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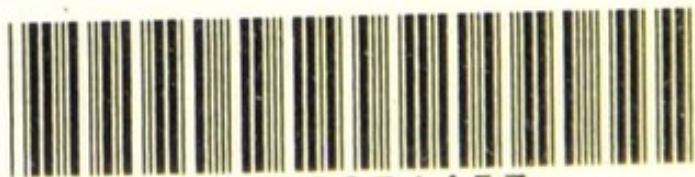
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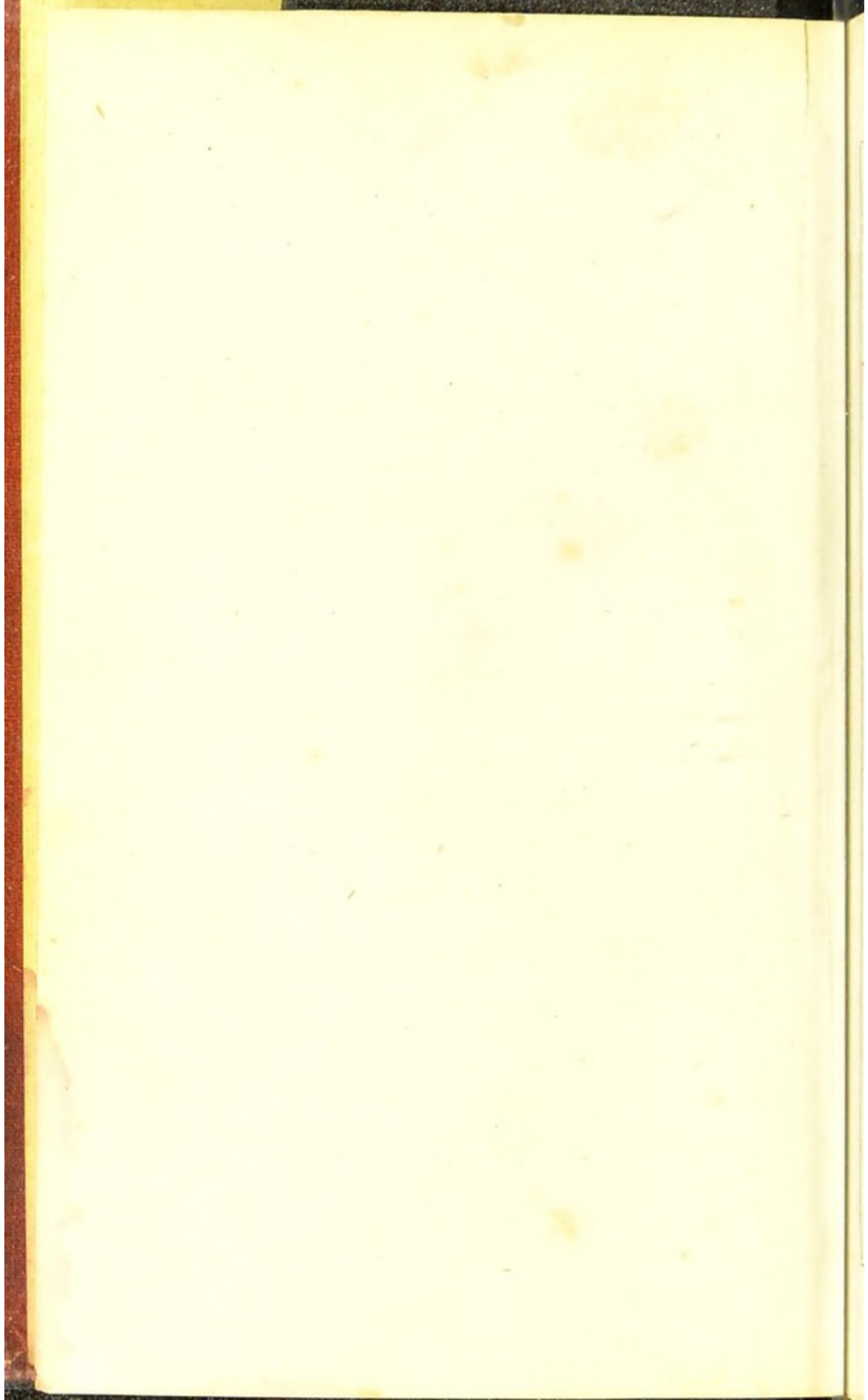
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THE STATE
OF THE
MEDICAL PROFESSION
IN
GREAT BRITAIN AND IRELAND.

BY
WILLIAM DALE,

Doctor of Medicine of the University of London; Member of the
Royal College of Surgeons of England; Honorary Physician to
the West Norfolk and Lynn Hospital, &c.

BEING THE SUCCESSFUL
CARMICHAEL PRIZE ESSAY IN 1873,

BEARING THE MOTTO:

"Sparing None, yet Serving All."

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Preface.

Two years and a-half are passed since this Essay obtained the Second Carmichael Prize, and it is right to state that the delay in its publication rests with the Royal College of Surgeons in Ireland alone: inasmuch as so much time has elapsed before it has been made public, the Author proposes very briefly to refer to a few matters which have happened in the medical world as time has sped.

1.—Sir Robert Christison, the President of the British Medical Association, on the occasion of its meeting at Edinburgh, in his inaugural address, spoke in favour of the medical institutions as at present existing, and against the conjoint schemes, as they are called. But whilst the opinion of such an authority is worthy of all attention, we believe it to be contrary to the general feeling of the profession; and we are glad to be able to state that a Conference of Delegates from the various Examining Boards is shortly to take place in London, under the auspices of the Royal College of Surgeons of England, and proposed, it is said, by Sir James Paget, to consider the subject of the formation of a Conjoint Board for England, as advocated in these pages.

2.—In the last session of Parliament a bill was passed, entitled "The Artizans' and Labourers'

Dwellings Bill," which is calculated generally to improve the health of the poorer population of our large cities and towns, and at the same time to give employment to sanitary officers, and a fresh impetus to sanitary reform; thus bearing out what we prophesied respecting "The Public Health Act" of 1872, viz., that it would give enlarged powers to Medical Officers of Health, and greatly increase their number.

3.—The out-patients' work of our hospitals is still an intolerable burden and difficulty, with which no one appears to be able to deal. It seems to the author that the plan adopted by the Governors of the Hospital for Sick Children, in Great Ormond-street, London, fully meets the case. They require that every recommendation given to a patient shall be stamped by the Charity Organization Society, whose officers carefully inquire into the circumstances, income, &c., of the applicants.

4.—One word on Lectures. They still afford "a bone of contention" for the profession; but, on reconsidering what is advanced in the text, we incline to the belief that if suitable Teachers are engaged, and examinations on the subject matters of the Lectures are frequently made, we have no substitute for them; and nothing has arisen in connexion with medical teaching, of late, which has changed our views.

5.—Certain restless women have sought recognition as medical probationers, or students, of the different corporations; especially have they, with wonderful persistence, forced their so-called claims upon the attention of the University of Edinburgh, and the General Medical Council. The former of these

bodies has emphatically said No to these bold aspirants after medical work and medical fame; but the latter, by the half-hearted mode in which it has dealt with the question, has opened the door to future trouble and given grave offence to the profession. A short time ago, at Heidelberg, we saw two young female students going round the wards of the hospital with the young men. The strange sight arrested instant attention, but the exhibition sadly repaid it. They stood behind the male students, and seemed to have no place in the class; indeed, how could they? Look at the case under observation. It is a case of Ascites in a man! What could gallantry, or good-nature, or anything else, do for them? Where could they be placed but behind? Woman cannot study medicine in mixed classes, we judge, without unsexing herself—it shocks one's sense of propriety—it destroys that seemly modesty which is her chief adornment.

Looking back, then, for two years and a-half, or since the Carmichael Prizes were adjudicated, we observe very few changes either in the corporations or the profession generally; therefore, although the publication of the Essay has been so long delayed—so long as to make the heart sick—it is hoped it may still be found a trustworthy guide to “The Present State of the Medical Profession in Great Britain and Ireland.”

An extract from the late Mr. Carmichael's will is added in explanation of the writing and publishing of this Essay.

“In my will, dated 11th of February, 1849, I bequeathed £3,000 to the College of Surgeons in Ireland, the interest arising from which sum is to be disposed of in the following manner:

“Every fourth year after the investment of this sum in the funds of the College, a premium of £200 to be adjudged by the Council of the College for the best essay, and £100 for the second best essay, on the following subjects :

“1st. The state of the Medical Profession in its different departments of Physic, Surgery, and Pharmacy in Great Britain and Ireland, at the time of the writing of these prize essays.

“2nd. The state of the Hospitals and Schools of Medicine, Surgery, and Pharmacy.

“3rd. The state and mode of examination, or of testing the qualifications of candidates of the different Licensing Colleges or Corporations in Medicine, Surgery, and Pharmacy.

“Under these three heads the authors will please to make such suggestions as may occur to them respecting the improvement of the profession, with the view of rendering it more useful to the public, and a more respectable body than it is at present. In these suggestions the authors will please to consider the preliminary and moral education of Medical and Surgical Students, as well as the best mode of conducting their professional studies.

“In considering the 3rd head, or mode of testing the qualifications of candidates by the licensing bodies, the authors will please to consider the most practicable mode of rendering the examinations as demonstrative as possible, *i.e.*, in anatomy, by having the dead subject placed before the candidate. In chemistry, botany, and pharmacy, specimens of minerals, plants, and pharmaceutical preparations placed before him ; and in the practice of physic and surgery, the candidate to be placed before the patients in the wards of an Hospital, as the testator is certain that this will afford the most certain and only true mode of ascertaining the qualifications of candidates.

“On handing the sum mentioned of £3,000 to the College, my Trustees will please to have a legal guarantee that the provisions above stated will be carried into effect, as well as the publications of both of the prize essays to the extent each of 700 copies, to be disposed of in the following manner : Copies to be sent, free of expense, to the Presidents, Vice-Presidents, Councillors, or Governing Members of all the Medical Colleges or Corporations of the United Kingdom. The authors of the successful essays to be entitled to 25 copies each. The remainder to be sold, the produce of which to go to the premium fund. Copies should also be sent to all Cabinet Ministers and Members of the Privy Councils in both countries.”

LYNN REGIS, NORFOLK,
December 1st, 1875.

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THE STATE
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“The most sublime vocation of man, after the service of the Deity, is that of being priest of the holy vital flame, and an administrator of God’s highest gifts, and the most secret powers of nature.”—HUFELAND.

THE history of Medicine since the dark ages, when it was in the hands of the priests, is full of interest. There are many things in connection with it which one would gladly forget. Its *superstition*, which led to the collecting and administering of drugs under certain conditions of the moon, stars, and planets; its *theories*—having only the slightest foundation in facts and observation—as Humoralism and Solidism, Chemic-Material, &c.; and, nearer our own day, the plethora of Barry, Rush, &c., the spasm and atony of nerve fibres of Hoffmann; and, lastly, the refinement upon this theory of the celebrated Cullen. Its *sangrado era*,* which is within our own recollection; its connection with the *Barbers*, and its crude and savage surgery; and, finally, its *intolerance* and *bigotry*, which persecuted Harvey, Jenner, and other great and benevolent discoverers. These things one would

* In 1843, I heard a Lecturer say that, on going into his Surgery one day, he found the floor, chairs, &c., bespattered with blood, and on enquiring what had happened, his pupil said he had that morning *bled eleven people, and extracted nine teeth*.

forget. But, on the other hand, there are many things connected with Medical Science one gladly calls to mind, and cannot easily forget:—its *great names*—names of men who were giants in their day—Wiseman, Mead, the Hunters, Harvey, Cooper, Abernethy, Lawrence, Graves, Hey, Teal, Simpson, Syme, Louis, Pinel, Laennec, and a host besides, who, though they have gone from us, will never be dead to the memory, for their names are “as ointment poured forth;” its *benevolence* and *philanthropy*, as shown in the gratuitous services of our large hospitals, and amongst our poor; its benign *discoveries*, to which suffering humanity is so much indebted; the Ligature for bleeding vessels and aneurism; the Ophthalmoscope for investigating diseases of the eye; the Laryngoscope for examining the larynx and adjacent parts; the Lythotrite for crushing stone in the bladder, when its removal in the usual way is fraught with danger; the various Mechanical contrivances for the relief and cure of fractures and deformities: and last, though not least, Chloroform, that immeasurable boon to poor suffering humanity, which has made surgical operations a pleasure rather than, as formerly, an odious and revolting duty.

In these days, medicine is being emancipated from vain theory, but is not yet free. It is bringing Bacon’s philosophy to bear upon all the questions it attempts to grasp, but still clings more or less to old traditions. Day by day, however, like all the sciences, it will find fuller scope and truer freedom in the application and observation of facts alone; and, with its more exact physiology and pathology, its improved chemical research, and its tentative and questioning therapeutics, we cannot doubt but the achievements of the past will bear no comparison to the glory and success of the future. From these

remarks it will be self-evident that the writer has no sympathy with those *carpers* who have scarcely a good word for our noble profession, and charge us with lagging far behind all other sciences, and the general advancement of the day. But yet, he is not blind to some of its defects, and fails not to see its "little foxes," as a writer of the day has designated certain common faults; and he would now set himself earnestly to work to hunt them out, hoping their permanent and utter destruction will, even in his day, be accomplished.

In accordance with the instructions issued by the Royal College of Surgeons in Ireland, in offering the Carmichael Prizes for competition, the following subjects will be treated in this paper:—

1st—The state of the Medical Profession in the different departments of Physic, Surgery, and Pharmacy, in Great Britain and Ireland, at the time of writing these Prize Essays.

2nd—The state of the Hospitals and Schools of Medicine, Surgery, and Pharmacy.

3rd—The state and mode of examination, or of testing the qualifications of candidates of the different Licensing Colleges or Corporations in Medicine, Surgery, and Pharmacy.

Without further preface, and strictly adhering to this threefold division of the subject, we proceed to consider each division succinctly, and in the order in which they are placed above.

1st—The state of the Medical Profession in its three departments of Physic, Surgery, and Pharmacy.

The importance of the subject before us, as it respects the public weal, can scarcely be exaggerated, and in the examination on which we are entering we shall "nothing extenuate nor ought set down in malice," but with all impartiality pass in review

both the excellencies and the defects of the profession, in the hope of adding to its improvement and usefulness.

The profession we have to consider is important if we look at it, first, as an extensive and necessary organisation, having for its high and noble objects the treatment of the various diseases to which man is liable, and the preservation of his health. There are, for example, upwards of 20,000 medical men in the United Kingdom, including civil and state practitioners, holding Degrees, Licences, &c., as follows :—

The principal Degrees, Licences, &c.	Granted by
M.D. } M.B. } B.S. } M.S. } C.M. }	The Universities.
M.R.C.P. } L.R.C.P. } F.R.C.P. }	The Colleges of Physicians.
M.R.C.S. } F.R.C.S. } Lic. Mid. }	The Colleges of Surgeons.
L.A.C. } L.S.A. }	The Apothecaries' Societies.

But the Medical Corporations for granting Degrees, Licences, &c., to practise Medicine and Surgery are, in reality, about twenty; for each division of the United Kingdom has its own Colleges of Physicians and Surgeons, and several Universities. To these Institutions must be added the Army and Navy Medical Departments, and, lastly, the General Council of Medical Education and Registration; and although this last-named Institution is not a licensing

body, yet it seems to have been formed, by the Medical Act of 1858, to supplement the Licensing Bodies, and in a certain degree to control and direct them. It consists of Representatives from the several Corporations united with six medical men nominated by the Crown.

All these Medical Corporations require the students to pass a preliminary examination in General Education before the commencement of their professional studies, and in proof that they have been well educated. The preliminary examinations of the University of London and of the Royal College of Surgeons of England, will sufficiently indicate the character of their requirements.

I.—London University.

(a) Matriculation—being an examination in general knowledge, and is not peculiar to medicine, but is the same for Law, Divinity, &c.

(b) Preliminary Scientific Examination — embracing Mechanical and Natural Philosophy, Inorganic Chemistry, Botany and Vegetable Physiology, and Zoology.

II.—Royal College of Surgeons of England.

The Preliminary Examination embraces English, Classics, Mathematics, and *Optional* subjects, namely: French, German, Chemistry, Mechanics, Botany, and Zoology.

The London University requires too much of the candidate, for many are rejected at each Preliminary Scientific Examination,* so that, at the present time, the Senate have under serious deliberation the question whether the subjects may not be profitably abridged, or, at least, the examination papers made

* This however, be it observed, is not a sufficient reason for making the Examination less difficult.

less difficult. On the other hand, the Preliminary Examination of the College of Surgeons demands too little, for some of the optional subjects should be made compulsory, and then the examination would be all that can be desired, and might afford an excellent test of the candidates' general knowledge. If, in a similar manner, we notice a few of the medical corporations, which may be looked upon as typical, noting their regulations as to the subjects of professional study, we shall obtain a good general view of the whole.

I. The Regulations of University of London.

LECTURES, &c.

(a)	M.B.	Physiology	-	-	One course
		Anatomy	-	-	Two courses
		Surgery	-	-	One course
		Physic	-	-	ditto
		Chemistry	-	-	ditto
		Mat. Med.	-	-	ditto
		Jurisprudence	-	-	ditto
		Zoology	-	-	ditto
		Midwifery	-	-	ditto
		Hygiene	-	-	ditto
		Hospital Practice	-	24 months	
		Midwifery Practice	-	6 ditto	
		Pharmacy	-	6 ditto	
(b)	M.D.	Hospital, or clinical Practice, after taking the M.B. Degree, twenty-four months; or twelve months' Hospital Practice and three years in the practice of the Profession, or five years in the practice of the profession, either before or after the Degree of Bachelor of Medicine, without further Hospital Practice.			

- (c) Bach. Sur. The Candidate must pass the M.B. examination, and subsequently attend one course of operative Surgery.
- (d) Mast. Sur. Two years of clinical or practical Surgery is required in a recognised Hospital after taking the Degree of Bach. Sur., with the exception as to gentlemen in practice, as in the case of candidates for the M.D. Degree.

II. The Royal College of Physicians, England.

LECTURES, &c.

- (a) M.R.C.P. Physiology - Two courses
 - Anatomy - - ditto
 - Surgery - - ditto
 - Physic - - ditto
 - Chemistry - - ditto
 - Mat. Med. - - One course
 - Jurisprudence - - ditto
 - Botany - - ditto
 - Hygiene - - ditto
 - Hospital Practice (Surgical and Medical) - 27 months
 - Pharmacy - - 3 months
- (b) L.R.C.P. The regulations are the same as for members, but Licentiates are not eligible for election as Fellows, and are allowed to dispense medicine for their own patients.
- (c) F.R.C.P. Fellows are elected by ballot from the members without further examination.

