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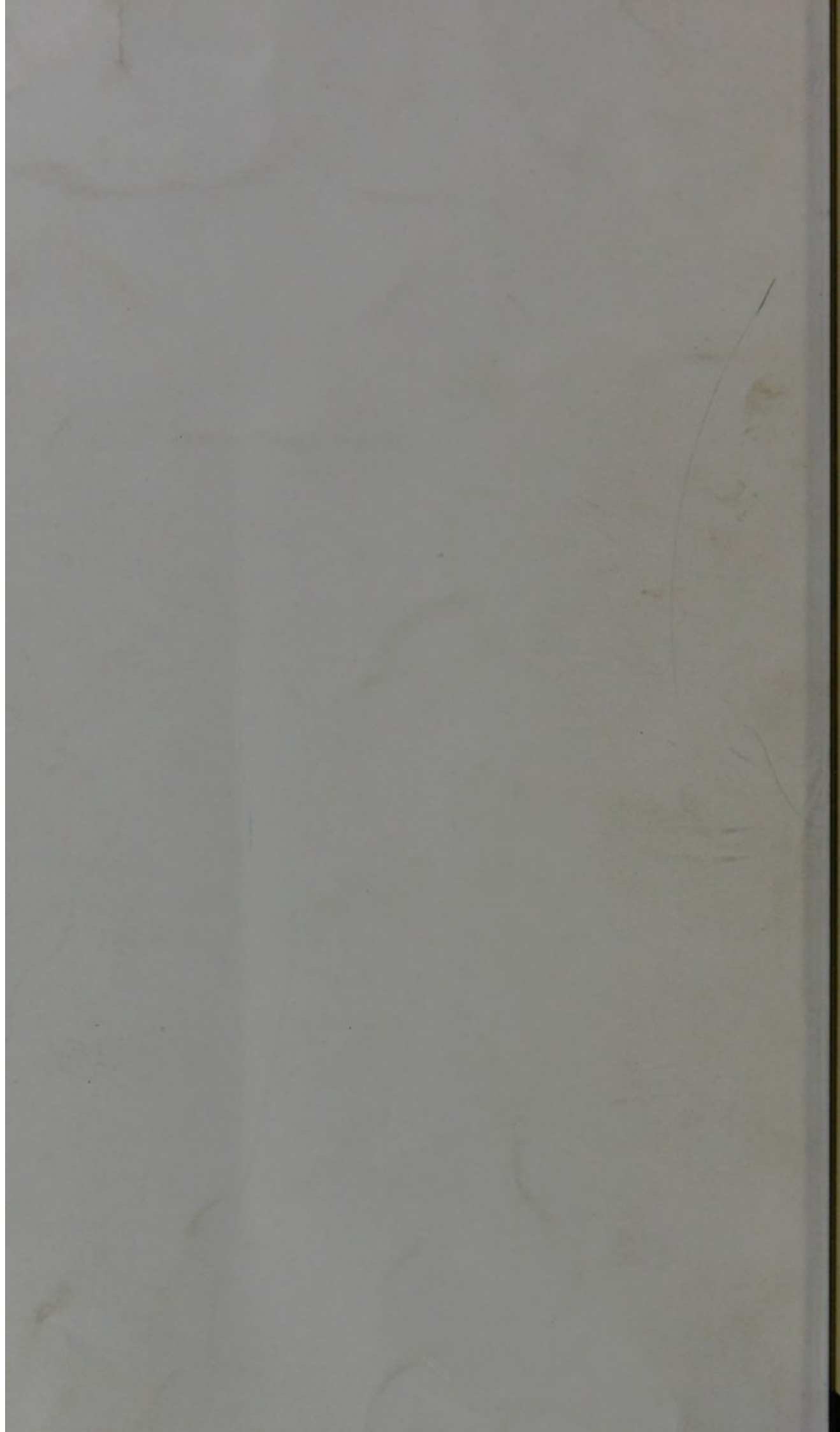
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THE ROYAL COLLEGES
OF
PHYSICIANS AND SURGEONS
UNDER
THE MEDICAL ACT.

THE INTRODUCTORY ADDRESS AT SURGEONS' HALL—
SESSION 1861-62.

BY
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THE ROYAL COLLEGE

PHYSICIAN IN ORDINARY

TO THE ROYAL COLLEGE

OF PHYSICIANS IN SCOTLAND

AND

OF SURGEONS IN SCOTLAND

MURRAY AND GIBB, PRINTERS, EDINBURGH.

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INTRODUCTORY ADDRESS.

GENTLEMEN,—There is one subject above all others at present of importance alike to you and to us—our position under the Medical Act; my colleagues are of opinion that this lecture should be devoted to an exposition of this subject in its various aspects; and they have done me the honour to request that I should undertake this duty. In thanking them for the confidence which they have reposed in me, I may be allowed to say that I should have preferred that it had fallen into other hands, but shall do my endeavour to discharge the somewhat difficult duty which they have entrusted to me.

The Medical Act of 1858 has brought about changes in nearly every part of the machinery of the profession. It has affected the Students, the Medical Schools, the Licensing Colleges, and the legal rights of the profession. The chief subjects of interest to you are, the preliminary or general education of students of Medicine; the course of professional study, and the schools in which it may be obtained; the ordeals of professional examination through which you have to pass in order to obtain the diplomas necessary to qualify you fully as legal practitioners; what will then be your position and privileges; and the nature of the Colleges to whose membership you aspire. In now proceeding to

address you on these points, I beg to premise that the subject being somewhat intricate, partly legal partly medical, you must not expect from me anything but a plain exposition, the interest of which must lie solely in the importance of the questions with which it deals.

TERMINATION OF THE APOTHECARIES' MONOPOLY.

