetings do not supply the demand, and now for the first time a cosmopolitan Obstetric Congress will be held in the greatest city of the world. It is not enough to anticipate or wish for great results of this August meeting. We must contribute to its success according to our opportunity and ability; and everyone of us can contribute something, if only contagious enthusiasm or mere sympathetic bodily presence.

Accoucheurs and gynaecologists are generally styled, or style themselves, physicians; but they are as much surgeons as physicians, and indeed a great authority has recently asserted, *ex cathedra*, that they are more surgical than medical. I do not think so, and, curiously enough, the great authority, although President of the Irish College of Surgeons, is himself an illustrious example of the preponderance of the medical element. Truth to tell, our department is like medicine in general, divided into two friendly co-operating camps, the medical and the surgical, and each man is driven into either, or remains mongrel, according to his special genius. Most begin by affecting the simpler, and in many respects easier, line of surgery, but most end with the conviction that they have not the rare surgical genius. At present the strong currents in obstetrics and gynaecology are rushing in the surgical direction, and too strongly so in the opinion of many intelligent observers. But it is foolish to deprecate this progress, and vain to attempt

to change it. The unknown laws of the growth of our department of science and practice are not to be bent according to our shortsightedness to suit our views. The present surgical wave is undoubtedly doing good, and we cannot avoid its sweep, although we might wish it were less strong or had its medical equivalent. Accordingly, in the international obstetric programme it will be found that, for this year at least, surgery is paramount, yet not drowning, far less excluding, medicine. There is, indeed, still plenty of sectional time and space for medicine to occupy and reassert its preponderance over surgery. The authorities of the Congress invite you, as well as foreigners, to come forward with such results of observation, experiment, and research as you may have to offer for the consideration of the cosmopolitan assemblage of brethren who will have come for this purpose from all parts of the world. Every student is aware of the considerable differences that exist among the nations in their mode of describing and discussing the same obstetric and gynaecological matters. This is well illustrated by textbooks. A German or French manual, even if undoubtedly far superior to an English one, cannot be made by clever translation to take its place. The foreign work does not fit into our literary system, and it proves valuable chiefly by being mentally assimilated by British readers, and thus made part and parcel of our historical British literary development. If the differences among British obstetricians are enough to give a varied interest and instructiveness to our meetings here, how much more of striking and useful variation may we look for in an International Congress? We may expect to get not only original and new instruction, but to be edified by having old things shown us in a new light.

To conclude, gentlemen. While in medical politics this Society is working for the good of others, each member has to consider how he can make the Society itself greater, and himself more useful through it, and his spirit should be that of the happy warrior,

“Who, if he rise to station of command,
Rises by open means; and there will stand
On honourable terms or else retire;
Who comprehends his trust, and to the same
Keeps faithful with a singleness of aim;
And therefore does not stoop, nor lie in wait
For wealth or honour, or for worldly state;
Whom they must follow; on whose head must fall,
Like showers of manna, if they come at all.”

HAMMAM R'IRHA, ALGERIA: A WINTER HEALTH-RESORT.

BY G. D. POLLOCK, F.R.C.S. ENG.,

SURGEON IN ORDINARY TO H.R.H. THE PRINCE OF WALES, CONSULTING SURGEON TO ST. GEORGE'S HOSPITAL.

IT may interest many of the readers of THE LANCET to learn something of a warm health-resort in winter, within five days' easy journey of London, which at present is but little known in England, and which affords many advantages to invalids who require or desire something milder and more genial than the climate of an English winter and spring. While passing some few weeks lately in Algiers, I took advantage of fine weather to pay a visit to Hammam R'irha, celebrated for its hot springs, and their beneficial effects in rheumatism. “The thermal springs of Hammam R'irha,” writes Colonel Playfair,¹ H.B.M. Consul at Algiers, “occupy the site of the ancient Roman city of Aquæ Calidæ, the ruins of which cover the hill-side for a considerable distance.” The hotel and bathing establishment at Hammam R'irha stand some 2000 feet above the sea level, near the summit of a broad face of mountain, looking south. The hot spring rises behind, and several feet above the hotel, on sloping ground running back some distance on the north side of the building. The outflow is constant and abundant. The water is conducted directly to the hotel, through which it flows continuously night and day. The point at which the water issues from its source is some five minutes' walk from the hotel, and may be readily reached by an ascent among the ruins of the old Roman town. The spring is

¹ Handbook for Travellers in Algeria and Tunis, second edition, p. 171. London: John Murray.