III. The Royal College of Surgeons in Ireland.

LECTURES, &c.

- (a) L.R.C.S. Physiology - Three courses
 - Anatomy, Dissection - ditto

Surgery	-	-	Three courses
Physic	-	-	One course
Chemistry	-	-	Two courses
Mat. Med.	-	-	One course
Jurisprudence	-	-	ditto
Botany	-	-	ditto
Hospital Practice	-	-	27 months

(b) F.R.C.S. In addition to the courses of Lectures required for Licentiates, the Candidates must have attended one course of Lectures on comparative Anatomy, and one course on Natural Philosophy, and have reached the age of twenty-five years.

IV. The Faculty of Physicians and Surgeons of Glasgow.

(a) L.F.P. & S. Physiology	-	-	One course
Anatomy, Dissections	-	-	Two courses
Surgery	-	-	ditto
Physic	-	-	One course
Chemistry	-	-	ditto
Mat. Med.	-	-	ditto
Jurisprudence	-	-	ditto
Midwifery	-	-	ditto
Hospital Practice	-	-	24 months
Midwifery Hospital	-	-	3 ditto
Pharmacy	-	-	3 ditto

(b) F.F.P. & S. By election from Licentiates without further preparatory study.

V. The Apothecaries' Hall of Ireland.

(a) L.A.H. Physiology	-	-	Two courses
Anatomy, Dissections	-	-	ditto
Surgery	-	-	One course

Physic	-	-	One course
Chemistry	-	-	Two courses
Mat. Med.	-	-	One course
Botany	-	-	ditto
Midwifery	-	-	ditto
Hospital Practice	-	-	18 months
Midwife Hospital Practice	-	-	6 ditto
Pharmacy (by apprenticeship)	-	-	36 ditto

From the above *resume*, though purposely embracing only a portion of the Medical Corporations, it will be evident that the qualifications of the medical men of the present day must widely differ; and not only so, but there are a number of medical men practising with foreign diplomas, whose qualifications or fitness for practice are wholly unknown, and hence no uniform standard of qualification exists. Dr. Hughes Bennett, in a pamphlet published some years ago, made some remarks on Medical Education which are still appropriate. He observes—"Instead of a uniform and national education for the country at large, the student is still called upon to consider which, out of the multitudinous systems brought before him, he ought to follow, or how he shall so steer his course that, whilst qualifying himself for examination at one Board he does not disqualify himself for examination at another."

A contributor to the *Medical Press and Circular*, following in the same track, observes—"The rivalry of the different Licensing Bodies for the possession of the fees, still goes on, each striving to undersell the other in the facility with which they permit their diplomas to pass from their strong box into the student's pocket; and the result is the lamentable state of ignorance described by Professors

Parkes and Sharpey,* among men who had been pronounced competent to deal with the lives and limbs of their fellow men." Another writer, speaking of the multitude of Licensing Bodies and the rivalry existing among them, observes—"The existence of so many Licensing Bodies is an absurdity of legislation unparalleled in the history of any civilized country, the most ruinous to the best interests of society, and the most injurious the human imagination could devise to the respectability and usefulness of the medical profession." And yet again, it has been said, "Step by step each college descended below its neighbour in the sliding-scale, till it has come to this, that now a candidate rejected at one college, has beforehand prepaid for his immediately setting out for the next lowest in the scale that will gladly sell its diploma on easier terms." The writer of the last successful Carmichael Prize Essay (Dr. Mapother), goes so far as to assert that the examination of the University of London is "the only reliable test of proficiency."

These and similar statements might be almost indefinitely multiplied; and although they appear to be somewhat exaggerated, yet they show a widespread dissatisfaction with the want of uniformity in medical education, among many competent judges. It must be admitted that much improvement has taken place in several of the Medical Corporations of late years, probably the result of the free expression of public opinion and the influence of the Medical Council; but still many evils flow from the number and differences named above:—(a) adding to the number of practitioners and increased competition;

* These eminent medical men stated, at a meeting of the Medical Council, that many students who had passed one or more of the ordinary Examining Boards, were rejected by the Army Board for their general professional ignorance.

(*b*) decreased respectability and usefulness of the profession, by admitting men of inferior general and professional education, &c. ; (*c*) misleading the public, who are very ignorant of these matters, and cannot judge of the qualifications of medical men.

We desiderate for the profession the most tolerant liberty amongst its members. Its honours, emoluments, and coveted appointments, should be free for all who can give sufficient proof that they deserve them. On the other hand, the portals of the profession should be so narrow that only men of education and ability could gain admittance thereat. In most of the large towns it is greatly overstocked. The undertrading and competition of medical corporations has increased the supply beyond the demand. Not only so, but the market is glutted with an inferior article, which has lowered the profession in public esteem. Here we see men with diplomas keeping open retail shops, and selling almost everything that the druggist sells, as hair-oil, scented soap, perfumery, tobacco and cigars, patent medicines, &c. We see others having open surgeries, one remove above open shops, with their glaring red lamps as trade-marks to attract customers. We see others jostling each other in the strife for existence, advertising and underselling like any Cheap Jack of the day ; seeking to visit patients and supply medicines for 1s. 6d., 1s., or even 6d. In a shop-window not more than a stone's-throw from Westminster Abbey, the writer saw medical attendance and medicine advertised in a window at even a lower rate than this.

Dr. Ashe, in his Carmichael Essay, in 1868, mentions the case of a small town in which there were five medical men, not one of whom made by the profession £100 a-year. Such was the state of competition among them that they charged only sixpence a visit to all classes of society—at least, to all classes to whom

such men were likely to be admitted. We have known respectable medical men charge 1s. for advice and medicine at their own houses, and excuse themselves on the ground that if they charged more such patients would pass into the hands of the druggist; but anything like the practice pursued in the town above-mentioned, we do not believe exists to any extent in England, although all general practitioners are underpaid; 2s., 2s. 6d., and 3s. 6d. a visit, with medicine, being common enough. No arrangement of medical men among themselves will do much good so long as the supply so far exceeds the demand. Liverpool seems to be a perfect El Dorado, for we are told that there the general practitioner receives from 3s. 6d. to 5s. per visit, and will not supply medicines.

The medical periodicals of the day afford abundant proof of the prevalence of puffing and quackery among Licensed Medical Men. The Medical Club system likewise proves the repletion of which we speak. Two shillings and sixpence and three shillings per member per annum are the usual payments for which visits and medicine, as required, are expected to be given. Neither is the small payment the greatest evil attendant on this system. It causes the medical man who may have to do with them to become the drudge, or little less, of a lot of clowns or boors, who have no sense of good manners or propriety, and makes him lose his self-respect. Not seldom these clubs will unite and advertise for a medical man to take the medical oversight, offering a salary of £120 or £130 per annum, with, perhaps, a small unfurnished house, rent free; and we have never heard that they find any difficulty in procuring what they want.

From the Medical Club system it is an easy transition to the medical relief of the poor, under Poor

Law Guardians and the Local Government Board. The Poor Law medical service of this country is a standing reproach both to the Government and the profession. The salaries seem to be fixed at random, without any reference to the amount of work to be done, or the number of paupers to be attended to. The payment per case begins at about 6d., and rises up to 7s. or more; but then it is only where there are very few paupers in a sparsely-populated district that the latter payments are made. We knew a medical man who had, in a large town, a district which gave him one hundred new and old cases every week, with several midwifery cases, for all of which services he received the magnificent sum of £60 per annum. Here again we see the evils of competition. There is never any difficulty in procuring a qualified man for the appointments when they are advertised, for the profession being overstocked, young men offer themselves for such offices for the sake of present employment, and the hope of establishing themselves in practice.

The extras in the Poor Law service of England are on rather a liberal scale; *e.g.*, operation for strangulated hernia, and amputation of leg or thigh, £5 5s., &c.; but these do not, especially in towns, add greatly to the medical officer's salary; and midwifery fees are far too low, both in the country and in towns. In towns the payment of each ordinary case is 10s.

The Poor Law service in Scotland is not dissimilar to that in England, but the rate of remuneration is still lower.

Until the year 1851, the medical relief of the poor in Ireland was performed by dispensaries; and from the wide districts these were made to supply, the sicknesses of the poor must have been indifferently provided for. The salaries of the medical officers were low, and not only so but precarious, for they

were in great part obtained by subscriptions. Since 1851, the Unions have been divided into districts, whilst the existing dispensaries were continued. Inspectors appointed by the Poor Law Commissioners have the supervision of these districts, and the medical officers are appointed by a committee of *ex officio* guardians and elected ratepayers. The funds are provided partly by the rates, and partly by grants from Parliament. The medical officers are much underpaid still, and, as in England, complain that they are called upon to attend persons who are able to pay for medical advice, and yet receive tickets from the committee to which they are bound to attend; and not until the next meeting of the committee, perhaps after many weeks, can such tickets be cancelled. The salaries average from £60 to about £100 per annum; and since the doctor has a horse to keep, and in many districts can scarcely obtain any private practice, on account of the poverty of the people, his position is far from enviable. And yet, from the overplus of professional men, the appointments are always easily filled up.

The medical services of the Army and Navy now offer a gentlemanly and fairly remunerative employment to young men who are not anxious to sit down to civil practice. The treatment of medical men, both in the Army and Navy, is much improved of late, since their education and status have advanced. The Naval List for the present year shows that there are four Inspectors-General of Hospitals; 12 Deputy-Assistants; the Staff-Surgeons and Surgeons number 212, and the Assistant-Surgeons 223. We subjoin some particulars respecting the Medical Departments of the Army and Navy.

I.—PAY, AND NON-EFFECTIVE PAY OF THE OFFICERS OF THE MEDICAL BRANCH OF THE HOSPITAL DEPARTMENT OF THE ARMY.

1. The daily rates of pay of the Officers of the Medical Branch of the Hospital Department of the army are as below:—

	PAY, DAILY.			CHARGE PAY.
	£	s.	d.	
<i>Medical Staff.</i>				
Director-General			Special	The Officer in
Inspector-General	2	0	0	medical charge of
After 25 years' service	2	5	0	an army in the
" 30 "	2	7	0	field, of 10,000 men
" 35 "	2	10	0	and upwards, £1
Deputy-Inspector-General	1	10	0	daily; of 5,000 men
After 25 years' service	1	12	0	and upwards, 15s.
" 30 "	1	15	0	daily; of less than
" 35 "	1	17	0	5,000, 10s. daily.
Surgeon-Major	1	4	0	Or in medical
After 25 years' service	1	7	0	charge of a colony,
Surgeon	0	17	6	where the number
After 15 years' service	1	0	0	of commissioned
Assistant Surgeon, on appointment	0	10	0	officers and enlist-
After 5 years' service	0	12	6	ed men is 1,500 and
" 10 "	0	15	0	upwards, 5s. daily.
" 15 "	0	17	6	

General Hospital Staff.

	£	s.	d.
Governor and Commandant			Special.
Staff Captain and Assistant Commandant			Special.
Acting Governor			
Captain of Orderlies	0	6	6
After 5 years' service	0	8	0
" 10 "	0	10	0

Apothecaries.

	£	s.	d.
Apothecaries	0	9	0
After 5 years' service	0	10	6
" 10 "	0	12	0
" 15 "	0	13	6
" 20 "	0	15	0
" 25 "	0	16	6
" 30 "	0	18	0

NON-EFFECTIVE PAY.

18. A Medical Officer placed on half-pay by reduction of establishment, or on the report of a Medical Board, in consequence of wounds or ill-health, caused in and by the discharge of his duties, or on account of age (under Article 11), shall be entitled to half-pay at the following daily rates:—

			£	s.	d.
Inspector-General	after 30 years' service	.	1	17	6
" "	" 25 "	.	1	13	6
" "	" 20 "	.	1	10	0
Deputy-Inspector-General	" 30 "	.	1	5	6
" "	" 25 "	.	1	2	6
" "	" 20 "	.	1	1	0
Surgeon-Major	" 25 "	.	1	0	0
" "	" 20 "	.	0	16	6
Surgeon	" 15 "	.	0	13	6
" "	" 10 "	.	0	11	0
Assistant-Surgeon	" 10 "	.	0	10	0
" "	" 5 "	.	0	8	0
" "	under 5 "	.	0	6	0

19. The rate of half-pay awarded to Officers retiring for their own convenience, after twenty years' service, on full pay, shall not exceed one-half of their full pay at the time of retirement.

QUALIFICATIONS AND EXAMINATION OF CANDIDATES FOR COMMISSIONS IN THE ARMY MEDICAL SERVICE.

1. Every Candidate desirous of presenting himself for admission to the Army Medical Service must be unmarried, and not under 21 nor over 28 years of age. He must produce a certificate from the District Registrar, in which the date of birth is stated, or, if this cannot be obtained, an affidavit from one of the parents, or other near relative, who can attest the date of birth, will be accepted. He must also produce a certificate of moral character, from the parochial minister, if possible.

2. The Candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. He must also attest his readiness to engage for general service, and to proceed on foreign service when required to do so.

3. The Candidate must be registered, under the Medical Act of 1858, as licensed to practise Medicine and Surgery in Great Britain or Ireland.

4. *Certificates of registration, character, and age, must accompany this schedule when filled up and returned.*

5. Candidates will be examined by the Examining Board in the following subjects:—

Anatomy and Physiology, Surgery, Medicine, including therapeutics, the diseases of women and children, chemistry and pharmacy, and a practical knowledge of drugs. (The examination in Medicine and Surgery will be in part practical, and will include operation on the dead body, application of Surgical apparatus, and the examination of Medical and Surgical patients at the bedside.)

The eligibility of each Candidate for the Army Medical Service will be determined by the result of the examinations in these subjects only.

Candidates who desire it will be examined in Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the Examination by Candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of Science.

6. After passing this Examination, every Candidate will be required to attend one entire course of practical instruction, at the Army Medical School, on—(1) Hygiene. (2) Clinical and Military Medicine. (3) Clinical and Military Surgery. (4) Pathology of Diseases and Injuries incident to military service.

7. At its conclusion, the Candidate will be required to pass an examination on the subjects taught in the School. If he give satisfactory evidence of being qualified for the practical duties of an Army Medical Officer, he will be eligible for a Commission as Assistant-Surgeon.

II. THE MEDICAL DEPARTMENT OF THE NAVY.

The regulations of the Medical Department of the Navy are so similar to those of the Medical Department of the Army, that it is unnecessary to quote them here.

The pay of Navy Medical Officers is in accordance with the following scale:—

FULL PAY.

		£	s.	d.
Inspector-General of Hospitals and Fleets	{ on promotion or under 25 years' service	2	5	0
	{ " " above 25 " "	2	6	0
	{ and for each additional year of service, 1s. a-day more until the maximum is reached, namely	2	10	0
Deputy Inspector-General of Hospitals and Fleets.	{ on promotion or under 22 years' service	1	11	0
	{ " " above 22 " "	1	12	0
	{ and for each additional year of service, 1s. a-day more until the maximum is reached, namely	1	18	0
Staff Surgeon.	{ on promotion or under 20 years' service	1	3	0
	{ " " above 20 " "	1	4	0
	{ and for each additional year of service, 1s. a-day more until the maximum is reached, namely	1	10	0
Surgeon.	{ on promotion or under 14 years' service	0	18	0
	{ " " above 17 " "	1	0	0
	{ and for each additional year of service, 1s. a-day more until the maximum is reached, namely	1	2	0
Assistant Surgeon.	{ under 5 years' service	0	11	6
	{ " 8 " "	0	12	0
	{ " 11 " "	0	14	0
	{ " 14 " "	0	15	6
	{ above 14 { provided he passed his examination for Surgeon while under 10 years' service	0	17	0

HALF PAY.

Assistant Surgeon.	{ under 5 years' service	0	6	0
	{ " 8 " "	0	8	0
	{ " 11 " "	0	10	0
	{ above 11 years', provided he passed his examination for Surgeon while under 10 years' service	0	11	0
Surgeon.	{ on promotion or under 14 years' service	0	11	0
	{ " " 17 " "	0	13	0
	{ " " above 17 " "	0	14	0

Staff Surgeon.	{	on promotion or under 20 years' service	0	16	0
		" " above 20 "	0	16	6
		and for " each additional year of service, 6d. a day more until the maximum is reached, namely	0	18	6
Deputy Inspector-General of Hospitals and Fleets.	{	on promotion or under 22 years' service	1	1	0
		" " above 22 "	1	2	0
		and for each additional year of service, 1s. a day more until the maximum is reached, namely	1	7	
Inspector-General of Hospitals and Fleets,	{	on promotion or under 25 years' service	1	11	0
		" " above 25 "	1	12	0
		and for each additional year of service, 1s. a day more until the maximum is reached, namely	1	18	0

We would not omit to notice under this division of our subject one very important branch of professional labour, which has been brought to the surface through the passing of the Public Health Act of 1872. The service required at our hands in this nearly new field of labour will be skilled and earnest; and from such service there will doubtless spring up fresh emoluments and honour to the profession. We refer to—

SANITARY WORK, OR PUBLIC HYGIENE.

Since the passing of the Public Health Act of 1848, increased attention has been given to the health of the community, and various sanitary enactments have arisen out of it. These enactments, leading to frequent Government interference on the outbreak of epidemics, when the medical officers of the Privy Council were employed to investigate their causes, extent, &c.—and by whom valuable reports have been drawn up—have all done good service; but, nevertheless, they placed in the hands of the sanitary authorities very limited powers, and few medical men held any connexion with their work. Last

year, however, Mr. Stansfield's new Public Health Act came into operation, and though it has been the subject of much adverse criticism, we have no doubt it will institute a better state of public Hygiene. Under this Act the whole of England is divided into rural and urban sanitary districts; an urban district being a borough, an Improvement Act district, or any place under the Local Government Act, all other places being rural; in the urban districts the Town Council, the Improvement, or the Local Board is the ruling sanitary authority, while in rural districts the Board of Guardians undertake that office, and over the whole machinery, the Local Government Board presides as the central authority.

Our interest in this Act centres in the part that provides for the appointment of Medical Officers of Health to each of these urban and rural districts, (though two or more districts may be united into one when the sanitary authorities deem such union advisable) which offers a comparatively new field of employment to the members of our profession. The qualifications required by medical men seeking this employment are such as are required for Union medical officers, and the appointment, as in their case, is subject to the approval of the Local Government Board.

The duties of the medical sanitary officers for urban districts, issued by the Local Government Board on November 12, 1872, are as under:—

DUTIES.

The following shall be the duties of the medical officer of health in respect of the district for which he is appointed; or if he shall be appointed for more than one district, then in respect of each of such districts:—

- (1) He shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district.