The greatest evil from which the profession was relieved by the Medical Act was the monopoly possessed since 1815 by the English Apothecaries' Society. The position was that, while the licentiate of any College of Surgeons could practise Surgery, no one could engage in an essential part of the practice of Medicine in England without the license of this Apothecaries' Society. This was unjust to all the medical licensing bodies. It was peculiarly unjust to Scotch students, who are in the habit of devoting to general education that time which the Apothecaries' Society required to be spent in the manipulations of an apprenticeship as one of the conditions of obtaining its license, a regulation the excluding virtue of which the Society well understood. But it was not merely as a monopoly, and a specially unjust one to Scotland, that the Apothecaries Act of 1815 was objectionable. It was, besides, positively injurious to the profession. The monopoly being founded on the pharmaceutical branch of practice, and on the right to recover remuneration in a court of law for the medicines supplied, but not for the attendance, the natural result was not merely to identify medical practice with drug-giving, but to render this the most prominent part of it. The practitioner had to choose between no remuneration or the system of sending out copious supplies of physic, or of what passed for it. This as well as the name "apothecary" could not but lower the profession in the eye of the public. The effect of the system on those who practised it was anything but elevating, and it is difficult to say how greatly it has tended to retard the progress of scientific Medicine. The system began to operate on the future

practitioner even before he had commenced the study of Medicine proper. The large supplies of physic required persons to compound and dispense them. Hence, as well as to train the young to the same system, arose the five years' apprenticeship, occupying part of those early years which ought to have been devoted to general education. For the attention of the Apothecaries' Society to general education is but of recent origin, the Edinburgh College of Surgeons having long before set the example of this to the professional bodies. The fear of losing the exclusive privilege, threatened in various medical bills, no doubt helped the Apothecaries' Society to see more clearly that the possession of privileges implies the discharge of duties; and the prospect of this alone of late years led the Society to relax its prosecutions against well-qualified medical practitioners.

When it was said that the Apothecaries Act of 1815 has been of service in securing that every person practising Medicine should possess a complete medical as well as a surgical education, it seems to have been forgotten that the right method of accomplishing this was, just what the Medical Act has now done, simply to have required a legal qualification in Medicine, without giving a monopoly to any one body, and least of all to a commercial society of apothecaries. Let me not be misunderstood. I do not blame the Apothecaries' Society for having possessed the monopoly, but rather those who permitted it. It is, indeed, understood that the Apothecaries Act was originally directed against the druggists, who, however, managed to have a saving clause introduced; and that the apothecaries themselves were not at the time even aware of the power which the Act was found to have given them over the medical profession. Nor do I mean to imply that in prosecuting well-informed medical practitioners merely because they did not possess the apothecaries' certificate, the Society did an illegal thing. If it had not been within the letter of the law, it could not have been done; but nothing can justify the annoyance and prosecutions to which

the Society subjected educated medical practitioners who settled in England with the highest education, and with all the medical and surgical qualifications which, for example, the boards of Edinburgh could confer. The Edinburgh College of Surgeons besides its right to confer surgical diplomas, for a long time possessed an exclusive right over a large part of Scotland; but in no instance did the College make use of its exclusive power, and, so far from seeking to retain it, the College voluntarily made a formal renunciation of it. The oppressive course, however, followed by the Apothecaries' Society was attended by one advantage; it helped to hasten the fall of the monopoly. But the objection did not lie merely in the oppressive exaction of privilege. No matter how such a body exercised its power, it was unfit from its very nature to serve as the portal to a liberal profession. The removal of this strange and injurious monopoly was, therefore, a prominent and essential part of the various medical bills which were proposed, and its fall by the Medical Act of 1858 was received with just satisfaction, not least, you may be sure, by the profession in Scotland. The great benefits which the Medical Act will thus bring to the Colleges and Medical Schools of Scotland, will flow not from giving them any undue advantage, but simply from the removal of a long standing injustice.

THE ROYAL COLLEGES OF PHYSICIANS, AND THE DOUBLE QUALIFICATION.

The apothecaries' monopoly having practically excluded the licenses of the Colleges of Physicians, its fall by the Medical Act enabled these Colleges to take their right position as licensing bodies for Medicine, similar to that which the Colleges of Surgeons had occupied in regard to licensing for Surgery. The Act, in abolishing monopoly, simply maintained the necessity for a legal qualification in Medicine as well as a legal qualification in Surgery, and the immediate adoption of this change by the

Army and English Poor-law Boards brought the licenses of the Colleges of Physicians into immediate and extensive requisition. Many practitioners, too, were now desirous of throwing off the unnatural designation of "apothecary," and of becoming connected, as but for the Apothecaries Act they would originally have been, with the Colleges of Physicians. Hence arose the regulations of the Colleges of Physicians of Edinburgh, London, and Dublin, by which registered practitioners were made eligible for admission by an examination in Medicine; and hence arose what is of much more importance to you, to the medical schools, and to the profession, the regulations by which the student may now obtain a physician's qualification from the Colleges of Physicians as he obtains a surgeon's qualification from the Colleges of Surgeons. It was this form of it, not the double qualification itself, which arose out of the Medical Act. The Medical Act simply preserved the distinction, for reasons which will immediately appear. It did not change the nature of the qualifications, the medical qualifications remained medical, the surgical qualifications remained surgical; the legal character of each qualification remained as before; but each was made good as a medical or as a surgical qualification, as the case may be, throughout the British Empire, thus carrying out the just principle of equality of privilege among the licentiates of the three kingdoms. In the words of clause 31 of the Act,

"Every person registered under this Act shall be entitled according to his qualification or qualifications to practise Medicine or Surgery, or Medicine and Surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any Court of Law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients."

This clause is the most important one in the Act, and deserves careful attention. It determines three important points. 1. It preserves the distinction between medical and surgical qualifications. 2. It establishes equality of privilege among the

licentiates of the three kingdoms throughout the whole of Her Majesty's dominions. And 3. It gives power to recover for advice, attendance, and medicines; the latter, as will afterwards appear, of importance from its being necessary to the complete abolition of the monopoly of the English Apothecaries' Society.

It would be going out of my way here to do more than refer to the origin of the distinction between Medicine and Surgery. Those who have any acquaintance with the history of the profession know that Medicine and Surgery have grown up separately, were cultivated and practised by different classes of persons, who associated themselves in different bodies, and that these became incorporated by Royal Charter for the purpose of better advancing their profession and with authority to examine and admit licentiates to practise in their respective departments. The distinction between Medicine and Surgery, then, has its source in history, and in the constitution and authority of the institutions which are entitled to license, and of this the Royal Colleges of Physicians and Surgeons of the three kingdoms, with their powers respectively for Medicine or for Surgery, are the expression and the result.