- (2) He shall inquire into and ascertain by such means as are at his disposal the causes, origin, and distribution of diseases within the district, and ascertain to what extent the same have depended on conditions capable of removal or mitigation.
- (3) He shall, by inspection of the district, both systematically at certain periods, and at intervals as occasion may require, keep himself informed of the conditions injurious to health existing therein.
- (4) He shall be prepared to advise the sanitary authority on all matters affecting the health of the district, and on all sanitary points involved in the action of the sanitary authority or authorities; and in cases requiring it, he shall certify, for the guidance of the sanitary authority, or of the justices, as to any matter in respect of which the certificate of a medical officer of health or a medical practitioner is required as the basis or in aid of sanitary action.
- (5) He shall advise the sanitary authority on any question relating to health involved in the framing and subsequent working of such bye-laws and regulations as they may have power to make.
- (6) On receiving information of the outbreak of any contagious infection, or epidemic disease of a dangerous character within the district, he shall visit the spot without delay, and inquire into the causes and circumstances of such outbreak, and advise the persons competent to act as to the measures which may appear to him to be required to prevent the extension of the disease, and, so far as he may be lawfully authorised, assist in the execution of the same.
- (7) On receiving information from the Inspector of Nuisances that his intervention is required in consequence of the existence of any nuisance injurious to health, or of any overcrowding in a house, he shall, as early as practicable, take such steps authorised by the statutes in that behalf as the circumstances of the case may justify and require.
- (8) In any case in which it may appear to him to be necessary or advisable, or in which he shall be so directed by the sanitary authority, he shall himself inspect and examine any animal, carcase, meat, poultry, game, flesh, fish, fruit, vegetables, corn, bread, or flour, exposed for sale, or deposited for the purpose of sale, or of preparation for sale, and intended for the food of man, which is deemed to be diseased, or unsound, or unwholesome, or

unfit for the food of man ; and if he finds that such animal or article is diseased or unsound, or unwholesome, or unfit for the food of man, he shall give such directions as may be necessary for causing the same to be seized, taken, and carried away, in order to be dealt with by a justice according to the provisions of the statutes applicable to the case.

- (9) He shall perform all the duties imposed upon him by any bye-laws and regulations of the sanitary authority, duly confirmed, in respect of any matter affecting the public health, and touching which they are authorised to frame bye-laws and regulations.
- (10) He shall inquire into any offensive process of trade carried on within the district, and report on the appropriate means for the prevention of any nuisance or injury to health therefrom.
- (11) He shall attend at the office of the sanitary authority, or at some other appointed place, at such stated times as they may direct.
- (12) He shall from time to time report, in writing, to the sanitary authority, his proceedings, and the measures which may require to be adopted for the improvement or protection of the public health in the district. He shall in like manner report with respect to the sickness and mortality within the district, so far as he has been enabled to ascertain the same.
- (13) He shall keep a book or books, to be provided by the sanitary authority, in which he shall make an entry of his visits, and notes of his observations and instructions thereon, and also the date and nature of applications made to him, the date and result of the action taken thereon, and of any action taken on previous reports, and shall produce such book or books, whenever required, to the sanitary authority.
- (14) He shall also prepare an annual report, to be made to the end of December in each year, comprising tabular statements of the sickness and mortality within the district, classified according to diseases, ages, and localities, and a summary of the action taken during the year for preventing the spread of disease. The report shall also contain an account of the proceedings in which he has taken part or advised under the Sanitary Acts, so far as such proceedings relate to conditions dangerous or injurious to health ; and also an account of the supervision exercised by him, or on his advice, for sanitary purposes, over places and houses that the sanitary authority has

power to regulate, with the nature and results of any proceedings which may have been so required and taken in respect of the same during the year. It shall also record the action taken by him, or on his advice, during the year, in regard to offensive trades, bakehouses and workshops.

- (15) He shall give immediate information to the Local Government Board of any outbreak of dangerous epidemic disease within the district, and shall transmit to the Board, on forms to be provided by them, a quarterly return of the sickness and deaths within the district, and also a copy of each annual and of any special report.
- (16) In matters not specifically provided for in this order, he shall observe and execute, so far as the circumstances of the district may require, the instructions of the Local Government Board on the duties of medical officers of health, and all the lawful orders and directions of the sanitary authority applicable to his office.
- (17) Whenever the Diseases Prevention Act of 1855 is in force within the district, he shall observe the directions and regulations issued under that act by the Local Government Board, so far as the same relate to or concern his office.
- (18) Where more than one medical officer of health shall be appointed by a sanitary authority, such authority, with the approval of the Local Government Board, may either assign to each of the officers a portion of the district, or may distribute the duties of medical officer of health amongst such officers.

There has been a somewhat spirited controversy, in medical journals and newspapers, as to whether the medical men employed as sanitary officers should be engaged in private practice, or should be quite free from it; those who think they should be debarred from private practice, contending that their private interests will clash with their public duties; or, in other words, that as the faithful discharge of their public duties would expose them to loss in private practice, they might be tempted to act unfaithfully. But this notion is degrading to our common manhood, and discreditable to professional men, for, as has been well said, "it is perfectly

possible to separate the two functions in order to be just." The Editor of the *Lancet*, taking this common sense view of the matter, says "There is no duty set down in the order of the Local Government Board as to medical officers of health, which may not be competently performed by a duly qualified medical man; there is no duty which need in its performance excite animosity, if the duty be performed with tact and discretion." But the service of public health is still in its infancy, and we must agree to differ for a while on many points with which it presents us; and as men who are allowed to attend to private practice, and those who are debarred from it, are both being elected the officers of health, in various directions, the thing will in the end decide itself, for, after all, experience is still the best teacher.

We now proceed to consider this variety and inequality of qualifications we have noticed as it affects the community, for we are not to forget that to medical men is entrusted the "holy vital flame," as Hufeland reminds them; therefore, it is not sufficient to look at the subject as it affects professional men only, or the status and respectability of the medical profession alone.

To the evil under notice, we judge, is owing much of the Quackery which so extensively prevails. The Licensing Bodies being so numerous, and medical men, therefore, bearing such a multiplicity of titles, the general public is mystified, and full opportunity is given to men with fictitious titles to prey upon the lives and property of their fellow creatures.

It is a great defect in the Medical Act of 1858, that it allows any man to practise physic, provided he does not designate himself "Doctor," "Surgeon," "Physician," &c., or take any title in the Medical Register; and, practically, the law is a dead letter

as it respects the suppression of quackery, so that England still has the repute of being the Paradise of Quacks. To the evils resulting from the numerous Institutions for granting authority to practise medicine, which exists in the United Kingdom and Ireland, must be added the still worse evils which arise from the shameless traffic in foreign degrees that is constantly going on. This has often been commented on as an existing abuse, but is more fully exposed in a Pamphlet, entitled "Degrees and Degrees," by the Rev. H. Belcher, M.A. The following is a Circular quoted in "Degrees and Degrees":—

"Degrees in Absentia or in Presentia. Candidates for degrees (foreign) are respectfully informed—

"First—That the total expense of each diploma is as follows: To be a Bachelor in any faculty, £15; to be a Doctor in any faculty, or Ph. D. and M.A., together, £20.

"Second—That the diplomas and degrees are of great value, inasmuch as they are obtained only from those colleges and universities that are empowered by charter to grant degrees.

"Third—That gentlemen wishing to proceed for either of the above degrees are recommended to do so at once, by sending in a statement of their qualification, present official position, to ———, principal of the college, &c., &c.

"N.B.—Only *bonâ fide* applications can be received."

The writer of this Pamphlet goes on to observe, "The effect of the traffic on the American medical system is very disastrous. In an article, headed 'Medical Murderers,' the *New York Tribune*, of November 10, 1871, makes some very startling statements. It begins, 'Licences to murder are vended like other

articles of light manufacture, at exceedingly cheap rates, and turned out with a rapidity not at all remarkable under the circumstances, but certainly very appalling in view of the probable consequences to society. We have shown with what facility medical diplomas can be procured by any unscrupulous rascal who wishes to murder his fellow men under the guise of a physician." And then the writer informs us that a member of their reporting staff was told off to interview the *professors* of one of the Philadelphian colleges. Allowing for some possible exaggeration, the "interview" is singularly interesting and, as pleasant reading, is given with a little modification here.

“ DRAMATIS PERSONÆ.

“ The PROFESSOR (*in an old plug hat and a paper collar.*)

“ The SPECIAL CORRESPONDENT (*as a Pennsylvanian Dutchman.*)

“ The P.—Well, Sir, what can I do for you ?

“ The S.C.—I have been recommended to you by
“ Dr. —, and am desirous of taking a short course
“ in medicine.

“ The P.—By whom did you say you were recom-
“ mended ?

“ The S.C.—By Dr. —.

“ The P.—“ I don't know the name: however,
“ that makes no difference. You have come to the
“ right shop for a thorough medical education.

“ The S.C.—Well, Doctor, I am rather peculiarly
“ situated; being very short of time, I am anxious to
“ get through very soon.

“ The P.—Oh, well! All you have to do is to
“ buy your scholarship, attend lectures here three
“ months, and you get your diploma.

“The S.C.—But three months is more time than
 “I can spare. I understand that you graduate
 “every three months: have you no class about
 “graduating now that I could join and graduate
 “with?”

“The P.—No! We don’t have any summer ses-
 “sion, it’s too warm. The students don’t like to
 “attend at dissections in the hot weather. Besides,
 “it’s too fatiguing for the professors. That don’t
 “make any difference—you buy your scholarship,
 “pass your examination, and get your diploma.

“The S.C.—Yes! but you see your examinations
 “must be very severe. I sha’nt save time that way.

“The P.—Oh! they ai’nt severe. I just ask you
 “a few questions about the antidotes to the principal
 “poisons, and the other professors don’t bore a man
 “to death as they do in some colleges—the fact is,
 “the practice of medicine only requires good sense,
 “and all the rest comes by experience.”

The following American diploma is too great a
 curiosity to be omitted. It was submitted by a
 young man seeking employment in a British hospital,
 among his testimonials:—

“CHRONO-THERMAL. ELECTRO-PATHY.

“HYDROPATHY.

“To all men greeting:

“Be it known that the President, on behalf
 “of the Trustees, and

“We, the Faculty of the Eclectic Medical
 “College of Philadelphia, incorporated by Act
 “of General Assembly of the Commonwealth
 “of Pennsylvania, do hereby testify that ———,
 “having made suitable proficiency in the pre-
 “liminary branches of education, as prepara-
 “tory to the study of the Medical Profession,

ALLO-PATHY.

BOTANIC.

" and devoted the term of Three Years to the
 " study of the several departments of Medical
 " Science, under the tuition of a competent
 " Medical Preceptor, and having attended two
 " full courses of Medical Lectures, and passed
 " a successful Examination in each department
 " before us, the Professors of the College,
 " therefore, in consideration of his qualifica-
 " tions for the duties and responsibilities of
 " the profession, and by virtue of the power
 " invested in us by the Commonwealth of
 " Pennsylvania, we do hereby confer on the
 " said — the degree of Doctor of Medicine,
 " thereby granting and conceding unto him
 " all the Rights, Privileges, and Immunities
 " belonging to that degree, here and elsewhere.

HOMEO-PATHY.

THOMSONISM.

" In witness whereof we have caused to be
 " affixed our Corporate Seal to this diploma,
 " and subscribed our names to the same.

" Given at the College Hall, Philadelphia,
 " on the day of April, 186 .

" H.S.

S.H."

It is fair, however, to state that these advertise-
 ments, as appertaining to Germany at least, are said
 to be a sham and a fraud, and we are assured that no
 German university, however humble or obscure, has
 ever at any time advertised its degrees, so that the
 advertisements are to be looked upon as " a gross
 imposture, a trap set for the unwary, by advertising
 swindlers and quacks." Yet there can be no doubt
 that certain of the more obscure of the universities
 of the continent are less stringent in their require-
 ments than is desirable, but this merely places them
 in the same category as some of our own institutions.
 To sum up what has been said on German and other

foreign degrees, it is a fact, which admits of ample proof, that the degrees *in absentia* of some of the universities are obtainable by a little false swearing and deception through the impostors who advertise in various newspapers and periodicals.*

Is it a wonder that the general public should be mystified and perplexed by these "Degrees and degrees?" The wonder would be if they were not mystified! A doctor—meaning an individual with any qualification whatever—is a full-fledged *doctor* with society, and there is no evidence or sufficient distinction whereby the people may know the man who has done hard work for his licence to practise, and the cheat who has paid little more than a money value on that which he possesses.

We question if any change for the better will originate from the corporations themselves. This past experience has settled. We are asked by the terms of the late Mr. Carmichael's legacy to endeavour to suggest improvements in the medical profession. This we purpose to do with the utmost freedom, and yet we will try to avoid giving offence to any. But the changes we are about to recommend must cut at the very root of the evils indicated above, or they will fail to satisfy our own ideal of what is required, and will be but an echo of what has been occupying the time and thought of medical reformers for several years; and, as yet, with most impotent results. The mountain has often been in labour and has brought forth a mouse on every occasion, until people with good reason cry out—*cui bono*. Let us, nevertheless, sketch a plan which we believe will, on the one hand, render the medical profession more respectable and useful, and, on the other, will help to place medical titles in their true light

* Degrees *in absentia*, as here described, are still advertised in *The Times*.—(November, 1875.)

before the community: or at least will so place them that they need no longer be misunderstood.

1st—We would abolish the Apothecaries' Societies or Corporations at once and for ever. This might be done by the State giving a money compensation for the loss which then would be involved in such abolition; nor need any large sum be required as compensation, for, from the returns made from time to time in the Medical Journals, it is plain that very few candidates seek their Licences, and as their *prestige* is lost, their gains must be small.

2ndly.—In accordance with the recommendation of the Medical Council, at their late meetings, we desiderate a union between the Colleges of Surgeons and Physicians at least of England, of Scotland, and of Ireland respectively, so as to form one Corporation for each country; and with them might be incorporated any Medical Institution which grants only one Licence, either in Surgery or Medicine—as, for instance, The Faculty of Physicians and Surgeons of Glasgow.* The Medical Corporation so formed should be the portal through which all should enter the profession. Thus, by establishing one uniform Medical Corporation for each country, the competition which at present exists, and of which increased complaint is made, would be abolished, the professional *status* would be ever increasing in respectability, and the public would be secured against falling into the hands of ignorant and incompetent men, in the treatment of their diseases; at least they would be secured as far as any medical organization can secure them. The change here advocated it is supposed can

* Since the above was written we find that the Faculty of Physicians and Surgeons of Glasgow, and the Royal College of Physicians, Edinburgh, have joined to form a conjoint Examining Board. The first examination being made in October, 1872.

be arranged by mutual agreement and concession between the Corporations themselves without any interference of the State, and there are pregnant signs, in many directions, that it will be for their ultimate advantage to inaugurate such a change at once. If, however, these Corporate Bodies should procrastinate, and allow the present favourable moment to slip by, such is the temper of the profession, that the Government will be constrained to appoint some such Medical Institution for each country, irrespective of, and apart from them—an Institution, in fact, similar in many respects to the *Staats Examen* of Germany.

3rdly.—It will be observed that we have left out of our arrangement the Universities, and we have done this of set purpose. These, so far as they are Medical Institutions, may, we judge, be left to themselves. If, after having passed the general portal, as described, the medical practitioner aspires after higher qualifications and honours, let him proceed, as he does now, to the Universities, and the examination to which he will have been already subjected, will be his best preparation for one still more severe; whilst, on the other hand, we do not suppose that the Universities would suffer loss, for the value of their Degrees will remain the same, and clever and ambitious students will still be found seeking after them. We do not forget that the Colleges of Surgeons and Physicians of England, and the Colleges and The Faculty of Physicians and Surgeons of Glasgow, and Physicians of Edinburgh, have already formed conjoint Boards and now grant a double diploma. This is a step in the right direction. We should be glad to see the Irish Colleges uniting in like manner, for all such amalgamation will make the plan on which we insist easier to carry out, and will prepare the profession for the change. [Whilst engaged in

writing the above, we learn, from the *Lancet* of January 1st, 1873, that three of the Irish Medical authorities—namely, the University of Dublin, the King and Queen's College of Physicians, and the Royal College of Surgeons in Ireland—have agreed upon a comprehensive scheme of combined examinations.]* But this being accomplished—*id. est.*, a conjoint Board for each country—we propose further, and this is the pith and marrow of our scheme, that the State shall step in and make these Conjoint Boards *the one portal*, for each country, by which all should enter the Medical Profession, whatever further qualifications they may afterwards aspire to.

This portal is proposed for “general practitioners,” and no name would be more suitable for such medical men as distinguishing them from the pure “doctor” or “consultant,” holding a University degree. We think, also, that this conjoint licence would, in time, very much lessen quackery; not that this, or the amendment of the 45th clause of the Medical Act of 1858, or any other legislative proceedings will eradicate quackery from the land, so long as dishonesty exists on the one hand, and ignorance and superstition on the other. For example, what law can prevent cases like the following:—An ignorant farmer was induced to consult a quack doctor at Hull. Having made the man breathe through a glass rod into some clear liquid, which turned white, the quack frightened him into the belief that he would die in a few months; and thus working upon his fears, he got him to pay upwards of £100 for certain bottles of medicine and ointment, which were said to be prepared from valuable Indian Gums, and brought direct from India. And this poor fellow would have gone

* These Corporations have not been able to agree among themselves; the above statement being premature.—(November, 1875.)

on being duped, if his friends had not interfered ; but, fortunately, the quack doctor got himself within the grasp of the law, and was sent to prison for twelve months. It is evident you cannot hinder ignorant people applying to quacks for their fancied or real ailments, nor would it be well if you could thus interfere with their liberty. But if you provide the community a class of medical practitioners, well educated, and reliable as to professional ability, and do away with the many foolish medical titles which are not understood, you will stand a fair chance of making it hardly worth the quack doctor's while to keep open shop, or pursue his dishonest calling. One may reasonably hope then that this common vulgar quackery will die out with the increase of knowledge, and more intelligent appreciation of the Medical Profession ; but there is one kind of quackery which plants itself in high places, and has made some headway, *as a system*, side by side with orthodox medicine—we refer, of course, to Homœopathy. This, however, may be dismissed in a few words. It is not now the system of Hahnemann, but quackery and orthodox medicine combined, or a mongrel, compounded of Homœopathy and Allopathy—*id. est.*, when there is little or nothing the matter with the patient globules of infinitesimal strength are used, and when anything more serious arises the doses of medicines prescribed by legitimate medicine are employed. This is disreputable practice, nevertheless. It is one of the “tricks of trade,” which professional honour and feeling alike condemn. But as these practitioners have forsaken their ancient landmarks, and now eschew the dogmas of their founder, we have the less contention with them, and they should be treated as the *ordinary quacks*, than whom they can have no higher pretensions. And since the fallacies of the system have been exposed again and again,

we may dismiss the subject with the gentle and quiet satire of Miss Nightingale, when she writes, "Homœopathy has introduced one essential amelioration in the practice of medicine by amateur females; for its rules are excellent, its physicking comparatively harmless; the globule is the one grain of folly which appears to be necessary to make any good thing acceptable. Let, then, women, if they will give medicine, give homoœpathic medicine. *It won't do any harm.*"*

From this digression let us now return to the discussion of the general subject. Respecting the class of medical practitioners we have supposed to be created in the manner suggested above, we would further observe, that they might legitimately practise Pharmacy, or not, according to the circumstances or position in which they were placed. By this, however, we mean nothing more than the dispensing of medicines for their own patients. Many, we have no doubt, who might be practising in large towns would write prescriptions only, for this is the tendency of general practice at present; whilst others, who might be practising in small towns and country districts, would find it necessary, both for themselves and their patients, to dispense their own medicines. Perfect liberty should be allowed in this matter, and we see no degradation in the proceeding, but, under some circumstances, many advantages; yet all open shops for the retailing of medicines, and dispensing of other men's prescriptions by these practitioners, should be at once abolished, for these are the practices we consider disreputable and degrading.

This brings us to speak of the state of *Pharmacy* in the Medical Profession, a matter which, in this

* *Vide* articles on this subject published first in *Braithwaite's Retrospect*, some years ago, and afterwards issued in separate tracts. They show clearly that the dogma, *similia similibus curantur* is untenable, or *non proven*, and on this dogma rests, as it seems to us, the whole system.

first division of our subject, we are called upon to notice. There can be no question as to the neglect of Pharmacy as a branch of medical education in the present day. In the times when all medical students were apprenticed to medical men, a sufficient knowledge of Pharmacy was obtained in their master's surgery; but we move in a more cultivated and refined age, when apprenticeships are ignored, and are looked upon as degrading. The medical student often goes through his studies without learning much about the compounding and dispensing of drugs, for no efficient substitute for the surgery has been supplied. The Apothecaries and Physicians are expected to learn something about it in their curriculum, but members of the College of Surgeons of England, at least, have been known to be so ignorant as not to be able either to write or to dispense a prescription. In the large towns in England the tendency is for medical men to relinquish dispensing altogether. They either write prescriptions, which their patients get made up at the Druggist's, or they have an agreement with the Druggist who dispenses for them. In country districts, of course, as we have already stated, it must always be necessary for medical men to dispense their own medicine. In Liverpool it is stated that most of the general practitioners have relinquished the dispensing of medicines.

In Scotland, we believe, the practice of Pharmacy is somewhat similar to what prevails in England, but medical men who keep open shops are not numerous. In Ireland Pharmacy is principally in the hands of the Apothecaries, whose privileges, in this respect, are secured by Act of Parliament. The position and work of the Surgeons and Physicians are more clearly defined than in England; of course the right thing in all large towns would be for medical men to charge only for visits made to the sick, leaving

the dispensing to the Druggists, since their patients would not be likely to suffer, the education and status of the Druggists having much improved of late years, and many of them being members of the Pharmaceutical Society, after a fair examination as to their knowledge and ability. This would place the medical practitioner beyond the suspicion of ordering more drugs than any given case required, and give him more time to devote to the onerous duties of his great calling: and time also, if disposed to it, to devote to literary work, which he cannot have if several hours of the day be spent over mere manual labour in the surgery, or on the oversight of such labour. This much for Pharmacy here: we may return to it ere long, in treating the Professional Education of the Medical Student.

PRELIMINARY AND MORAL EDUCATION.

(a) PRELIMINARY EDUCATION.

“*Ingenuas didicisse fideliter artes
Emollit mores, nec sinit esse ferus.*”

We have no hope that we shall be able to present any new thoughts on this important subject, for it would seem to have obtained, in all directions, an exhaustive discussion.—Shall it be technical, as advocated by some, or its groundwork be laid in ancient classic lore, as others believe? Shall its foundation be laid in Mathematics, as Whewell proposes, or in Logic, as seemeth good to Sir William Hamilton? How shall we gather, out of so many different views, what is a suitable education for a youth who is to become a student of medicine? Let us see what may be learnt from recent discussions. The Medical Council proposes the following subjects as the minimum to be accepted:—“The English

language, including Grammar and Composition ; Arithmetic, including Vulgar and Decimal Fractions ; Geometry ; First two Books of Euclid ; Latin, including Translation and Grammar ; Greek ; and one of the following subjects, at the option of the candidate—French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics.”

Dr. Mapother, in his Carmichael Essay, in the year 1868, proposes the following:—(1) Classics, including the Greek and Latin languages, with grammar, history, and geography ; (2) the English language, English history, and modern geography ; (3) Mathematics ; (4) Natural Philosophy ; (5) Chemistry ; (6) either the French or German languages.”

Dr. Ashe, another Carmichael Essayist of the same year, has sketched out a very extensive course of preliminary study, which he suggests should occupy the time of the student up to, or even beyond, the age of eighteen years. It includes the following subjects, extending over a course of six years:—

First year.—Spelling, study of English words, English composition, map geography, history, Latin words.

Second year.—Latin authors, arithmetic, geometry, Greek works.

Third year.—Greek authors, algebra, trigonometry.

Fourth year.—Mechanics, hydrostatics, optics, astronomy, French words and authors.

Fifth year.—Zoology and botany, physical geography, meteorology, German words and authors, philology.

Sixth year.—Geology, chemical physics, chemistry.

We call this an extravagant course, and an extravagant proposal. In the abstract, or in some happy Utopia, this prolonged preliminary study

might be permitted, even might be desirable, for at the age of eighteen years a youth is quite young enough to commence his professional studies; but it is questionable if, at present, paterfamilias will be able to see the advantage of such a course when set against its expense. But we object far more to the number of subjects included in the course than we do to its duration; and think that a very imperfect knowledge of each of them could be gained in the time specified. The youth who is intended for the medical profession should have a liberal education in the fullest sense of the term—the education of a gentleman, in fact, to enable him, in after life, to mingle amongst all classes of the community with equal ease, and to pursue his strictly professional studies with as few drawbacks as possible. The habit of *continuous attention* should be formed, whatever the course of study pursued, for it is only thus that the student will be “fully capable of grappling with the questions which the present and the future offer.” Therefore, if laying the foundation of knowledge in Classics be the best for acquiring this mental discipline, let the foundation, by all means, be laid in classics; if Mathematical studies offer the best medium for acquiring this all-important power—the power of abstract attention—then let mathematics be the prime foundation; but if Logic, then let it be laid in logic.

Having said that we desiderate for the student of medicine the education of a gentleman, we might here leave the subject, as we deem all further discussion unnecessary and superfluous; but since it is most important, and we are invited to give it special regard in this paper, we would bring these remarks on preliminary education to a close by proposing the following course of study as sufficiently liberal and full:—(1) Mathematics, including mechanics and hydrostatics; (2) Classics;

(3) Sciences (Chemistry, Natural History, &c.); (4) Botany; (5) French or German; (6) the English language, English composition, &c. The advantages of including chemistry and botany in the preliminary course would, we think, be very great, for the subjects of the professional course of study are far too numerous.

(b) MORAL TRAINING.

“*Melius homines exemplis docentur.*”—PLIN.

This subject is beset with difficulties. Parents should not neglect the moral education of their sons when making a choice of schools for their general education. The Universities provide more or less for the moral education of their scholars, but this can only control the outward deportment, though it may be of great importance to the already religiously-inclined scholars. “Institutions,” says a writer, “can be bound to do only what is possible; they give the daily occasion; they prevent manifest neglect and transgression. They can hardly do more.” It would, doubtless, improve the general status and position of medical men if their preliminary and general education could be obtained at the universities, but we fear, from the expenditure of time and money which this would involve, it will be long before any large portion of medical students will be able to avail themselves of the advantages which a university education offers. Nevertheless, it is probable that the number will increase year by year, for the universities (Oxford at least) have, with great liberality, opened their doors for the education of non-resident or extern students. Henceforward any student may enter at the University, and qualify himself for academic, and for most collegiate prizes, on the payment of certain small fees. With regard

to the daily expenditure—as board, lodging, and society compose three-fourths of the cost of a university life—he may now consult his own pocket. If he thinks fit, as one has said, he may live in an attic on bread and water, eschew all society, and wear velveteen and corduroys. But whether or not the moral influences of which we have spoken above, as connected with university life, would reach him, we have no means of knowing.

The great evil of student life is, undoubtedly, the fact that youths—mere youths, are sent to large towns and, for the most part, to the metropolis of the country to which they belong, where they are exposed to its prevalent and terrible temptations, with little or no oversight or check. This is the evil which stares us in the face, and to which our remedial measures, if any there be, must be directed. We think, as some have suggested, that some benefit might be derived from the student being boarded and lodged in houses near the hospital or schools of medicine. “The chief colleges or schools should erect (or hire?) plain, yet commodious buildings, within which students should reside (an exception being made in the case of those who lived with their parents or relatives, or in other approved places). They would thus be under the supervision of a board, constituted of the lecturers, and more immediately under the care of tutors residing in the college, analagous to the place of the Universities of Oxford, Cambridge, and Dublin. These officers should have a limited number of pupils placed by their parents under them for instruction and control. A warden should have the government of each establishment, and every student sign a solemn declaration of obedience to rules. . . . Such institutions are now in existence in St. Bartholomew’s Hospital, and to a limited extent in King’s College, London, and

are almost universal in continental cities. Whole board is usually supplied, but it would be more desirable that the inmates should meet together at one meal only—say, at dinner. There would be no objection to non-resident students dining at commons also. All would gain greatly by the friendship and good-fellowship thus encouraged, and by canvassing one another on the subjects of each day's study. The association of the students, under the vigilant care of the resident authorities, would be most useful; the idle would profit by the example of the industrious, the homely would become polished by contact with the more refined and educated, the timid emboldened by the self-reliant, and the too-confident repressed by the more modest. It might be objected that so large a number of lads, differing much as to means, rank, &c., would not consort quietly and harmoniously; but any one who has had experience in the management of medical schools will see the incorrectness of this, for he has found that differences most rarely arise, and, if they do, they are removed or obliterated in the most happy manner. Regular hours, the strictest moral discipline, and the observance of the duties of each religious belief, the ministers of each faith being asked to co-operate, should be most absolutely enforced by punishments and, perhaps, rewards." *

Dr. Ashe, in his Carmichael Prize Essay, has sketched out a similar plan, but he would have the students intern as dressers and clinical clerks, provision being made for lodging and boarding a certain number of such students in each hospital or college, and the dresserships and clerkships being obtained by competition, and a certificate, signed by the medical officer of the hospital, as to the ability, diligence, and moral conduct.

* Dr. Mapother, in 1st Carmichael Prize Essay, 1868.

Thus, "the strongest moral influence could be brought to bear on the hospital student, particularly in his earlier years, when such influence is most needed, and a certain amount of restraint and supervision is most needed." Yet, with singular inconsistency, as it seems to us, he adds—"Influence, however, it must be, not restraint; medical students are not, or, at least, ought not to be, mere school-boys; and the sense of newly acquired freedom will not bear newly imposed constraint; moreover, moral development requires freedom. Where there is no freedom there is no responsibility, no voluntary grappling with, and victory over temptation, no possibility of the acquirement of that 'virtue' which is, as our earliest ethical writer truly defined it, the *habit* of acting rightly. The battle with the world of temptation must needs be fought; let it be begun with the aid of influences as strong as can be brought to bear, but without such hampering, restriction, and constraint, as is sure, on the one hand, to result in reaction when it is removed, as it ultimately must be; and, on the other hand, to check, from want of exercise, the development of that power which might have been trained by means of early practice to constant victory."

It appears to us, notwithstanding the opinion of this writer, that some restraint and control was previously contended for; and that the adoption of the plan proposed involves restraint of some kind; and that such restraint is essential to it, if any good is to be achieved.

On moral, as well as other grounds also, it has been suggested by the College of Surgeons of England that medical students should pass the first year of their professional studies "as pupils of a legally qualified surgeon, holding the appointment of surgeon to an hospital, general dispensary, or

union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the College."

"It seems to me incongruous," says a writer of the present day, "that a youth of sixteen should rush from the school to the dissecting-room; or, to put it upon moral grounds, I doubt exceedingly the propriety of plunging our young and inexperienced boys at once into the fiery furnace of London life, with all its fearful seductions and contaminations. Give the lad a year's respite, during which time he will become gradually initiated into the sterner side of life; his character will become, as it were, set, and better able to withstand the stormy blasts he must encounter in his after career."* He, therefore, recommends a year's training in provincial hospitals as pupils, before young men are sent to pursue their studies in London. Looking at these various suggestions, stated above, it appears to us that they all point to one thing, or take one direction—namely, to some kind of supervision and restraint brought to bear upon the medical student at the commencement of his studies, in our large cities and towns, and when he is still *green* and ignorant of the ways of the world. We fear, however, that the subject is not of sufficient importance in the eyes of professors and tutors in hospitals and medical schools, that they should take any speedy action in the direction indicated; and, moreover, the value of houses and land in the centre of populous cities and towns is so great, that this, in itself, would render the lodging of numerous students sufficiently near the schools of medicine to ensure proper supervision, almost an impossibility. In our judgment, no great help, in this matter, is to be looked for from professors and

* W. P. Swain, F.R.C.S., on "Preliminary Medical Education in Provincial Hospitals."

medical teachers, but rather from greater care on the part of parents and guardians, as they launch the raw youths, in whose welfare they are most interested, on this troubled sea of society, which is constantly casting up "mire and dirt." Let, then, the parents and guardians of young men, who are intended for the medical profession, secure for them a pupilage, either nominal or virtual, with respectable and reliable medical men, during the whole course of their studies; or, at least, send them to reside with medical men of character; or else in respectable and, if possible, religious families, where their conduct can be constantly observed, and reported on, if needs be, to their relatives or appointed guardians. The method we propose supplies suitable houses or homes for the young men, when they are yet inexperienced, where they will be cared for, and counselled both as to their studies and their general conduct. We believe the prevention of loss of time, of injury to health from late hours and excesses, and in the benefits resulting from a general oversight and guidance, at a time of life and under circumstances when such oversight and guidance are much needed, will all be thus secured; and although, at first sight, it might seem to involve greater expense on entering the profession than the present mode, yet, as we promise for it, that it will prevent and restrain certain wasteful habits, and preserve from many expensive sins, we are quite certain that in the end it will be found to be far-sighted and wise economy.

As regards the notion that there is anything degrading in becoming a pupil, or serving an apprenticeship, we judge it to be merely the offspring and prejudice of a false and sickly sentimentalism, which cannot be too strongly reprobated.

But further, supposing the youth, or his parents or guardians, object to the term pupil or apprentice,

the objectionable phrase need not be used at all ; for we only desiderate for him that, during the years devoted to his professional studies, he may be under the care of, and his interests may be watched over by, competent and responsible parties who can be trusted. We do not profess that this or any other similar plan will do more than encourage and foster a more conscientious moral deportment, for not much more can well be expected. The "inner man" requires a more sublime influence and discipline, but, probably, the discussion of the subject from this point of view would exceed the duty marked out for us in this paper ; but as Christ, the Great Physician, is said in the Scriptures to have "healed every sickness and every disease among the people," He may be looked upon in a special sense as an example to us who follow the healing art. We cannot, therefore, think it inappropriate to conclude this part of the subject in the language of an eminent Christian, who said, addressing medical students, "I adjure you to remember that the head of our profession is Christ. He left all men an example that they should follow His steps, but He left it specially to us. It is well that the statues of Hippocrates and Esculapius should stand outside the College of Physicians, but the living image of our Saviour should be enshrined in our hearts."

II.—THE STATE OF THE HOSPITALS AND SCHOOLS OF MEDICINE, SURGERY, AND PHARMACY.

“*Ignavis precibus fortuna repugnat.*”—Ov.

The Hospitals and Schools of Medicine are among the noblest institutions of the United Kingdom. Formerly it was common enough for the Medical School and Hospital to be separated—the former often originating in private speculation and enterprise. In Ireland the Hospitals and Medical Schools are more generally separated. In Dublin—Richmond, Dr. Stevens's and Sir P. Dun's only are directly connected with Medical Schools. In the provinces only the Hospitals of Belfast, Galway, and Cork, which are connected with the Queen's Colleges. In England, at the present day, they are generally united, and therefore more convenient for the purposes of professional study. “In general features all hospitals are similar in their object; primarily they are intended to afford shelter and medical and surgical relief for the poor; and secondarily, to impart professional instruction to Medical Students. In London, and all the more important towns in this and other countries, they are appropriated to both objects; but it is the latter object only which claims our attention here.”

In all the Hospitals to which a Medical School is attached, there are all the necessary resources for conducting professional instruction—*e. g.*, a constant succession of Medical and Surgical cases in the wards, a large staff of Professors and Teachers, Dissecting Room, Lecture Theatre, &c.; and although

in some points we hope to be able to suggest changes which we consider will make them still more efficient, yet our experience and observation lead us to the belief that no youth of ordinary ability and steadiness, after four years of professional study at the Hospitals and Schools of Medicine, as at present conducted, need be remitted three or six months for further study, or, in the slang phraseology of the day, need be *pluckt*.

Premising that all the Hospitals and Schools of Medicine in the United Kingdom are the same in their organisation as it regards professional teaching, we proceed to bring under notice, somewhat fully, three or four of the leading Hospitals and Schools of Medicine, with their teaching capabilities, and thus we shall gain a good general idea of the whole.

ST. BARTHOLOMEW'S HOSPITAL AND SCHOOL OF MEDICINE.

This Hospital has 710 beds, of which 676 are in the Hospital at Smithfield, and 34 for convalescent patients, Landerdale House, Highgate. Four House Surgeons and four House Physicians are appointed annually on the payment of a nominal fee, and one provided with rooms by the Hospital authorities. The senior Midwifery Assistant is appointed for twelve months, and is eligible for re-election for a second twelve months. The junior Midwifery Assistant is appointed for six months, and is provided with rooms in the Hospital. The Ophthalmic House Surgeon is appointed for six months, and is eligible for re-election for a second term of six months. Diligent students are selected to hold these appointments, from whom no fee is required.