Allow me here to guard you against a source of error in speaking of the distinction between Medicine and Surgery. You hear it sometimes said that Medicine includes Surgery, and that Surgery includes Medicine. To say that a surgeon's education includes a knowledge of Medicine or that a physician's education includes a knowledge of Surgery, that Medicine is generally taught in Surgical Schools or that Surgery is generally taught in Medical Schools—may be as correct as it is proper. The confusion lies in not distinguishing the legal or technical use of the words from their popular or familiar use, and also from the error in supposing that because a body requires an education and chooses to examine in both departments it is thereby entitled to license for both, in the face of the evident consideration that the authority to give a license can exist only when specially

conferred by charter or other legal enactment. The words Medicine and Surgery have a general or popular acceptation in familiar language, and a specific acceptation within the profession and in legal enactments, the legal distinction being the expression of the professional distinction. We speak familiarly of the medical profession, medical education, the study of Medicine, the Medical Act, the Medical Council, all in a general sense. But whenever we come to legal authority, as in the charters of the various medical and surgical bodies, or Acts of Parliament, the terms are used in their technical sense. The Medical Act is styled "An Act to regulate the Qualifications of Practitioners in Medicine and Surgery," and each person registered under it is "entitled according to his qualification or qualifications, to practise Medicine or Surgery, or Medicine and Surgery, as the case may be."

The error of supposing that a body which is authorized for one department, by taking upon itself to examine in both, can thereby license in both, is therefore obvious. A glance at the first principles involved will make it evident why it ought to be so. The assumption would render every institution the arbiter of its own power, and would go to this that any society, or school, or any handful of us, or indeed any one of us, might deceive the public by giving so-called diplomas, and thus put an entire end to their significance. The object of having diplomas given only under legal authority, that is of having licenses at all, is this—that the Legislature will give such power only to those to whom it can be appropriately entrusted, so that the possession of the diploma has an understood public value. In no other way is this attainable, nor can any harm come of it so long as the license is within reach of all who possess the requisite attainments, the more especially as there is no penalty against the unqualified for merely engaging in practice, but only for endeavouring to deceive the public by pretending to be legally qualified. Hence the importance attached to chartered or legal

rights, in keeping with that reverence for law which so strongly characterizes the British nation.

What is meant, then, by Medicine not including Surgery, or *vice versa*, is, that the power to give a license in the one does not include the power—that is the legal right or authority—to license in the other. This could be changed only by new legislation. But both departments having gradually come to be practised in the great majority of cases by the same persons, it became a question whether the mode of licensing should undergo a corresponding change. Two schemes for accomplishing this purpose were proposed in the various medical bills which did not become law. By one scheme it was proposed that complete authority for both departments should be conferred by any one of the various partial qualifications, whether medical or surgical, whatever the unsuitableness of some of the conferring bodies, from their little connection with or responsibility to the medical profession, or whatever the unfitness of others to serve as portals to a learned profession. By this partial and many-faculty system we should have had nineteen or (including those authorized by his Grace the Archbishop of Canterbury) twenty different kinds of licentiates in the medical profession, with a corresponding confusion of names, seeming to imply very different qualifications. The other scheme was a more simple one. It also proposed a single qualification for entrance into the profession, but made it complete in its character as well as in authority. It proposed to construct a whole by the union of the two parts, to construct a single licensing board in each kingdom by bringing together the powers and the machinery of the Colleges of Physicians and Surgeons as the two great representative bodies on both sides of the profession, the licentiates under this simple and parallel system to have equal rights and privileges throughout Her Majesty's dominions. It is to be regretted that this arrangement did not pass into law. By its simplicity and completeness, it would have effected at once what we are now only in progress towards

under the Medical Act, and would have secured the harmony of a common interest.

The Medical Act of 1858 did not carry out either of these schemes. It went against the former in maintaining the legal distinction between qualifications in Medicine and in Surgery, and while it still required the possession of the double license, it left it optional to the Colleges to have separate examinations or to form a joint board, for conferring the double qualification, instead of constructing the joint board by the Act itself. Contemplating this, however, as the desirable ultimate arrangement, the Act provides for it by the 19th clause, which enacts that

“Any two or more of the Colleges and Bodies in the United Kingdom mentioned in Schedule (A) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.”

The Royal Colleges of Physicians and Surgeons of Edinburgh were the first to carry out this improvement, each College, of course, continuing at the same time to hold separate examinations for its own diploma under separate regulations. The arrangements under which the two Royal Colleges co-operate to confer the double qualification in Medicine and in Surgery received the sanction of the Medical Council on the 7th of August 1859. The principle on which the conjoint examination is framed is such as to preserve the separate responsibility of the two bodies. In the joint examination by the Royal Colleges, two separate bodies co-operate to form a double board in which each College is represented for examination in the branches common to Medicine and Surgery, while the examination in Medicine is conducted specially by the College of Physicians, and the examination in Surgery specially by the College of Surgeons. The candidate is examined in all the branches common to Medicine and Surgery—Anatomy, Physiology, Chemistry, Materia Medica, Midwifery, Medical Jurisprudence—equally by the Examiners of both Colleges, the two boards sitting together as a

double board conducting a double examination. The candidate has been tested by two Colleges, and the Examiners of each, having independently the power of rejection, are responsible to their respective Colleges and to the public for the result in each case. Then the examinations in Medicine and in Surgery respectively are conducted by that College whose special and exclusive function it is to discharge that duty; so that the candidate has finally and specially been tested by the College of Physicians for his physician's diploma, and by the College of Surgeons for his surgeon's diploma. The arrangement has evidently been made after careful consideration, it is at once simple and complete, and it secures to the student and to the profession the advantages attending the system of conferring a complete legal authority for Medicine and Surgery through the joint action of the two representative Colleges of the profession. The Medical Act, as with all changes, could not but cause some temporary disarrangement and seeming confusion, but those who can look forward will see consolidation, simplification, and strength in the parallel system of licensing, of qualification, and of professional status, as the result of the co-operation of the Colleges of Physicians and Surgeons of the three kingdoms in licensing under the Medical Act.