The Clinical Clerks to the Physicians, and to the Physician Accoucheur, the Clerks to the Assistant-Physicians and Assistant-Surgeons, and the Dressers

in the Special Departments, are chosen from the diligent Students, without payment of any extra fee. Sixteen Ward Dresserships are annually given to the Students of the second year who pass the best examination in the subjects of study of the first and second years, or who may be otherwise specially recommended. Other Ward Dresserships may be obtained by payment of the usual fees. Courses of Practical Surgery and of Practical Physiology have been instituted in accordance with recent regulations of the Royal College of Surgeons.

Diseases of the skin, diseases of the eye, diseases of the ear, and Orthopædic Surgery, have their special teachers.

The following scholarships and prizes are awarded—Senior Scholarship of the value of £50; Medicine, Surgery, Materia Medica, Therapeutics, Senior Scholarship of the value of £50; Anatomy, Physiology, and Chemistry, Scholarships of the value of £25. Each will be awarded to the Students who are placed second in the examinations for the Senior Scholarships; Junior Scholarships, of the value of £50, £30, and £20, and awarded after the general examinations at the end of the Summer and Winter sessions. Wix Prize, founded 1842, is awarded for the best Essay on “The Evidence to be deduced from Holy Scripture that the study and use of the Healing Art are in accordance with the will of God.” The Jeafferson Exhibition, founded in 1862, to the value of £20, and tenable for two years, is awarded at the commencement of each Winter session, to the Student who passes the best examination in the subjects of preliminary education. Bentley Prize, founded 1842, for the best report of medical cases occurring in the ward of the hospital during the previous year. It is expected that the reports will comprise the histories, progress, treatment, and results of not less than

twelve cases, with observations thereupon. Foster Prize, subject of examination—Practical Anatomy, senior. Treasurer's Prize, subject of examination—Practical Anatomy, junior. The Kirke's Gold Medal, subject of examination—Clinical Medicine. Special classes are held for the Matriculation, the Preliminary Scientific, and for other examinations of the London University.

Students preparing for other examining boards are arranged in classes, and examined by the lecturers and demonstrators. An examination of all Students of the first year is held at the close of the Winter and first Summer session.

A College for resident Students exists in connection with the Hospital.

GUY'S HOSPITAL AND MEDICAL SCHOOL.

This Hospital contains nearly 720 beds.

Voluntary Examinations are held at four periods of the Students' course, as follows:—1st. At entrance, commencing on October 7th, in Elementary Classics, Ancient and Modern History, and Mathematics. The candidate who most distinguishes himself receives £25; the second candidate, £20; the third, £15. 2nd. At the end of the first sessional year, in all the subjects of that year—one sum of £30, another of £25, and a third of £10 10s. (presented by one of the Governors.) 3rd. At the end of the second sessional year, in the subjects which form the course of study up to that time—£35 and £30. 4th. At the end of the third sessional year, in all the subjects of the curriculum—£40 and £35. Honorary certificates are also given to candidates who pass creditable examinations.

Special Examinations. Two gold medals are given annually, by the Treasurer, to Students who have

completed their third, and not exceeded their fourth year—the one for Clinical Medicine, the other for Clinical Surgery.

Students are selected according to merit for the following appointments:—House Physicians, House Surgeons, and Obstetric Residents (senior and junior), Surgeons' Dressers, Clinical Assistants, Dressers in the Eye Wards, Post-Mortem Clerks, Obstetric Out-patient Clerks, Assistant-Physicians' Clerks, Assistant-Surgeons' Dressers, Dressers in the Surgery, Dental Surgeons' Dressers, Aural Surgeons' Dressers, Medical Clinical Clerks, Surgical Clinical Clerks, Extern Obstetric Attendants, Assistant Surgeons' Clerks, Clerks in the Electrifying Room.

The Registrators and the Demonstrators in Anatomy and Chemistry assist the pupils in their studies.

ST. MARY'S HOSPITAL AND MEDICAL SCHOOL.

This Hospital contains 170 beds—68 Medical, and 102 Surgical. There are special departments for diseases of Women and Children, and for diseases of the Eyes, the Ears, and the Skin, &c.

A Medical Tutor assists the Students daily in the practical portion of their studies, and in preparing for the final examinations.

Appointments in the Hospital and School.—All these appointments are open to the pupils without additional fee, and are held in succession, so as to secure a complete system of clinical training. Five of these appointments exceed in value an equal number of scholarships of £50 each. All general Students are required to perform the duties of Clinical Clerks and Dressers, for a period of six months, during the last two years of their curriculum. Students of the third year are appointed to assist the Physicians and Surgeons in charge of the out-patients. A Resident

Registrarship within the Hospital has been created, with a salary of £100 a year, and dispensary fees, tenable for one year, *and open to re-election*, preference being given to past House Surgeons and Perpetual Pupils. The Demonstrator of Anatomy is appointed annually, with a salary of £50 a year. The Medical Tutor is also appointed annually, at a salary of £100 a year. The holders of both these appointments are eligible for re-election.

Scholarships, Prizes, etc.—Three Scholarships in Natural Science, of the annual value of £40, tenable for three years, and an Exhibition in Natural Science of £20 for one year. One of the scholarships and the exhibition are awarded by open competitive examination immediately before the commencement of the Winter session. A Scholarship in Anatomy, of the annual value of £20 (the holder of which is styled Assistant Demonstrator, and assists in the teaching of Practical Anatomy), is offered for competition amongst those Students who have completed their second Winter session; and a Scholarship in Pathology, of the value of £20 (the holder of which is styled the Assistant Curator), for those Students who have completed their third Winter session. Examinations for prizes are held, at the termination of each session, in the various classes for Students of the first, second, and third year. Two Prosectors are appointed annually, who each receive a certificate and £5 for their services in the dissecting-room.

The entrance fee for general Students may be paid in instalments, by arrangement with the Dean of the School. A fee of £1 1s. is required to be paid to the library and reading-room. Instruction in Vaccination can be obtained; fee, £1 1s.

MIDDLESEX HOSPITAL AND MEDICAL SCHOOL.

This Hospital contains upwards of 300 beds, of which 185 are for Surgical, and 120 for Medical cases.

There is a special department for Cancer cases, affording accommodation for thirty-three in-patients, whose period of residence in the Hospital is unlimited. Wards are also appropriated for the reception of cases of Uterine Disease and of Syphilis, and beds are set apart for patients suffering from Diseases of the Eye.

Special attention is bestowed on the clinical instruction of the Students, both in the wards and out-patient rooms. Classes, open to all the Students, are held for practical instruction in the microscopic examination of healthy and diseased tissues, and also in the application of bandages and other surgical apparatus. Students are allowed to take out, to read at their own homes, books from the library of the school. Two entrance scholarships, of the annual value of £25 and £20, tenable for two years, are offered for competition at the commencement of the Winter session. Two Broderip Scholarships, of the annual value of £30 and £20, tenable for two years, and two Clinical prizes of six and four guineas, are annually awarded to those Students who pass the most satisfactory examination at the bedside and in the post-mortem room. The Governors' Prize of twenty guineas is awarded annually to the Student who shall have most distinguished himself during his three years' curriculum. Class prizes are also given, and six resident Clinical appointments are annually awarded, after competitive examination, to Students who have completed their education, and complied with the regulations of the school. The officers thus appointed reside and board in the Hospital, free of expense.

The College Tutor assists all general Students free of charge, especially those who are preparing for examination; and his daily instruction is arranged with a view to avoid the necessity of Students obtaining any private teaching apart from that of the medical school.

We have thus placed before us—

- (a) Two of the largest hospitals.
- (b) One of medium size.
- (c) One of the smallest; all being in connection with Medical schools.

Professedly, it will be observed, they all provide efficiently for the professional education of Medical Students—*e. g.*, they provide a numerous staff of professors and tutors for giving instruction in the usual progressive subjects required by the various Examining Boards, as lectures, etc.; for Clinical instruction, by dresserships and clerkships, which give all diligent Students the opportunity of studying disease in all its phases at the bedside of the patient, and which, indeed, is the meaning of the term Clinical instruction; for the study of Anatomy, by demonstration of the dead subject, and dissection; for Practical Surgery, by observing operations on the living, and performing operations for themselves on the dead subject; for the study of special subjects—Diseases of the Eye and Ear, Orthopædic Surgery, and Diseases of Women and Children; for testing the knowledge of the Students by private examinations during their course of study; and, finally, for his encouragement, by the institution of scholarships and prizes of considerable value. What, then, is wanting that the Student be prepared for any fair examination to which he may be subjected? If the professions of the Hospitals and Schools of Medicine be carried out in a practical and earnest manner, and are not made merely on paper to make a show, we venture to reassert that the Student's want of success in his examinations is due to his own want of earnestness and application, and the onus of his failures ought not to be thrown on the shoulders of his teachers, as it has too often been done. We are not closing our eyes to the fact that there are inefficient teachers in our

hospitals. But what system is perfect? We have known lecturers who prepare good lectures and spoil them in the delivery; and Physicians and Surgeons who go round the wards of the hospital alone, because they have failed to interest the Students at the bedside of the patient, or will not take the trouble to teach: they were either careless and did not care to teach, or they could not acquire the knack of teaching.

But there may be many reasons why you cannot rid the hospitals of such men. There are "wheels within wheels" here as elsewhere, and we, therefore, can scarcely sympathise with those medical reformers who would ruthlessly dismiss such teachers from the service they perform in our hospitals. John Hunter, it is said, never had more than twenty Students attending his lectures; yet no one will deny that he did invaluable service to our profession.—We simply mean that too much has been made of a failure like this, here and there, in our hospital teaching, and the blame has been thrown upon the teachers rather than the taught, where it ought for the most part to rest.

Some suggestions, however, were made by the competitors for the Carmichael Prize in 1868, which it may not be out of place to reproduce here, as they might, if acted on, prevent any such teachers from holding hospital appointments in the future. Thus, Dr. Mapother observes, "The conviction has gradually forced itself on my mind that the competitive principle—which is growing every day, and substituting manly self-reliance for cringing place-hunting—might be applied in determining the relative fitness for junior appointments—assistant-physicians and assistant-surgeons. The importance of selecting the best qualified for such posts cannot be over-estimated. It has been said that the vital interests

of electors in self-supporting institutions will urge them to select the man in their judgment best qualified to serve the establishment, irrespective of all other considerations. But it is not easy, even for the best intentioned, to form a just opinion of the relative qualifications of candidates by mere recommendatory testimonials, or even antecedents; and, as it is human to err, how can it be insured that favour or other interested motives will not influence electors, to the exclusion of actual merit? It may, likewise, place in the hands of the unworthy the power of refusing more competent rivals. The method by concours, adopted in France and Germany, might be applied, in a modified form, to many institutions in this country. In France, when a vacancy amongst the adjunct officers occurs, graduates are freely invited, by a six months' notice, by the special government board, which in every point directs the hospitals, to compete; and a jury is formed out of the medical staff, with the addition of members of the Academy of Medicine—independent members of the profession. The professional public is admitted to the theatre; and each candidate, having submitted his claims, writings, and evidence of having lectured (which is indispensable), writes an essay, and then delivers a lecture on a subject chosen by lot, and for preparing which three hours in a closed room are allowed. Each member of the jury has given in a subject. They are also called on to defend these previously written by them; and each aspirant has to make dissections, perform surgical operations, examine and prescribe for patients, or undergo some other practical test depending on the nature of the chair which is vacant. There can be no doubt that this method may not exclude those who are deficient in moral attributes, though sufficiently informed, and possessing that facility of expression and impressiveness of address

which a lecturer must have. But how much more likely are such to creep in under the testimonial, interest, or purchase system. To render, then, this method more unexceptionable, I would advise that the electors for hospital appointments should each nominate a candidate, having regard to his mental and physical endowments and moral character, and thus there would be no difficulty in refusing any undesirable person; still the man of retiring modesty, who, under the canvassing system, has no chance, might succeed by force of brains. A competitive trial, somewhat like the *concours*, but well-devised and practical, would then decide the appointment. The precedents of the public service and some high places in the universities being thus decided can be adduced. It is stated in a biography of Professor A. S. Taylor that he obtained his chair of medical jurisprudence at Guy's Hospital, in 1830, by the giving of six probationary lectures, and thus the electors selected the greatest master of the subject who has ever lived. The system of promotion by merit is one of the greatest triumphs progress has to boast of during the present century, as the opening of 40,000 offices to the truly deserving has had the most salutary effect in encouraging education. Many evils and errors in state departments, due to the ill-suited officers obtained by former means, have been corrected since appointment by merit has been in force. The competitive examinations for the army and navy services have benefited medical education, for those who have Students under observation must have remarked an increase in their zeal and industry from the beginning, which is found to be absolutely necessary to obtain places. These services will soon become filled with thoroughly efficient and well-informed officers, the more so if good literary education is insisted on."

The remarks of Dr. Ashe, another essayist, on this subject are as follows:—“A third mode of obtaining full class-rooms presents itself for consideration, and one which, apparent objection notwithstanding, we fearlessly assert the true one, viz. :—to subject the lecturers to those conditions of competition and rivalry which, and which alone, are proved by theory, and shown by experience, to be capable of stimulating and guiding exertion, and ensuring excellence in all other works of life; and this can only be done by making attendance on the class, payment of the fee, and production of the certificate, optional on the part of the Student.”

“We shall freely admit that the first result, in some cases, would be completely to empty the class-rooms, and reduce the fees also to nil. What then? Is it not obvious that in cases where this result will be due to want of ability in the lecturer, it will merely be a wrong that shall have been rectified, and that the Student ought never have been required to pay for attendance on such lectures; and, on the other hand, where such result shall be owing not to want of ability in the lecturer, but to his neglect of the adaptation of his teaching to what the Student requires, that the defect will admit of an easy remedy, and that such remedy will undoubtedly be applied under the influence of the powerful motives for so doing which will now be brought to bear on the lecturer through his natural wish to fill his class-roll and his exchequer, together, therewith? Surely both the theoretical teachings of political economy, and our practical experience therein, are sufficient to establish the maxim that to consult for the interest of the buyer is the true interest of the seller, whether the commodity dealt in be the produce of the toil of the hand or of the brain. The rivalry between lecturers would then be as to which should best supply the Student's wants,

a contest in which the man of ability would, as usual, come off best. The man whose class-rooms should still be permanently deserted would feel it incumbent on him to resign to some more talented successor a post for which he would have been obviously proved incompetent; and the rivalry between different schools would be as to which would obtain the services of the man best fitted for the work of instruction, to the evident benefit of the Student. Further, every endeavour would then be made, by means of drawings, preparations, etc., to engage the interest of the Student, as is unquestionably done by men who really take interest in their subject at present; and, by a careful system of questioning, to ascertain how far he had benefited by his attendance, to keep up his attention, and to aid him in the arrangement, condensation, digestion, and habitual utilization of his knowledge. The grinder would now be supplanted, except for those subjects, such as anatomy, in which he would himself be the most practical teacher, and the Student would have the benefit, in all branches of his education, of the most earnest endeavours of men practically engaged each in the branch he should teach. Manuals would now be much less used; for who could compare the dry information of a manual, illustrated as it must be by typical cases only, if indeed illustrated by cases at all, to the vivified discourse of a lecturer in earnest about his pupils, and who should have his own personal experience to bring to his aid in illustration of his subject. But, it will be said, 'Will not this be to compel the lecturer to accommodate himself to the Student, and leave it to the Student to judge what course or mode of studying a subject is most beneficial to himself; and is it not the case that the Student, though necessarily the only judge of what he himself wants and seeks, is yet a wholly incompetent judge of what is really

good for him, really necessary to constitute him a useful practitioner?' We reply that this is undoubtedly the case, and would form a most valid objection were it not that the Student himself is influenced by a motive of the utmost power, the direction and control of which is solely in the hands of those who do undoubtedly know what is good for him, as he cannot know it for himself; and this motive is the requirements of his professional examination. So absolute a sway is indeed held over the mind of the Student by this motive, that we doubt if one in ten ever considers anything further; his future usefulness and interests are all cast into the shade by this great looming horror. His educational demands are altogether based upon the requirements of the examination, and the instructions of the grinders are in turn based upon his educational demands. Hence it follows that the instructions of the grinder must be an exact counterpart and reflection of the professional examinations. If the character of the examinations is such as to throw the strain on the Student's memory, rather than on his practical knowledge, judgment, and ability, we shall find the grinder devoting his attention principally to the cultivation of the Student's memory, to the neglect of these, and this in strict accordance of the irrefragable law of political economy, which invariably proportions the market supply to the market demand; and, per contra, if we find that the grinder is chiefly engaged in cultivating his pupil's memory, we may safely infer that a well-crammed memory is the chief qualification requisite for getting successfully through the examinations. It is evident, therefore, that in order to secure to the authorized and practical school-lecturer an advantage over the private crammer, two steps are necessary: first, to make the examination requirements such that practical teaching shall 'pay' the Student better than

manual-reading or memory-cramming; secondly, to take care, by means of free trade in teaching, that the school-lecturer shall be under the necessity of adapting his lectures to this requirement on the part of the Student. We thus throw the guidance of the Student's course of study on a board of examiners in their collective capacity, which seems rather better than leaving the matter to each professor to decide for himself as regards his own subject, which must necessarily be the course adopted at present, particularly where the lecturer is also the examiner. Would we then wish to see that hard-working class of private teachers abolished? First, we answer, this would not be possible; secondly, we doubt if it would be advantageous; for they may be regarded as forming what is known in politics as a constitutional check on the school lecturers, obliging them, by the force of market competition, to keep more closely in view the needs and demands of their pupils; thirdly, many of these teachers confine themselves almost entirely to anatomy, in which, through constant demonstration in the dissecting-room, they are 'facile principes,' and require only the stimulus, to be applied through their pupils, of a practical anatomical examination to make their instructions as practical in their private hours as in their public school demonstrations; fourthly, an amalgamation of interests might perhaps be possible, the recognised school-lecturer supplementing his public class instructions by private hours; recollecting, however, that under such an arrangement what we have called the free trade system of school lectures would be more than ever necessary, lest the lecturer might be in presence of a temptation to divide his discourses into esoteric and exoteric, like the philosophers of old, reserving their more valuable instructions for their private classes. Lastly, the system above pro-

posed of practical tutorial teaching by the resident medical officer of a hospital, if supported by a system of professional examination absolutely requiring practical knowledge on the part of the candidate, would go far towards abolishing 'grinding' (properly so called, *i.e.*, mere cramming) altogether, or at least would reduce it to anatomical teaching merely, the character and style of which, as of all other private teaching, must depend altogether on the character and style of the examination for which it is intended as a preparation. We need scarcely remark that the whole tendency of such a free trade system as we advocate would be to augment the classes of the competent, the talented, and the experienced teacher, at the expense of him who should be deficient in these qualities."