You will not conclude from my having spoken of the practices of Medicine and Surgery having become united in the same persons, as the general rule in the profession, that it is or ought to be so in every case, that the day for the special, or, as the phrase is, the pure, physician and surgeon has passed or is passing away. The principle of the subdivision of labour applies in the medical profession as in other callings. Those who devote their time and talents to a high cultivation of either Physic or Surgery will always be in demand both with the profession and the public in large cities, where they will ever be found beside the Hospitals and Medical Schools in which they have been formed. But eminence of this kind is of no easy attainment, and those who, from love of their science and a strong will, fore-

going the more immediate rewards of general practice, have made their way to special eminence in Surgery or in Physic—through years of labour in the anatomical and pathological rooms, and by the careful study of disease—will ever receive that honour and confidence from the student and from the profession which they so well deserve. It is by the subdivision of labour carried to a still greater extent that the education of the profession is carried on in the great Medical Schools, with their machinery of anatomical and pathological rooms, chemical laboratories, museums, lecture-rooms, medical and surgical hospitals; by this also the sciences are advanced; and the teacher or practitioner of each branch may reckon on being efficient and on being held in regard in proportion as he devotes himself to one department.

THE MEDICAL REGISTER: LEGAL PRIVILEGES OF REGISTERED PRACTITIONERS.

The Register established under the Medical Act furnishes a ready means by which to determine between the qualified and the unqualified. Every person possessed of one or more of the qualifications described in the Act is entitled to be registered, and the Medical Council has power to determine in doubtful cases, as well as to strike names off the Register, thus maintaining its genuineness and its purity as a legal test. It is registration which constitutes the legal practitioner under the Act. The possession of the diploma qualifies for registration, and registration qualifies for practice. The possessor of a genuine qualification is enabled by the Register to prove its genuineness, in contrast with all others, and thus a broad line of demarcation is drawn between the legitimate practitioner and the pretender. This alone would be a great gain to the profession, as will more and more appear when the public gets to understand what is implied by the term "registered" applied to medical practitioners; but much more than this depends on registration. The 31st, 34th, 36th, and 37th clauses of the Act give extensive effect to regis-

tration. None but the registered can obtain any appointment in the military or naval medical services, or in any hospital, dispensary, asylum, or public institution of any kind, or hold any public law appointment, or recover charges in a court of law. No certificate required from any physician, surgeon, or other medical practitioner, by any Act of Parliament is valid unless the person signing it is registered, and it is defined that "any words importing a person recognised by law as a medical practitioner or member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act." This is abundantly comprehensive, and will serve to show you not only the importance of the Register as the means of distinguishing the qualified from the unqualified, but the importance of registration as essential to the attainment of legal privileges.

In order to be fully qualified you will understand that it is necessary to register two qualifications. You may be registered on one qualification, but as, under the 31st clause, already referred to, every person registered is entitled to practise either Medicine or Surgery, or Medicine and Surgery, according to his qualification or qualifications, it is necessary to register both a medical and a surgical qualification in order to be legally qualified to practise both Medicine and Surgery, as well as in order to obtain any appointment in the public services. In regard to civil practice, the legal position of a person registered, for instance, on a qualification in Medicine only, is that he is authorized to practise Medicine only, not Surgery. It is necessary here to be careful not to be misled by the terms sometimes used. Such a person has "liberty," "right," or "power" to practise Surgery in the sense that he "cannot be hindered" from doing so, to the same extent as the merchant, the lawyer, and all mankind have liberty, right, or power, or cannot be hindered from doing so, or as the same person himself had before he became a physician or had begun to study his profession. The *authority*

to do so comes only with the registration also of a surgical qualification. Without this he could hold no military or poor-law or other appointment where the medical duties are not separated from the surgical, nor could he certify in surgical cases, or recover charges in a court of law for surgical practice. So likewise with the holder of a surgical qualification in regard to authority to practise Medicine. The term "qualified" is also sometimes loosely used. In strict phrase a person is "qualified" to practise Surgery when he has registered a surgical diploma, and qualified to practise Medicine when he has registered a medical diploma. The object of keeping strictly by legal authority as the only public test of fitness, for the sake of the profession as well as of the public, I have already remarked on, nor is there any exclusion or hardship when the legal qualifications are within the reach of all who possess the attainments.

The restriction of the power to recover charges in a court of law to the registered, is important as a distinction between the qualified and the unqualified. For its more apparent purpose the mere possession of the power renders its frequent exercise unnecessary even were it wise. The power of recovering not only for advice and attendance but also for medicines supplied, although correct enough in principle, would not be reckoned of any importance in a liberal profession, or worthy of particular mention, were it not that it was necessary in order to put an end to the English apothecaries' monopoly, which, as already remarked, arose out of his exclusive privilege of supplying and recovering for medicines. Had the power of recovering for medicines supplied as well as for attendance not been given to every registered practitioner of Medicine and Surgery the result would have been practically a continuation of the apothecaries' monopoly and of the drugging system which it has fostered. Referring again to the 31st clause of the Act, you will perceive that no special qualification in Pharmacy is needed. The clause does not say, entitled according to his qualification or qualifica-

tions to practise Medicine, Surgery or Pharmacy, but it is "Medicine or Surgery," and then follows the *and to recover* "reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or *supplied by him* to his patients." The qualification of the physician thus entitles him to recover for advice attendance and medicines supplied in medical cases; the qualification of the surgeon entitles him to recover for advice attendance medicines and appliances in surgical cases; the double qualification of the physician and surgeon entitles him to recover in both. You will thus see the important result of this clause, not only in its terminating an offensive monopoly, but in the end which it puts to all excuse for the continuance of the degrading system of remuneration by the drugs supplied, instead of for professional advice and visits. It puts every practitioner in a position to act as a member of a scientific and learned profession, instead of appearing before the public essentially as an apothecary or trader in drugs. Of course, practitioners in country districts have no choice but to supply medicines to their own patients, which the Colleges of Physicians and Surgeons accordingly allow and approve in their licentiates; and that they should be empowered, if necessary, to recover charges for such outlay is no less reasonable. But practitioners are nowhere now under the necessity of making the supply of drugs the instrument of their remuneration, instead of being a mere accident to their profession, an accident which they may now throw off altogether in every place which is large enough to support the business of a druggist or apothecary proper. It may be worth while to mention that, had a qualification in Pharmacy been necessary under the Medical Act, as the diploma of the Edinburgh College of Surgeons includes authority to practise Pharmacy in addition to Surgery, in virtue of power granted by charter so far back as the time of William and Mary, the licentiates of the College would have been now authorized in addition to practise Pharmacy in

England quite as much as the licentiates of an Apothecaries' Society.

It cannot be of much consequence to inquire what may now be the precise value of the apothecaries' license, as few will care to enter the profession as apothecaries when they may now do so as physicians, but it may not be out of place to remark that the impression that the apothecaries' license has been raised into a direct qualification in Medicine, from the circumstance of its entitling its possessor to be registered under the Medical Act, is by no means so certain as some seem to suppose. As each registered person is entitled to practise only according to his qualification, and as the apothecaries' license is but a qualification in Pharmacy, it follows, in law, that an apothecaries' qualification does not authorize its possessor to practise Medicine properly so called and to recover for advice and visits, but only to supply and recover for drugs; its sole former value having arisen from the monopoly of this privilege, to which the Medical Act at last put an end. The Dublin apothecaries' license has the same legal force and no other. The apothecaries' licenses occupy the anomalous position of being, under the charters, qualifications in Pharmacy only, and, under the Medical Act, entitling their possessors to be registered, but then to practise according to the qualification, while at the same time the Act, so far from requiring a qualification in Pharmacy is careful to render it unnecessary. The Apothecaries' Societies, however, although forsaken by candidates for admission into the medical profession, may yet serve the profession well by so developing their commercial constitution that the practitioner may know where to obtain his medicines in that pure condition on which their therapeutic influence depends.

DISTINCTION BETWEEN QUALIFICATIONS AND TITLES.

It is not uncommon to hear the terms qualification and title used as if synonymous, but the distinction under the Act is im-

portant. The "qualification" is the diploma or legal instrument which is registered, and has this legal or technical meaning in addition to what is signified by the possession of knowledge. You are registered, for instance, as Licentiate or Fellow of the Royal College of Physicians or Surgeons. That is your qualification not your title. Regarding the latter, as will appear immediately, the Act does not pronounce. Thus, in the 15th clause of the Act, among others, we read, that every person possessed of "any one or more of the qualifications" described, shall be entitled to be registered on producing to the Registrar "the document conferring or evidencing the qualification or each of the qualifications in respect whereof he seeks to be so registered," and the Register is to state "the respective qualifications and places of residence of such persons." The license or diploma is therefore, the qualification, and entitles the holder to registration; and after registration, but not until then, he becomes "qualified," or legal, practitioner. Thus, "qualified," "registered," and "legal" are technically synonymous.

When the Act was first drawn up, the evils which would have resulted, in the present state of the profession, from the registration also of titles, were not foreseen. The form of Register as originally laid down, had four columns, respectively for the "Name," the "Residence," the "Qualification," and a fourth for the "Title." It was seen, however, just in time, to what difficulties the fourth column would have led, and the Legislature accordingly determined that the fourth column should be left blank. The question of titles was thus left open as before, no legislation having ever taken place on this subject. In the penal clause of the Act (the 40th) against unqualified persons, it was intended to have made the penalty turn on their use of professional titles or designations, a great variety of which, new as well as customary, are enumerated; but the clause is so worded that the penalty turns not on the use of professional titles, but on the "implying that he is registered under this Act, or that he is

recognised by law," so that the grand distinction between the qualified and the unqualified lies in being or in not being registered. It has been proposed in a prospective amendment Act to carry out the intention of the 40th clause, so as to render the use of professional titles by unregistered persons penal. Considering that unscrupulousness, some ingenuity, and great wariness as to the law, go to make up the race of quacks, and that they have a wide choice of terms in the English language, it would not be easy to accomplish this object fully, but it would be easy enough at least to lay down certain titles the use of which by unregistered persons could be made penal. To legislate on the matter as between registered members of the profession, would be no easy matter even were it wise. Unless it were to be decided rigidly which title was in future to follow each qualification, the endeavour would bring about all the confusion and difficulties from which the Medical Council and the profession fortunately escaped by the title column of the Register having been left blank; while any such legislation, as it would give a peculiar value to particular qualifications, would require to be accompanied by provisions for attaching corresponding conditions to the attainment of these qualifications. The subject, however, does not appear to be well suited for legislation, especially now that the difference between those who form the great body of the profession is daily growing less, and the profession and the Medical Council are probably under too lively a sense of the perplexities which they narrowly escaped on this subject, to seek or permit any such legislation. The object, indeed, may be said to be fulfilled, as far as legislation can well do so, in the Register itself, which, in giving the qualification, gives the name of the particular body from which it is derived.

The use of titles has arisen from the length or unsuitableness of the qualifications to serve as convenient pass-words between the profession and the public; and their popular and technical acceptations do not always correspond. You will not get the

public to call you Licentiate of the Royal College of Physicians or Licentiate of the Royal College of Surgeons, but Physician, Surgeon, or Physician and Surgeon are easily said. Were we content to sink ourselves in such vague descriptions as Practitioner of Medicine and Surgery, or Licentiate in Medicine and Surgery, General Practitioner, or the like, they would perplex the public by their novelty besides being too lengthy for it to adopt. It would be no easy thing to introduce a new word as a title in any profession even were it appropriate. Nor is there occasion for this as the titles "Physician and Surgeon" are at once appropriate, well known, and honourable. The tendency of the public to economy of phrase has led it to go farther and to speak of all of us as Doctors. But as this term is applied to members of other professions, in Divinity, in Law, and in Philosophy as well as in Physic, it wants distinctive professional character. Whatever the public may style them, the titles "Physician and Surgeon" placed after their name, by those who hold their qualifications from the Royal Colleges of Physicians and Surgeons, are not only the best among professional titles, and well known, but serve to distinguish them from the members of other professions, to indicate that they are qualified to practise both Medicine and Surgery, and at the same time that they have entered the profession through the portals and by the double authority of the two representative Colleges of the profession. The licentiate of the College of Physicians is "Physician" in the same way as the licentiate of the College of Surgeons is "Surgeon." And these titles are peculiarly theirs, for although others may practise as physicians and as surgeons, in the technical sense Surgeons are those connected with the Royal Colleges of Surgeons, Physicians in like manner those connected with the Royal Colleges of Physicians. It is in vain to wish for some short generic term which would apply equally to and indicate every member of the medical profession, and it is an error to suppose that any country possesses this more than ours does in the general use of these