We think favourably of the plan proposed by Dr. Mapother, as it would give some security that inefficient men would be excluded from our hospitals and schools of medicine in the future; but with regard to Dr. Ashe's "free trade" idea, we cannot conceive anything more calculated to create jealousy, discord, and disorganisation among the staff of teachers as at present constituted: and the "grinder" or "coach," whatever may be said in his favour, is, in our view of the subject, an unnecessary and expensive supplementary teacher, whom all earnest and diligent Students are well able to dispense with.

But when we have secured efficient teachers in the manner proposed, *viz.*, by competitive examination, and when every inducement in this direction is held out to the Students, it will still be found that many of them will continue inattentive to their duties, neglectful of the best privileges that can be offered them, and, in the end, dependent upon the grinder for any chance of passing their progressive examinations; and no device, as far as we can see, has been

discovered to alter this unsatisfactory state of things. Our own suggestion on this point—giving due weight to the plan for securing efficient teachers—viz., that the Student should be domiciled with some person more or less responsible for his conduct; or that he should be a pupil for at least his first year, rather than that he should be, as at present, suddenly thrown upon the stream of town life before he shall have learnt to stem the torrent. It is self-evident that the supervision of his conduct will often save him from entering into dissipation and foolish pleasures; and it has the sanction of men in high places amongst us, for the tide seems to be setting in once more towards a modified pupilage for Medical Students. For example, in a report presented, in 1870, to the Council of the Royal College of Surgeons, by the Committee of Examiners, they intimated that since the almost entire cessation of the apprenticeship system, Students, for the most part, enter the Medical schools quite unacquainted with any branch of Medical knowledge or elementary science. The report goes on to say—“Under the old system the learner, before commencing his school career, had gained some knowledge of the common facts of chemistry, and of the appearance and doses of drugs. He had also attained by observation, and in communication with a master, some familiarity with the names and aspects of disease; at the same time no little skill in manipulation was acquired.” We quote also from a lecture delivered by Dr. Headland at the Charing-cross Hospital, and reported in the *Lancet*, February 26th, 1870. Dr. H. observes—“I will take as my model that old system of apprenticeship which, but a short time ago, was insisted upon by one of the many examining boards of London. Students of the present day cannot do better than follow out such a plan. Every teacher in a Medical school cannot have failed to perceive the

immense advantage possessed by the pupils who have been trained in such a school, the benefit which a man derives from knowing what an *habitué* of his art would do in this case or that; and the same perfect insight which it thus affords him into the principle of medicine and surgery, which without this experience would be worthless and destitute of meaning."

In some comments on this lecture, the editor of the *Lancet* says—"A year spent with a country practitioner would doubtless fit a youth to take advantage of his after opportunities of gaining knowledge better than any other teaching, and we cannot but think that Medical legislators have gone beyond the mark in insisting upon such a complete mastery of theoretical detail, before any of the practical work of the profession is undertaken."—(*Lancet*, April 9th, 1871.) The opinions enunciated by professors, journalists, and examiners, are quoted here simply to show that the apprenticeship system has cropped up again, and that, with the modifications specified, it is not conceived degrading or derogatory even in the high places of the profession.

We further contend that much more supervision and constraint should be brought to bear upon the Medical Students by the authorities of our Hospitals and Medical Schools, so that they may be kept more closely to their studies and work. Just as in the universities and higher class schools the youths are admonished, fined, etc., for idleness and absence from their classes, and, if found to be incorrigible, are sent to rusticate—so would we have it in the Hospitals and Schools of Medicine. Attendance upon the Lectures, Dissections, Post-mortem Examinations, Practical Medicine and Surgery in the Wards, ought to be insisted on; and not only should certificates be refused when the attendance is insufficient, but there ought to be a point, long before the termination of the

four years' curriculum, when the Student should be sent home to his friends as a youth wholly unfit for the service of our noble profession. Doubtless this restraint, this keeping the Student to his work, would be irksome for a time, but as the benefit is his own, he will have no just cause of complaint; and is it not right that he "bear the yoke in his youth?"

We are sure that this plan will soon put an end to the ever-recurring complaints respecting the inefficiency of professional teaching. It will make grinding or coaching a thing of the past. It will make plucking a rare occurrence; and it will save many families much sorrow, which their sons or brothers cause them by their folly and dissipation whilst they are professedly pursuing their Medical studies.

On this second part of our subject, it only remains that we make a few observations on two or three important subjects requiring the Student's special attention during his professional course.

I.—CLINICAL INSTRUCTION.

"The most important part of a Medical training," observes a talented physician, "the training given to themselves in the wards, is still much neglected by Students, whilst, at the same time, they cannot fail to see that neglect here stultifies all their previous efforts, and it will take years of painful toil to redeem the loss of the last few months of their Student days."

Here, again, the principal blame of want of success is attributed to the right cause, viz., inattention on the part of the Student. This neglect cannot be too earnestly deprecated, for it will be most injurious to the Student, both in his examinations and his future

professional career. To be trained to habits of patient and thorough investigation of disease is of priceless value to him; and the close observation and note-taking of cases at the bed-side is most valuable, and indeed essential to such training. We would make this work compulsory, in the strictest sense of the term, and no avoidable neglect should be tolerated. On the other hand, it is generally acknowledged that clinical instruction is less thorough in the English hospitals than one could desire. In Dublin it is not so, for since the time of Graves it has obtained the attention which its importance deserves. In Edinburgh, also, Professors Syme, Bennett, and other eminent men, left little to be desired in respect to clinical teaching; and their influence, it is to be hoped, is still felt. The mode of imparting clinical instruction in Germany is worthy of imitation by our English schools. It is said there is one clinical hospital for the treatment of acute diseases, and another for chronic diseases, while a clinical dispensary is devoted to the treatment of extern patients. The pupils are divided into two classes—the more advanced, who get the care of patients, and the junior Students, who merely look on and listen. When a patient is admitted the case is assigned to one of the practising pupils, who, when the physician is visiting the ward, reads out the notes he has taken of the patient's disease, including its origin, progress, and present state. This is done at the bed-side of the patient; and, before he leaves the ward, the physician satisfies himself whether all the necessary particulars have been accurately reported by the pupil. After all the patients have been thus accurately examined, the professor and his class proceed to the lecture room, and a list of the patients and practising pupils is handed to the professor. The cases admitted that day are first enquired into, and the pupils are examined concern-

ing the nature of their diseases, their probable termination, and the most appropriate method of treatment—each Student answering only concerning the patient entrusted to his special care. During the examination the pupil's diagnosis and proposed remedies are submitted to the consideration of the professor, who corrects whatever appears to be erroneous in either, and then the Student returns to write his prescriptions, while the rest of the cases and pupils undergo a similar examination. At the conclusion the prescriptions written by the Students are read out in order by the professor, who strictly comments on and corrects any inaccuracy or inelegance they may contain. When the prescriptions have been revised and corrected, they are signed by the physician, and handed to the apothecary to be made up and distributed. The clinic for the extern patients is conducted on the same principles—patients who are able to attend are examined at the dispensary; those who cannot leave their homes are visited by the senior practising Students, who always seek the advice of the Professor when the case is urgent or the treatment doubtful. It is evident that, according to the German method, no regular clinical lectures are needed, as the Pupil becomes accurately acquainted with the Physician's views of each case, and no step is taken in the treatment without the reasons for it being given. This is the best sort of clinical lecture; the Pupils have their doubts solved, and their erroneous views corrected, while the Professor is enabled to mention, as the disease proceeds, everything which he thinks illustrative of its nature.

No better mode of conducting clinical instruction than this, we imagine, can be devised, and it would be well if it could be imported into this country. As we have already said, it obliges the Student to think and act for himself—a mode of

instruction carried out with great success in every department of learning in the present day.*

It would further assist Medical Students in gaining a knowledge of disease if they gave more attention to the out-patients who daily attend the hospitals in great numbers. From personal observation when visiting certain English hospitals, we fear but little use is made of this extensive class of cases for professional instruction. We know there are difficulties in the way, for patients come to the hospital in such swarms that it is almost a matter of necessity that they should be quickly dismissed; yet surely some means might be devised to utilise this great field of observation now so little cultivated. The patients here are more numerous and diversified than those in the wards of the hospitals, and quite as interesting and important. We, therefore, urge the Student to give greater attention than he is wont to the out-patients of the hospital from this consideration, among others, that such cases will form the bulk of his own practice in after years.

He will likewise do well to spend an hour now and then in the museums attached to the hospitals; the casts, drawings, and morbid preparations are full of interest and instruction to an earnest mind, and nothing should be overlooked which will in any degree help the Student to obtain a thorough knowledge of his profession.

II.—PRACTICAL ANATOMY.

Anatomy is not less essential than Clinical Medicine and Surgery in professional education, and why the

* I have witnessed clinical instruction in Germany, and my observation fully bears out the statements of the text. Without any disparagement of our own dissecting-rooms, I may add that in order, cleanliness, and supervision, none can be better than those I saw on my visit to that country.

one should be placed before the other in importance, as is sometimes done, it is not easy to understand. In truth, the former is the foundation, and the latter the superstructure, and neither can be dispensed with. In many Medical schools, if not in all of any importance, there is a Prosector, who superintends the Students whilst they are engaged in the dissecting-room. We consider this arrangement of paramount importance; for it is not enough that they have a part of the body assigned to them for dissection, but is of the utmost consequence that they should dissect the part with great care and thoroughness. We believe, indeed, that the teachers of our Medical schools are fully alive to the necessities of the Students on this point, and they provide sufficient supervision in the dissecting-room, supplemented by most careful demonstrations on the dead body, to make the teaching of Anatomy thoroughly practical and efficient. After personal and careful observation, we conclude that the only fault to be found here is under the head of the supply of subjects for the purpose of demonstration and dissection, which is often deficient.

This is not the case either in Scotland or Ireland, though it is stated that the supply is not well apportioned in accordance with the relative size of the Medical schools, so that it happens that the smaller Medical schools have too many, whilst the latter are in want. In London and the provincial schools the supply is often quite inadequate to meet the requirement of the Students; nay, sometimes we have known large and important Medical schools without any subjects, or any means of procuring them, for several weeks together, even in the midst of a Winter session.

Perhaps this evil has no remedy. The law allows for purposes of dissection, etc., the unclaimed dead in union houses and hospitals; and, at times, a scanty supply only may be expected, whilst at other times there

will be more than are needed. In times of glut some of the bodies should be preserved, as can be readily done by the injection of certain antiseptics into the blood-vessels, and these would serve in some stead when there is a scarcity of recent subjects; and to some extent this plan is adopted by the Medical schools. Presuming that the inspector of Anatomy is on the alert, and performs his duties properly, it does not seem that anything more can be done.*

III.—LECTURES.

A great outcry has been made, once and again, against Lectures, and some have said that the time spent by Students in attending them is only wasted. We believe these views to be very far from the truth. Thus, it has been well observed—"The relative value of professional and tutorial instruction has been often controverted, but each has its place and powers, and it is impolitic to adopt one exclusively."† Another writer observes, on this subject,‡ "Lectures are generally made up of the epitomized wisdom of the Medical world—they are compiled from the Medical literature of the age; and that they can be made attractive is evident from an examination of those which have been published, at various times, in this and other countries. It cannot be supposed that such lectures, when delivered, were dull and profitless, or that they did not command the attention of those Students who were so favoured as to listen to them. Nothing can equal the human voice as a means of imparting instruction, and this is well understood and appreciated in our day; and general education

* Greater cleanliness and better ventilation are, however, desiderata in some English dissecting-rooms.

† Dr. Mapother, 1st Carmichael Prize Essay, 1866.

‡ Dr. Dale, Carmichael Prize Essay, 1868, printed by Dr. Mapother.

in many public schools is now conducted orally by living, earnest men, rather than by dry, lifeless, abstract rules found in books. That some men are dull and uninteresting as lecturers cannot be denied; but others, some living and some dead, have been of world wide renown—have commanded numerous auditors, and have left the impress of their teaching on their age; so that the fault is not in lectures, but in the men who deliver them—want of due earnestness or want of utterance rendering them unapt to teach. These are the *drones* in the busy human hive, who retard work, and they should retire, after a time, to make room for the active and diligent workers.

“Extremes are always dangerous, and at the present time there are extreme views held on this subject; and some there are who, from the violent way in which they have written and spoken against lectures, seem to think, and would also persuade others, that they are an unmitigated evil. But surely this is not the right view to take of this matter. Look, for example, at the lecturer on anatomy. With the help of diagrams, specimens, and demonstration from the dissected body, if he be alive to his duty and in earnest, he cannot fail to assist the attentive Student. The same may be said of each lecturer in his department—the botanist has his plants, the toxicologist his poisons and tests, and the chemist his drugs and chemicals. Then, further—and what is of great importance—the attendance on lectures is compulsory. The Student may neglect hospital practice, the dissecting-room, or the dead house; but he is compelled to attend a fixed and determinate number of lectures during the session, or his certificate is refused; and however careless or indifferent he may be in a general way, his attention will often be aroused, and during the hours thus appropriated, he cannot fail to derive

advantage. At all events, I repeat, he is kept at his studies, and in or about the medical school; and but for the lecture hour, it is probable he would be wasting his time in idleness, or in unprofitable amusements and pleasures. It is possible that lectures might be made more instructive and more useful to the Student. The lecture, for instance, might last half an hour, and the remainder of the time be profitably spent in an examination on the subject treated; and this plan might be continued daily, or at every lecture throughout the course, instead of once or twice a week, as is now generally the custom. Other plans will suggest themselves to the lecturers who are anxious to give instruction in the best possible way; but greatly to abridge the number of lectures, I firmly believe, would be most injurious both to the Student and to the profession at large."

The mode of choosing professional teachers having been already discussed, we have only to add, that we do not think the Examining Bodies would do well to alter their regulations as regards the number of lectures required in the professional course; and indeed medical opinion appears to be changing again, for current literature speaks with more moderation on the subject of lectures than it did some few years ago. We think, moreover, it would be a great advantage to the lecturers if they were good draftsmen, for we have seen marvellous power for instruction manifested by certain teachers in the use of the chalk and black board.

IV.—MORBID ANATOMY—POST-MORTEM EXAMINATIONS.

Morbid Anatomy is of the highest importance in the study of diseases. What was anciently said by Celsus in relation to general anatomy, is equally true in relation to morbid anatomy:—"Præcta hæc quum

in interioribus partibus et dolores et morborum varia genera nascantur, neminem putant his adhibere posse remedia, qui ipsas ignoret. Necessarium ergo esse incidere corpora mortuorum, eorumque viscera atque intestinum scrutari."—CELSUS, Book I., chap. 1.

Some have thought that the ardent study of the effects of disease on the various organs of the body is injurious to the medical man, inasmuch as it causes him to look at all diseases through their extreme results, instead of regarding them in a progressive series of morbid processes, as they generally and naturally exist, of which a *post-mortem* only reveals the last; just as it has been said that the too ardent study of mathematics makes a man next door to a fool or an idiot in respect of all other matters. This effect could only follow an undue and all-absorbing attention to the mere details of the study, the powers of generalization and reasoning being deficient; and, therefore, as applied to either subject, the objection is unworthy of notice. On the other hand, the advantages of a close study of morbid anatomy are multiform and self-evident. We learn in the dead house that the symptoms we have observed during life, may be the result of many different diseases—that there are very few pathognomic signs of disease, and that many other causes besides the mere symptoms in any given case, will be necessary to be taken into the account before we can make any approach to a correct judgment respecting it. It has been well said by a recent writer, that "the best diagnoses are made by those who not only are well versed in the recognition of the signs of disease, but by those who have a large experience of the maladies which their symptoms represent, and can thus interpret them." It is, moreover, evident that the determination of a correct diagnosis will indicate the proper mode of treatment to be pursued, and in this way morbid

anatomy assists in enlarging therapeutical knowledge; for at the threshold of all successful treatment must be placed as perfect a knowledge of diseases as it is in our power to gain. Hence the diagnosis of disease has always held a principal place in professional study, especially in recent times; and, indeed, by connecting the symptoms with the *post-mortem* appearances, our knowledge of diseases and their treatment will be most effectually extended and improved.

In a small French work by M. Martinet, and in Dr. Baillie's excellent treatise on morbid anatomy, this method is employed with singular ability and success; and these works, although somewhat old, may be consulted with profit in the present day. We do not consider, therefore, it is claiming too much for morbid anatomy to say that it is an important aid to clinical medicine and surgery in the present, and may be expected to reveal much that is still mysterious in disease to the diligent student in the future. "There see," says an elegant writer, speaking of this study, "how it is that morbid anatomy enables us to look back, as it were, through an avenue upon the countless paths through which death has made his approach; see how we can track him in his progress, and mark how step by step he has gained his territory, and at last achieved his final victory. But each such victory, if only rightly used, weakens him while it strengthens us." He might have added—See how it has also given us innumerable specimens of disease affecting all the organs of the body, which are preserved by the authorities of our hospitals and schools of medicine, for the use and instruction of the profession in all coming ages.

Believing then, as stated above, that morbid anatomy must lie at the foundation of all right research into the causes, the nature, and the treatment of disease, we cannot but express our deep regret at the

neglect with which it is treated by both teachers and Students at many hospitals. We have seen *post-mortem* conducted by Dr. Andrews, of St. Bartholomew's Hospital, one or two Students only being present, and yet he is a demonstrator of rare professional attainments, and a man of mark in his day. It has been proposed as a set-off against this negligence, that on the older Students should be laid the duty of making examinations of the dead, so as to ensure that all Students should, during their course of study, give due attention to morbid anatomy. But we question whether if this, which we believe is partially adopted in some hospitals, would reach the case unless an earnest and able demonstrator were present, as well as the junior Students; at all events, the authorities should devise some means to secure more attention on the part of the Student to this very important subject, for there is no portion of his profession he can less afford to neglect.

III.—THE STATE AND MODE OF EXAMINATION, OR OF TESTING THE QUALIFICATIONS OF CANDIDATES OF THE DIFFERENT LICENSING COLLEGES IN MEDICINE, SURGERY, AND PHARMACY.

“Est modus in rebus, sunt certi denique fines
Quos ultra citraque nequit consistere rectum.”—HOR.