terms Physician or Surgeon. Nor is this at present necessary or even expedient, for, looking to the fact that Medicine and Surgery have been separate and are still so in law, and are at the same time conjoined in practice, what is wanted is to indicate by means of the double title of Physician and Surgeon that we are qualified to practise both.

Were one of these titles alone required, the former would serve to indicate the nature of general practice more than the latter, but the employment of one of these titles alone would only now lead to the supposition that the person using it was qualified to practise only one department of his profession. Suppose, for instance, that of two practitioners in some district, the door-plate of the one should bear the title of Surgeon, that of the other the title of Physician, it would in no small degree perplex the public, and interfere with the desire of both equally to practise both departments of the profession. Indeed, the use of either title alone will come to be the method of indicating devotion to one department only,—while the members of the great body of the profession indicate by the use of the double title that they practise Physic and Surgery alike.

THE MEDICAL COUNCIL AND ITS REGULATIONS FOR MEDICAL EDUCATION.

This body—the supreme authority in the medical profession—was called into existence by the Medical Act. It is termed “The General Council of Medical Education and Registration of the United Kingdom.” Its members, twenty-four in number, represent the various Royal Colleges of Physicians and Surgeons, Universities, and other licensing bodies, and part are nominated by the Crown. It is not so much a body apart from the various Colleges and Boards, as a body composed of their representatives, combining their united experience, and with authority over all alike. Without such a general authority it would have been impossible to bring the improvements in education and qualifica-

tion to bear on all the schools and licensing bodies, and without such a body the machinery of registration could not have been regulated. The members from each kingdom also constitute "Branch Councils" for England, Scotland, and Ireland respectively, to which sectional questions are referred. The powers of the General Medical Council are various and comprehensive. It makes orders for regulating the Register, determines in doubtful cases who shall be entitled to be registered, and may erase from the Register the name of any person whose conduct has been such as to merit this punishment. Ample provision is thus made for securing the genuineness and for maintaining the purity of the Register.

In regard to education and licensing, the General Council has power equally over the several Colleges, Universities, and other bodies. In the event of the course of study, examination and other requirements for the qualifications granted by any of these bodies being unsatisfactory to the General Council, or of any of the bodies not adopting its recommendations, the mode of proceeding is for the Council to represent this to Her Majesty's Privy Council, which is invested by the Act with power then to order that the qualification granted by such recusant body shall cease to confer any right to registration. The Privy Council is further empowered to revoke the order suspending the right of such body, in the event of its having amended its regulations to the satisfaction of the General Medical Council. The exercise of this power would be so disastrous to the recusant body, that it is not likely the Medical Council will be driven to use it in order to bring about the adoption of its recommendations. Indeed, the mere circumstance of any body declining to adopt the regulations of the Medical Council could not but prove injurious to its reputation. Thus, as well as by the influence of its mere opinion, the Medical Council is supreme over all the licensing and educational bodies. Under the former system those Colleges or Universities which took a right view of their duty were liable to be

discouraged and undersold by some other College or University adopting a lower standard of examination. Now, however, all must come up to the requirements of the General Council.

The Medical Council having set itself actively to work during the three years which have elapsed since it was called into existence, has brought about important changes in the education and requirements of candidates for admission into the medical profession. These will be found in the Council's Report on Education. The principal changes relate to preliminary examination, the mode of commencing professional study, and the registration of students of Medicine; and apply to those commencing professional study after September 1861.

1. "That all students pass an examination in General Education before they commence their professional studies." This ensures that no one shall enter the medical profession who has not had a sufficient general education, and proceeds on the sound principle that the general education must precede the professional. No one can be registered as a student of Medicine who has not passed the preliminary examination, which henceforth will become what may be termed the Medical Student's Registration Examination, certifying that he is ready to enter on the study of Medicine. Besides facilitating his acquirement of professional knowledge, this regulation frees the student from the distraction, so frequently felt under the old system, of having to prepare for an examination in general education while he is engaged in professional study. It is the beginning of an entirely new system, which must tend greatly to improve the general status of the profession.

2. "That the time of commencing Professional Studies shall be understood to be the time of commencing studies at a Medical School." This decision was come to by the Council at its last meeting, and will not apply retrospectively. Some would have preferred a system by which the first year might be constituted by pupilage with a registered practitioner, or by at-

tendance at an hospital or dispensary, followed by three years' attendance at a Medical School, requiring the preliminary examination to be passed only before the commencement of attendance at the Medical School. After the above decision, however, all Boards are now equally prohibited from reckoning any such education, commenced after September 1861, or anything but "commencing studies at a Medical School" as constituting a commencement of professional study. This important decision must greatly affect the apprenticeship system, at least in its present form. The early years now often wasted in the routine and necessarily unintelligent duties of the apprentice in the surgery will be devoted to general education, in view of the preliminary examination. What is valuable in the apprenticeship system is the connection which it establishes between a student and practitioner, by which the former is superintended in his studies and is afforded opportunities of acquiring familiarity with the details of his art during the intervals of his attendance at the Medical School or after completing his Medical School education. But comparatively little advantage can be derived from such opportunities until the pupil has an acquaintance at least with Anatomy, Physiology, and Chemistry. It is evident that the demand for assistants will increase in future, as the system of apprenticeship previous to Medical School attendance disappears; and the new regulation requiring four years to elapse, after the examination in general education, before the final professional examination can be passed, will promote the system of pupilage or assistantship, as the whole of that time is not required to be spent at a Medical School, although the commencement must be by study at a Medical School. It might be a good rule in the profession were it understood that every one should have spent a year as assistant to a practitioner before he was considered fit to enter on the duties of practice for himself.

3. "That after October 1st 1861, all medical students be

required to be registered. That the lists of students registered be closed within fifteen days after the commencement of each session or term. That no student commencing professional study after September 1861 be registered who has not passed an Arts examination." The licensing bodies are to have power to admit exceptions as to the time of registration in the case of those who can give satisfactory reasons for having been detained ; but that the reasons must be good is evident from the rule requiring each body to furnish a list of the exceptional cases, with the grounds on which they have been admitted, to the respective Branch Councils. According to the schedule laid down, the Register will bear, in different columns, the name, date and place of birth, present residence, date of registration, place of study, registering body, and, lastly, what examination in general education has been passed and its date. Those who commenced their professional studies before October 1st 1861, by attendance at a Medical School or otherwise, may, on producing evidence of this, be registered as having commenced before that time, as they are entitled to take their examination in general education at any time before the first professional examination.

The advantages of this system of registration are various. It affords a means of ascertaining that future beginners have passed the preliminary examination in general education before commencing medical study ; it furnishes a check, were any licensing Board to endeavour to evade the regulations of the General Council as to preliminary examination and the time of it, or by not requiring four years of professional study after the examination in general education ; and it secures the early presence of the student at his Medical School.

It is necessary to observe that the requirements of the Medical Council are not partial or local in their application, but apply equally to all the Royal Colleges of Physicians and Surgeons, to the Universities, and the other licensing Boards.

THE REGULATIONS OF THE ROYAL COLLEGES OF PHYSICIANS
AND SURGEONS OF EDINBURGH IN REGARD TO EDUCATION
AND EXAMINATION.

The regulations which have just been noticed as those of the Medical Council, are also among the regulations of the Colleges of Physicians and Surgeons. I have preferred to notice them in the previous section as they are general in their nature, applying equally to all the Boards. It is right, however, to mention that most of the requirements issued by the Medical Council were previously resolved on by the Edinburgh Colleges of Physicians and Surgeons, and that the representatives of the Edinburgh Colleges in the Medical Council have been active promoters of the improvements in education and examination which the Council has brought about. I have already noticed the regulations under which the joint examination by the two Colleges is conducted; it remains for me, under this section, only to speak of those additional or special regulations of the Colleges which require remark.

With regard to the *Preliminary Education*, the regulations require examination only. No particular schools are favoured, nor is any course of study laid down. The education may be obtained in any efficient school, or by private teaching and study. The subjects included in the preliminary examination for those commencing professional study after October 1st 1861, are arranged in two groups,—one imperative on all without distinction, the other admitting of a power of selection on the part of the candidate who from a variety of departments may make choice of two to form the subjects of his own examination. The Colleges thus recognise the fact that there exists in different minds a variety of culture and of attainment which may be looked upon as unavoidable and, indeed, deserving of encouragement to a certain extent. Instead of this examination, the candidate may pass the preliminary examination of any of the other Col-

leges of Physicians or Surgeons, or other licensing body under the Medical Act, or any one of a variety of examinations in general education held by various Universities and other educational bodies, which have been approved by the Medical Council, and of which a list will be found in the regulations of the Colleges. The whole may be taken at once, or part of the subjects may be taken at one examination, and the remainder at another, provided that all have been passed before the candidate is registered as a student of Medicine. Although it is sufficient to pass the preliminary examination just at the commencement of the first session of medical study, the intending student of Medicine will do well to endeavour to take it at the examinations three or six months preceding. If he is unsuccessful, instead of losing his first winter session, he will in that case have three or six months to study the branch or branches in which he may have failed; and, if successful, will have his mind free to arrange for his professional studies. Those who have commenced their professional studies before October 1st 1861, by Medical School attendance or otherwise, may take the preliminary examination required at any time previous to the first professional examination, but will do well to take it as early as possible.

In regard to *Registration*, any exceptional claims to be enrolled after the fifteen days from the beginning of the session have expired, on the ground of ill health or other unavoidable cause, must be lodged as soon as possible with the Registrar. In the event of the Colleges sustaining the application, the student may then be registered in the usual way.

Professional Education. Those who commenced professional study, by Medical School attendance or otherwise, before October 1st 1861, are admitted to the final examination after four winter sessions' or three winter and two summer sessions' attendance at a recognised Medical School. Those who commence professional study after October 1 1861, must have been engaged in professional study during four years, of which not less than four winter

sessions or three winter sessions and two summer sessions must be passed at a Medical School. One of the four years, as well as the period between the sessions, may be devoted to the acquisition of professional knowledge in attendance at an hospital or dispensary, as pupil or assistant to a practitioner, or in attending lectures, as the candidate may find most useful or convenient.

The classes to be attended are laid down in the printed regulations issued by the Colleges, and the order in which they should be attended in each year is recommended. This *curriculum* (as it is often called) you will regard as a scheme embodying the experience of those who have gone before you, as to the best method of teaching and studying Medicine. Instead of multiplying lectures, as some have supposed, the curriculum on the contrary tends to prevent overmuch and too subdivided lecturing. A course of study should be neither overloaded nor deficient but ought to be duly proportioned between the more and the less important branches. Unless it is so, it tends to mislead instead of guiding. At the same time the student may, and most students do, take more than is laid down, nor would either Colleges or teachers say that any curriculum requires enough of the practical branches, as Dissection, Surgery, and Medicine, even though these are reduplicated in the curriculum; but the student is supposed to feel for himself the necessity for their further study.