First, we are to consider the state of the Examining Boards or Licensing Colleges. What is their present state? Are they efficient? Are they trustworthy? This, doubtless, is what Mr. Carmichael would ask if he were here to put his own queries. He said in his day, “There are eighteen chartered corporations or colleges, empowered to grant licences to practise, which, instead of competing with each other to supply for the public service the most highly-qualified and well-informed practitioners, on the contrary, exert a miserable rivalship only of the accumulation of money, for in proportion to the number of candidates upon which any college confers its diploma, so much the greater number of fees it obtains, and consequently the public is inundated with incompetent and half educated men; this state of the profession loudly calls for legislative interference, to prevent a continuance of the evils which must, in consequence, be inflicted on society. I trust that Mr. Warburton’s bill (then before Parliament) will embrace all the great principles of reform advocated by your association (the Medical Association of Ireland); but if it does not lay the axe to the root of the evil, and deprive the several existing Corporate Bodies of their licensing power, who thus, in the abandonment of all principle, shame-

fully sell their honours to the highest bidder, but lowest in point of competency, they may as well allow the present system of misrule and abuses to remain unmolested." These words were uttered many years since, but, supposing they gave a true description of the state of the Medical Corporations of that day, it would appear that from some recent statements which have been made concerning them, that they would be equally applicable at the present time. For example, Sir Dominic Corrigan, himself a member of the Medical Council, said not long ago in a public lecture, "There are about nineteen of these colleges and universities in the United Kingdom ; many of them are mainly dependent for their income on the fees received on graduation. Step by step each college descended below its neighbour in the sliding scale, until it has come to this, that now a candidate rejected at one college, has before hand proposed for his immediately setting out for his next and lowest in the scale, that will gladly sell its diploma on the lowest terms. This is the present state. Who is to blame for this? neither students nor colleges, but a higher power than either—the legislature that permits this discreditable state of professional education and examination to continue. If it merely concerned the profession itself, the legislature might very justly say—'Look to your own professional interests and take care of yourselves.' But the question is not of this nature; it concerns the public much, the profession little."

The exposure of the examinations before the Army and Navy Boards, made by Dr. Parkes, at a meeting of the Medical Council, serve to prove that there is some foundation at least for these damaging charges against the Examining Boards, the Army Board having rejected 31 out of 120 candidates ; the Navy Board 21 out of 49 ; and those all holding diplomas from the existing Examining Boards. Thus, as a

writer observed, respecting this fact, "At present it is perfectly clear that a number of men get into the Register and practice who are dangerously ignorant of the elementary parts of professional knowledge, and that certain examinations, which entitle men to a place on the Register, afford no guarantee of fitness." But we have a strong conviction that there is a considerable amount of exaggeration in all these statements; and doubtless the truth lies, as is not unfrequently the case, *in media res*, for, looking at the subject from this writer's stand-point, some of these Colleges and Universities must have maintained a certain definite pass standard of some strictness, or no candidate would have found it necessary to prepare beforehand, in the event of his being rejected, for a less secure examination elsewhere, as is stated by Sir Dominic Corrigan. Neither is it exactly fair to argue that because certain candidates have been rejected by the Army and Navy Boards, therefore "certain examinations, which entitle men to a place on the Register, afford no guarantee of fitness;" for it would be quite as fair to say that a candidate who passed the Army and Navy Board ought to be able to pass the examinations of the London University, which is a position, we suppose, that would scarcely be maintained. The fact seems to be that the underbidding and underselling, spoken of above, have been with *a few only* of the Examining Boards, which it would be dangerous to mention though they were well enough known; and thus the whole have come in for a share of the odium attached to the practice. For example—the *capping* of two hundred men and boys (for some were yet Students) by a Scottish University, just before the passing of the Medical Act of 1858; the Year of Grace of certain Examining Boards, just after the passing of that Act, when they sold their Licences for £10, were acts degrading and injurious

to the whole. And though it is only fair to state this much, as above, in favour of the more respectable Examining Boards, yet we cannot fail to see that the damage, both to the profession and the public, is the same, in a general sense, as though the whole of the Examining Boards had been equally to blame; for, on the one hand, the *esprit de corps* of the profession is injured by the admission of half-educated men into the ranks; and, on the other hand, the public suffer from the same cause, as their confidence in the profession generally is much weakened.

One obvious cause of the *inertia* of several of these Examining Boards, is to be traced to the fact that they are closely guarded monopolies. The election of examiners is from the Council, or whatever the governing power is called, in the event of death or resignation, but the Court of Examiners of the College, etc., are supreme in the council, and who can doubt but they will always elect their own friends or relations; hence is perpetuated the worst form of nepotism, and no elements of reform can possibly grow up under such a system, for, as a writer has observed, "the councillor soon learns that to destroy existing abuses would be to kill the goose which shall lay for him (he hopes) the golden egg—an examiner's office." We may add it can scarcely be expected that any body of men will be found to be so thoroughly independent and liberal as to inaugurate any movement which would be calculated to lessen, to any extent, either their income or their influence. We conclude, therefore, that we have been expecting more from these Medical Boards, in the way of change and improvements, than we had any right to expect; self-interest, profit and loss, is still the propelling and controlling power in society. We think, moreover, as we have already stated, that their faults have been magnified and their value under-

stated. These Medical Institutions, in the way they are constituted, might be changed, modified, or even set aside for other better ones, and on these points we shall offer some remarks further on; but during the last five years, to go no further back, they have made some important alterations which should neither be ignored nor underrated: and were it not so, with reference to these lower class Examining Boards—even were they as bad as they are represented to be—the existence of the Universities of London and Edinburgh, and the Royal College of Surgeons in Ireland, and others one might name, ought to have put some restraint upon the adverse and damaging criticisms upon our Examining Boards, *as a whole*, in which Sir Dominic Corrigan and kindred writers have indulged.

We now proceed to notice the mode of Examination, or testing the qualification of candidates, by these Licensing Boards. And we remark, in the first place, that the candidates are examined in all the subjects of study laid down by the regulations of the Boards, a partial summary of which is given in the first part of this Essay, under the heads University of London; Royal College of Physicians, England; Royal College of Surgeons in Ireland; Faculty of Physicians and Surgeons, Glasgow; and Apothecaries' Hall, Ireland.

Secondly, many of the Licensing Boards have altered their examinations, within a few years, from one that was purely oral, to one that is partly oral and partly written; and almost all have professed to make these examinations as demonstrative as possible, in accordance with the views which at present prevail in the professional world on this subject. If, then, all the examinations are practical, mixed oral and written, and demonstrative where they admit of it, what more can anyone desire? In other words, what can be nearer perfection than this? Unfortunately

the whole may be very much of a sham. The oral, the written, the practical, the demonstrative part of the examination may be conducted in a perfunctory manner, to suit idle or venal examiners, and ignorant candidates.

Nothing can be more suitable than the recommendation of the Medical Council as to the mode of examination to be adopted by the various Licensing Boards, namely:—

(1.) That the examinations should be demonstrative, *id est*, by post-mortem examinations, the microscope, morbid specimens, examinations of patients in the wards of the hospital, etc.

(2) That there should always be two examiners on each subject, who should consult on the answers given, and not reject on their individual responsibility.

(3) That the written questions should be concise, so that the candidate may understand exactly what he is required to answer.

(4.) That the numerical method of marking the answers should be adopted, as at present used in Government competitive examinations, the examinations of the University of London, etc.

But “the love of money is the root of all evil,” and if the competition of the Licensing Boards be allowed to continue, there will be no sufficient guarantee that the examinations of the lower class will supply us with efficiently qualified men.

Are there then any means of securing such examinations as the Medical Council recommends—such examinations as shall place their testing value of the candidate’s knowledge beyond dispute and suspicion? We suggest three modes by which this all-important end may be attained, none of them utopian, but all easy of application and fairly reasonable.

(1) The mode proposed by the Medical Council itself, *id est*, the *Visitation of Medical Examinations*, and

which is now, more or less, carried out by members of the General and Branch Councils appointed for that purpose. We do not, however, advise such visitation and inspection as at present conducted, but rather the modification or amendment of it proposed by Sir Dominic Corrigan, at one of the meetings of the Council, whilst condemning the present mode of conducting these visitations in the strongest terms. He said, and that justly,—“It was nothing more or less than a proposal to inspect themselves. There was an old Scotch proverb, ‘Call me and I’ll call thee,’ and this plan seemed to be remarkably founded upon this principle. Now, suppose when the House of Commons was about to be reformed some years ago, and accusations of corrupt practices were made, the parties accused had said, ‘We will inspect one another, and send in such a report as to show that we are very moral, very pure, and independent,’ what would have been thought of such a proposition? Yet this was exactly what the Medical Council had proposed to do. Or, again, that when some years ago, the Managers of Lunatic Asylums became objects, justly or unjustly, of observation, those Managers had come forward and said, ‘We will inspect ourselves, and send in reports of our inspection, which shall satisfy you that all the charges of mis-management and so on, which have been brought forward against us, have been unfounded in fact.’ Would such reports as these have inspired confidence? Certainly not, and therefore on the present case he felt bound to move as an amendment, that the proposed visitation was inefficient, because being an inspection of themselves, it never could inspire confidence.” It is the kind of medical visitation and inspection of examinations proposed by Sir Dominic, when, in answer to Mr. Quain as to what he would suggest ought to be done, he replied, “That a Board of Examiners ought to be established, not con-

nected in any way with the Council, but composed of independent men," that we suggest.

(2) The scheme of *fixed endowments paid to the examining Boards independent of the fees of the students*. This plan was proposed by Dr. Ashe in his Carmichael Prize Essay, in 1868, and commends itself to our judgment as one most efficient and judicious. He observes in his Essay, "Unquestionably the very first and most essential step to be taken for the amendment of the present most unsatisfactory state of things is to ensure that no corporation shall suffer loss as a result of its faithful discharge, on behalf of the public, of the duties which the public has entrusted to it.

.....It cannot but be that both men and corporations should, to a certain extent, feel themselves dependent on those from whom their emoluments are derived; and this is not a position or relation suitable to the dignity of a licensing corporation to have to maintain as regards its students, the candidates for its licences. In one word, the emoluments of the colleges ought to be derived from fixed endowments independent of the candidate, and, moreover, fixed at such an amount as that the Colleges should suffer no loss in consequence of the change. They have vested interests; they will still have duties to discharge on the public behalf no less arduous and important than at present. It is not for their sakes but for that of the public that the change is desirable. Undoubtedly should such a change be made, it ought to be made in such a way as that they should not be losers. They have long been the losers for their discharge of their duties to the public; if the interests of the latter can be more effectually cared for by means of such a change, the Colleges must not still be the losers as the result of that change." Dr. Ashe further proposes that their endowments should be raised by the fees of the students, these fees being paid to some central and

National Office, under the name of fees for examinations and licences, "obviously to some body having some superintendence of such examinations, and some control over such licences. We have only to name the General Medical Council, itself chiefly composed of the different licensing corporations, to ensure universal assent to the assertions of its fitness for the discharge of this function." He further states what he considers would be the effect of this arrangement on the profession at large: "The Boards of the lowest class would forthwith raise their standard somewhat, if for no other reason, at least to prove to the world that they were better than had been thought, to clear themselves from imputation and redeem the character of their licence. Those Boards which had all along desired a higher standard, but had been obliged to succumb to the force of circumstances, would henceforth find it open to them to raise the character of their examinations to a satisfactory point; inferior men would now be denied entrance into the profession; doubtless, before long the names of rejected candidates would be furnished by the Boards to each other; and thus, a man rejected before one set of examiners, would certainly not find his chance of passing before another set improved. It seems to us that in the fixed endowment of each and all of the Colleges and Corporations, we strike the key note of all future improvements of, and advantage to, both the profession and the public as regards professional services."

(3) The third method we have to suggest for the improvement of the Examining Boards, is the one we have already mentioned in the first division of this paper, namely, that *the Apothecaries' companies be done away with entirely as Examining Boards, that the Colleges of Physicians and Surgeons be united to form a Medical Corporation for each country, viz., England,*

Scotland, and Ireland ; that by this Corporation every candidate should be examined and admitted into the profession—whatever further licences he might seek afterwards—this, in fact, being the one portal through which all men should, in the first place, enter the profession ; and lastly, that the universities, which we consider may be thoroughly trusted as to the character of their examinations, should grant their degrees just as heretofore. We have only to add to what has been advanced on this subject in the part of the paper referred to above, that if the General Medical Council should be so re-constructed, as it has been suggested, by the profession being fairly represented therein, we would make that body the conservator of the character of these united examining boards which we have recommended to be established in the United Kingdom : or, failing to secure its co-operation, we would leave them in the hands of the State for supervision and control, so that they might be kept up to the efficient discharge of their duties to the profession and to the public.

There may, at first sight, appear some inconsistency in that the writer has sought above to exonerate the greater part of the examining boards from the exaggerated charges which have from time to time been brought against them, and the above suggestions for improving them ; but, in reality, there is neither inconsistency nor reticence on his part, for although a given body or corporation may not be so bad as is represented, there may still be ample room for improvement in many things connected with its organisation and functions.

We desire to add here, having hitherto overlooked the subject, that we differ entirely from those medical reformers who seek to lessen the distinctions as to practice, charges, &c., now maintained between the general practitioner and the doctor or physician, as we call him. Dr. Ashe, in his Carmichael Prize Essay

already named, considers that young doctors might be allowed to charge lower fees—*id est*, instead of the usual fee, say a fee of five shillings, on the grounds that no man has a right to dictate to another the rate at which he should value his own services, and that such services would benefit the public. But there are, it appears to us, great objections to this course, for he would inevitably come into collision with the general practitioner and interfere seriously with his practice, and feelings of rivalry and ill-will would assuredly be engendered between them; and, therefore, as the young doctor's future success largely depends on the assistance of the general practitioner, his taking this lower fee would be unwise policy. We believe the best physicians would be ordinary practitioners in middle life, through their retiring from more general practice and taking a degree, or physician's licence. The considerate and liberal provision made by the University of London for such practitioners, though their examination is a severe one; the like provision made by the Royal College of Physicians, London, for the admission of medical men over 40 years of age into their body; and the same provision made by the University of St. Andrew's for men in practice, of good character and large experience, would give such medical men an entrance to this higher grade of the profession; and their past experience, and the fact that in the prime of life they had done much hard work to obtain a degree, would be a sufficient guarantee to the public they thus were worthy of confidence. But as it is, we have the young doctor called into consultation with such men as we have in our eye—men grey-headed, shrewd, and practical—and though the anomaly is most wonderful in its existence as it is time-honoured and sacred, we are constrained to submit. Let us, however, hope that the medical world will grow wiser as it grows older, and that this

and other inconsistencies connected with the profession will then disappear.

We now propose to recapitulate some important matters which have come under consideration in this paper, that they may not be lost sight of, but rather may thus stand out in bolder relief.

First, we noticed the great want of uniformity in the professional education demanded by the different Licensing Corporations, collating this want of uniformity by a reference to the requirements of the University of London, the Royal College of Surgeons in Ireland, and others lower down the scale. We proposed as an improvement, the establishment of three Examining Corporations, to replace the many, *id est*, one for England, another for Scotland, and a third for Ireland, formed by the union of the Licensing Colleges of each country; and that this should be the one portal through which all men should enter the profession: noting at the same time the Conjoint Examining Corporations now being formed, but expressing dissatisfaction with the arrangement unless they could also obtain compulsory powers to carry out the views expressed above.

Secondly, we considered the important matter of the preliminary education of Medical Students, directing attention to the requirements of the University of London, and the Royal College of Surgeons of England, on this head, pointing out the redundance of the former, and the scantiness of the latter, recommending also a list of subjects which we believe to be amply sufficient; but especially urging the thought that, in the midst of the conflicting opinions entertained on the subject, the great aim in all preliminary education should be to train the mind to the habit of continuous attention, in contradistinction to mental distraction: and contending that whatever kind of teaching would best develope this habit was the right foundation

of a liberal education—the education of a gentleman. We further advised that botany and chemistry should be placed among the subjects of the preliminary course, inasmuch as those included in the professional course are far too numerous to be learned in the usually allotted time.

Thirdly, we called attention to the moral education of Medical Students, dwelling on the difficulties surrounding the subject, and the various schemes which have been proposed to meet them. We here expressed our approval of the proposals of Dr. Mapother and Dr. Ashe, in their Carmichael Prize Essays in 1868, but questioned the feasibility of carrying them out, especially the latter; partly on the ground of the large outlay of money involved, and partly on account of the indifference of hospital authorities respecting this question. We ventured to recommend a plan ourselves—a plan which places the responsibility of the student's well or ill-doing on the watchfulness or otherwise of his parents or guardians; advising therefore that a modification of, or we would rather say, a slight approach to, the old apprenticeship practice should be put in requisition, until the youths—boys indeed—are tided over the trying period of their initiation into London life, or their first exposure to the temptations and gigantic evils of our large towns. The supervision and control pertaining to this plan, we contended, would save the youths from early dissipation and waste of time, and would be seen to be, in the long run, a wise and far-seeing economy; whilst with regard to any students who would not be controlled and would not accept good counsel, but were idle and dissipated, neglecting their studies, &c., it would but serve their own interests, as well as the interests of others connected with them, to send them home as quite unfit to pursue any course of study with success, or to gain an entrance into our noble

profession. Sufficient oversight and restraint when youths are yet raw and inexperienced, was the main point arrived at here, and the plan suggested was pressed on the attention of parents and guardians as being well calculated to meet the case—whether they choose to call it a state of pupilage or apprenticeship, or some other less despised name, being unimportant, so long as the end proposed be secured.

Fourthly, many subjects in connection with the hospitals and schools of medicine, were scrutinized and commented on—*id est* (*a*), that the large mass of disease in the wards of hospitals is not investigated with zeal and earnestness, chiefly because many medical students are idle and indifferent, rather than from any want of ability and willingness on the part of their teachers to make it available for study; (*b*) that the cases of disease presenting themselves at the out-patients' room, now greatly neglected, ought to be generally utilized for teaching, observing as a stimulus to this work, that of such cases the student's future patients will mainly consist; (*c*) that anatomy, to be learned only by zealous and careful dissection, should command the student's best attention, as being at the foundation of all progressive medical knowledge; (*d*) that clinical medicine and surgery, being equally important, should be assiduously studied from his own observation and note-taking at the bed-side, as well as from clinical lectures, &c.: and the German method of clinical teaching was proposed as worthy of imitation, since it helps the student to think and act for himself; (*e*) that lectures have been unjustly condemned, as wasting the student's time and energies to no purpose, though now the tide is turning, and professional opinion is less condemnatory, for it is allowed that they may be useful to some extent, at least, however small; it was urged, however, that their usefulness might be much increased by frequent examina-

tions made by the teacher at the end of each lecture, and by careful note-taking on the part of the student; (*f*) that morbid anatomy is greatly neglected by students, who are seldom present at *post mortem* examinations, the importance of the subject, which was dwelt on somewhat fully, enhancing their culpability; yet, from personal observation the writer was constrained to add here, that hospital teachers are most lax in the provision they make for authoritative instruction in morbid anatomy in the dead house. Dr. Mapother's and Dr. Ashe's views on hospital teaching were also passed in review and freely criticised.

In all these things it was contended that the student's negligence and idleness are the chief causes of the astounding ignorance which he often displays at the end of his professional course, rather than in any serious deficiency or want of teaching tact on the part of his teachers; it being further urged that some compulsory measures should be brought to bear upon the student, so as to bring him in contact, at least, with these all-important subjects connected with hospitals and hospital instruction insisted on above.

Fifthly, we brought under review the state of the Examining Corporations or Colleges, and sought to exculpate the major part of them, to a considerable extent, from the charge of self-seeking and venality which have been brought against them, naming some which have ever been above suspicion and reproach; yet showing that the lower class medical corporations by their eagerness for fees and their shameless competition, had brought more or less disrepute upon the whole. And further, that the mode of self-election practised by most of the Examining Colleges, could not but lead to grave abuses among themselves, and great injury to the profession.

Lastly, we considered the mode of Examination

adopted by the above-named Examining Colleges, and showed that of late years their examinations had been changed from what was in great part purely oral, to what is now oral and written, demonstrative and practical—*id est*, in Anatomy, by the dead body being placed before the candidate, with microscopic specimens of the different Anatomical structures, etc.; in Surgery and Medicine, by the examination of cases of disease in the wards of the hospital, by operations on the dead body, application of splints, bandages, etc.; in Chemistry, by practical testing of poisons, chemicals, etc.; in Pharmacy, by specimens of drugs, pharmaceutical preparations, etc.; and in Botany, by the inspection and discrimination of plants. It was further argued, in this place, that an examination, whether purely oral, oral and written, or demonstrative and practical—one or all united—might be made ineffective, to suit the purposes both of venal Colleges and idle and incompetent Students. And, therefore, that though the Examining Colleges might not be so bad as they had been thought and represented to be; that though some were free from dishonourable practices, yet, to place the whole above suspicion and distrust, some checks should be provided, some more effectual means devised, so that their examinations, which show so well in print, should, in reality, become a fair and honest testing of the candidate's knowledge. To this end three methods are named, either of which it is thought would be a valid improvement and sufficient remedy. (1.)—The inspection of those examinations by experienced and independent medical men. (2.)—The endowment of the Examining Colleges themselves, making them entirely independent of the fees of candidates. (3.)—The union of certain Examining Colleges in England, Ireland, and Scotland, for the establishment of one Examining Corporation for each country, either under

the control of the General Medical Council, or of the State, as a guarantee that it should not degenerate or become lax in its duties, and through which every man should, in the first instance, enter the profession: or, in other words, that there should be one portal to enter the profession, and one only of its own class or grade, and somewhat similar to the *staats examen* of Germany.

These, then, are the chief topics discussed in this Essay: the rest being but as the links that hold them together—the foils that give them greater prominence. In bringing these remarks to a close, it is but fair to acknowledge that, in the writer's opinion, the medical men of this day have every reason to be well satisfied with the result of the careful examination—for careful it has been—recorded here; yea, not only so, but to be justly proud of their great and noble calling. In all things improvement comes slowly, and perfection is never reached here. We claim to have been strictly impartial. Faults have been acknowledged when they were found, and praise was not withholden where it was due. Nothing has been set down in malice, and nothing has been extenuated. The reformer, if not wholly inexperienced, will find it far easier to pull down than to build up; but an even balance has been held between defects and excellencies; and none, we trust, will have just cause to complain of the strict investigation which ancient and time-honoured institutions have met with: hence, in the writer's judgment, the *motto*, "SPARING NONE, YET SERVING ALL," which will be placed at the foot, will not appear ill-chosen.

Our appointed task is now completed. It has not been irksome, for it has been but the pleasant employment of our leisure moments. And whatever be the verdict of the adjudicators on this work, may the work itself be one among the many things having

a share in promoting the improvement and usefulness of the medical profession ; for nothing less than this was the great thought of the eminent and benevolent founder of the prizes which bear his name.

“ SPARING NONE, YET SERVING ALL.”

ADDENDA.

FEES FOR LECTURES AND HOSPITAL PRACTICE IN THE HOSPITALS AND MEDICAL SCHOOLS.

The expenses of a Medical Education and the examinations for Diplomas, Degrees, &c., are not great.

In London the charges for Lectures and Hospital practice, required by the Royal College of Physicians and the Society of Apothecaries for their Licence, respectively, and the Royal College of Surgeons for its Diploma, ranges from £70 in the smaller Hospitals to £100 and £110 in the larger. In six of the Hospitals and Schools the fees are as under:—

	£	s.	d.
St. Bartholomew's	110	5	0
Charing Cross	80	17	0
Middlesex	90	0	0
Westminster	70	0	0
Guy's	100	0	0
King's College	105	0	0

In the provinces the expenses are nearly the same. Taking six of these also we find the fees as follow:—

	£	s.	d.
Bristol Hospital and Medical School	109	0	0
Leeds	88	4	0
Liverpool	80	17	0
Manchester	84	0	0
Sheffield	76	15	0
Newcastle	70	7	0

These fees may be paid in three instalments, at the commencement of each Session, and this is very generally done. There are a few additional expenses for which the student must be prepared—*e. g.*, for books, for subjects, for private teaching (or grinding, which he never ought to have to pay for), perhaps adding £20 to £25 to the ordinary fees.

In Ireland and Scotland the fees for Lectures are still lower, viz :—£3 3s. only for each course ; but the whole cost of Lectures, Hospital practice, and Examinations, is nearly the same as in England.

It has been said that the moderate expenses connected with Medical Education encourage young men of small means to enter the profession ; and this is looked upon by many as an evil, and to Sir Astley Cooper is attributed the following most illiberal sentiments :—“ I know the consequence of gratuitous (cheap ?) education. It has happened to me repeatedly to have an opportunity of introducing into the profession the sons of persons who were in a lower sphere of life. They have been generally bad sons and very bad subjects ; they despise their parents, they will not mix with their family, and the system destroys the best feelings of the heart.” As if Sir Astley Cooper had never heard of bad sons with unfeeling hearts in the higher walks of life, both in and out of the profession, and it had never come within his experience, or his knowledge, that persons in the lower walks of life, by industry and integrity, have raised themselves in all the professions to positions of trust and honour !

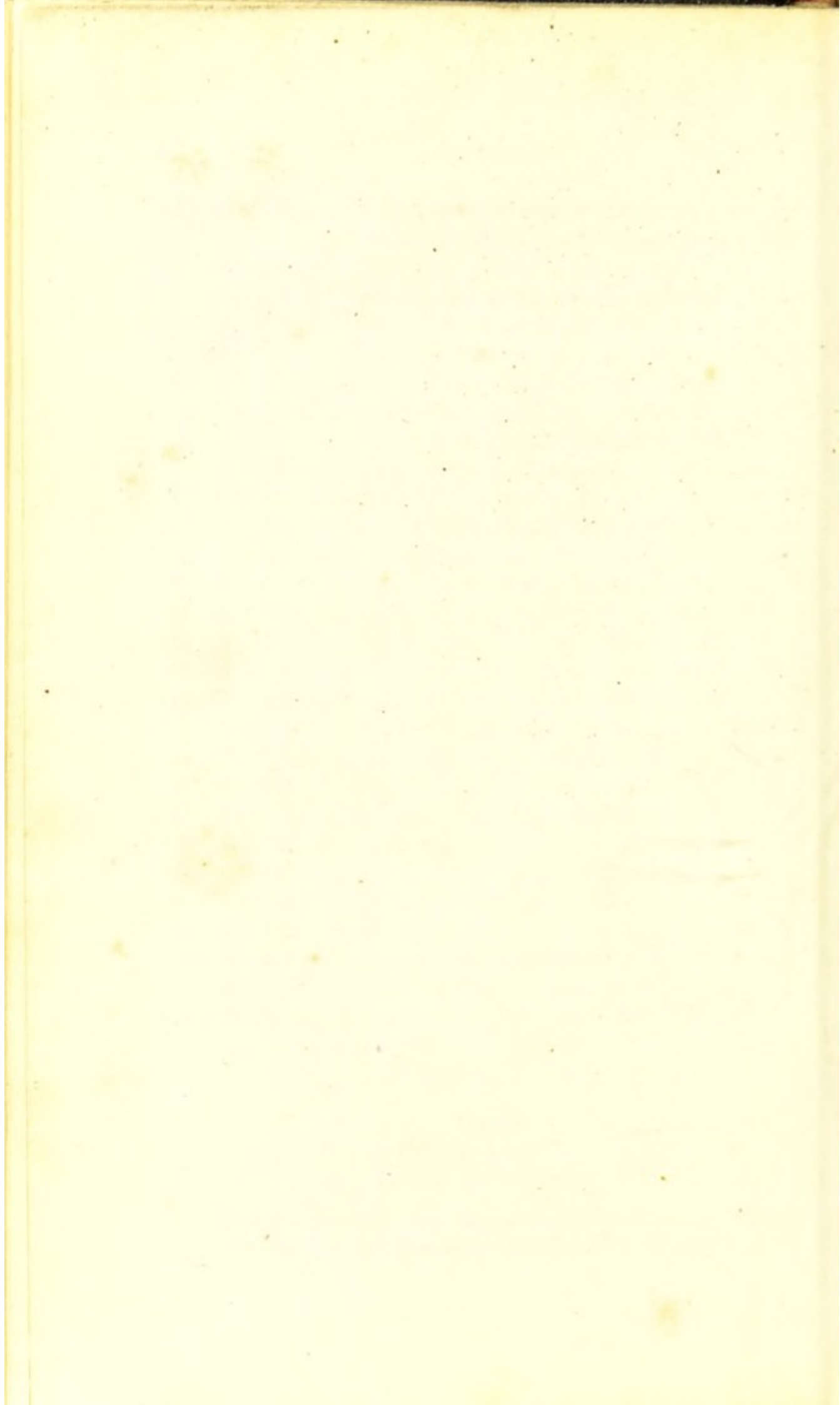
FEES FOR PROFESSIONAL EXAMINATIONS IN THE UNITED KINGDOM.

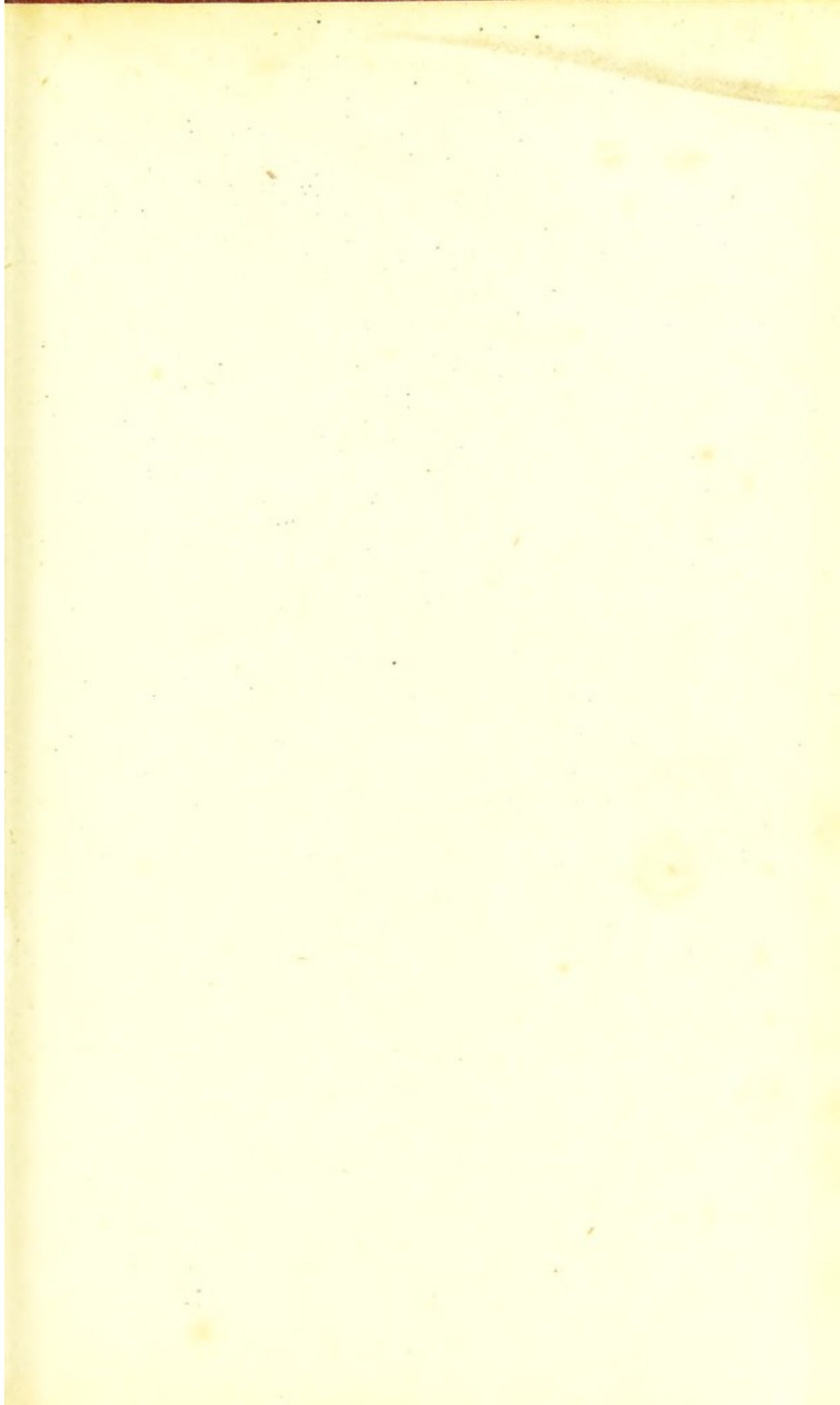
The following are the fees of the principal Examining Colleges, the Diploma, Licence, or Degree, for

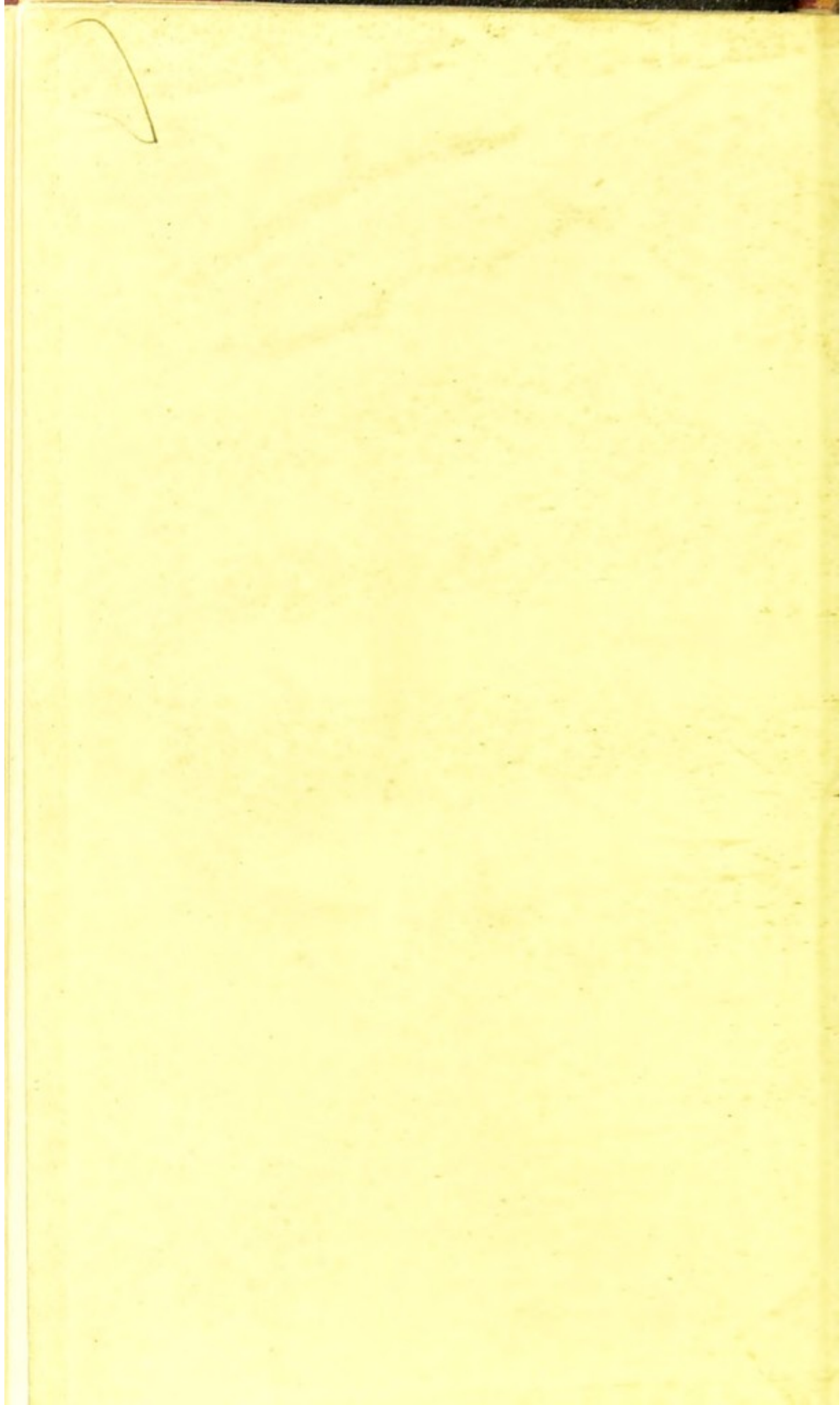
which the charges are made, being marked in the usual way:—

	£	s.	d.
M.B., London University, 1st Exam.	5	0	0
M.B., „ 2nd „	5	0	0
M.D., „	5	0	0
Bach. Sur., „	5	0	0
Master Sur., „	5	0	0
M.B., Edinburgh University ..	15	0	0
M.D., „	15	0	0
M.C., „	5	0	0
M.B., University of St. Andrews ..	5	0	0
M.D., „	5	0	0
M.C., „	5	0	0
L.F.P. & S., Glasgow ..	10	0	0
M.R.C.S., England ..	22	0	0
F.R.C.S., „ ..	31	10	0
L.R.C.S., Ireland ..	26	5	0
F.R.C.S., „ ..	21	0	0
L.R.C.S., Edinburgh ..	10	0	0
F.R.C.S., „ ..	25	0	0
M.R.C.P., England ..	31	10	0
L.R.C.P., „ ..	15	15	0
L.C.P., Edinburgh ..	10	10	0
M.C.P., „ ..	31	10	0
F.C.P., „ ..	36	10	0
L.K. & Q.C.P., Ireland ..	15	15	0
L.S.A., England ..	6	6	0
L.A.H., Ireland ..	0	16	0

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