The number of lectures required by various Boards has lately been considerably reduced, while the courses of practical instruction have been extended. Little change in either respect has been necessary in the curriculum of the Colleges, but they have followed the improvement adopted some time ago by the English Boards of permitting the number of lectures in the Physiology course to be reduced, and of transferring the Materia Medica course from the winter to the summer session. The courses which fall to the winter session in which the course of Materia Medica has usually been attended are so numerous that too

little time was left for practical study. It is not that there is not matter enough to fill a six months' course of lectures in this as in the case of the other branches, such as Midwifery, which are taught in the summer session, or that even six months' courses are nearly enough to exhaust the branches which are taught in winter; but that it is advisable, for the general benefit of the student, to recommend the course of *Materia Medica* to be attended, as in all the English schools, during the summer session. The lectures on Physiology in the English schools have lately been delivered twice or thrice a-week instead of daily. In permitting their teachers of Physiology to adopt this system, our Colleges probably had in view the consideration that, as much of Physiology belongs to the invisible, a knowledge of a considerable part of it may be appropriately obtained from the excellent works which now abound on this, as on other branches of medical science. If teachers of Physiology so choose, they may therefore restrict their lectures to the more practical and demonstrative parts of the science. It had been customary too in Scotland, from the arrangement and nomenclature of a former age, to apply to the Physiology course the alternative term "*Institutes of Medicine*," and some teachers of it have thought that this sanctioned their devoting part of the course to Pathology. As, however, Pathology is taught not only along with Medicine and Surgery but now also in a special separate course, there remains no reason why the student's time should be occupied in listening to repetition in different lecture-rooms. The Colleges of Physicians and Surgeons have therefore remedied this, so far as they are concerned, by dropping the antiquated name as not only now meaningless but misleading, as well as by permitting the teacher to reduce the number of his lectures. You will not infer however that the examining Boards will inquire less into the knowledge of candidates on those branches in which the number of lectures may be diminished. The general tendency of late years has been, as I have said,

to diminish the number of mere lectures and to extend to practical and clinical instruction. But, as I should be sorry to lead you to undervalue the importance of the lectures which are required, it is right to remark that, for the most part, the lectures which are now given are very different in their character from the lectures of former times. Essay-reading has given place to demonstration; dogma has been supplanted by the study of nature; and in training the student to observe and think for himself, the teacher keeps in view that the printing press has placed complete works on each science within the reach of his students. The result as regards lectures is, that while they have become of less importance relatively to other means of instruction, they have become actually much more valuable than formerly.

Professional Examinations. The professional examinations are two in number. The *first*, including Anatomy, Physiology, and Chemistry, may take place at the end of the second winter session; and the *second*, or final, examination, including all the practical branches, may take place not before the end of the winter session of the fourth year of study. This subdivision of the examination is on the whole, as it is generally regarded, an improvement. As far as the subdivision of the examinations simply extends it, the efficiency of the test is increased, but its propriety is open to question if the effect is to allow branches of professional knowledge to be thrown aside. Not being prescribed, like some parts of the preliminary examination, for their gymnastic value as a means of discipline, but rather required as a permanent possession for daily use in the business of life, it may be asked if there is not a serious danger in permitting these subjects to be cast aside midway in the student's career. The true theory of early or intermediate examinations is that they may serve as a stimulus to the student in the early part of his studies, and determine whether he is fit to proceed to

the subsequent and superadded departments. The ideal, therefore, would be an intermediate examination, or examinations, with these purposes in view, and an extensive final examination on all the professional branches, so conducted as to test fairly the knowledge which the candidate ought to possess. On the other hand, there is the consideration that the second examination almost necessarily involves falling back on Chemistry, Physiology, and Anatomy; and Surgical Anatomy is specially mentioned in the second examination, as it would plainly have been an error to have allowed dissection to be neglected after the second winter session. On the whole, therefore, in view of these considerations and looking to the numerous difficulties which would attend the working of a system of sessional or yearly intermediate examinations, the system of two examinations, one on the foundation sciences, the other on the applied aspect of these and on the practical branches, is probably the most practicable method.

A prominent feature in modern examinations is their demonstrative character as well as their extension. It is long since the old style of "grinding," as it was called,—furnishing the candidate with the expected replies to customary questions—passed away; and the more modern style of artificial preparation—that of cramming the memory—is rapidly becoming valueless, under the more practical and demonstrative system. The student no longer stakes his fate on a few minutes' conversation on each of the various sciences; there is now leisure for written and oral examination in each branch, and the oral examinations are made as practical and demonstrative as possible. There is no reason why the anatomical examination more particularly should not consist mainly if not wholly of such practical testing. Not only is this the right method in view of the purpose of the examination, but it is an infinite comfort to the student who has worked well and practically to find the examination conducted in this method. Its influence on the schools is also

most salutary, seconding the efforts of teachers to give a more practical turn to medical education, and to discourage the system of trusting to text-books merely.

The examination, I may observe, can alone be trusted as the real test of the education. The mere attendance on a curriculum certifies nothing, for all the preceding lectures and opportunities may have been utterly neglected; still less does attendance on particular teachers or at particular schools, as this would only lead to the suspicion that the protected teachers and schools had felt the less inducement to be efficient than those whose success depended on their efficiency. Examinations are accordingly daily assuming greater importance, not merely as preliminary examinations for diplomas in those institutions which are desirous of maintaining a high standard, but in the competitive form as the gateway to some of the public services. Formerly the appointments to medical offices in all the public services were sought and bestowed by way of personal favour, and naturally, the students to whom they were promised were content if they could squeeze through the diploma examination while the friendless had no hope, and talent and industry could do nothing, in that direction. Now, however, we have to congratulate you on the largest branch of the public service—the one of the now merged Army and Indian Services—being freed open to all the qualified, not merely as all other public appointments are, but by the test of merit alone, without hindrance and without favour. Those who possess the diplomas of the Royal Colleges of Physicians and Surgeons are fully qualified for admission, and are entitled to admission into the competitive examination, no preference being now given to any, except that which the merit of the candidate shall secure. The change could not be expected to meet with the favour of those whose chances were greater under the old system, or of those whose feelings and interests were bound up with that system. But, whether we regard the advantage of having the public interest well served

or the reward of merit, or the influence on the schools, or the termination of the unhappy influences of the old system on those by whom the favours had to be schemed and begged for—it would not be easy to overrate the improvement which has even already followed and which must still more follow the adoption of this system by the Board for the united Army and Indian Service. The Naval Medical Service is, numerically, of much less importance, but there is no reason why this department of the public service should not also be opened.

The Medical Schools. The Colleges of Physicians and Surgeons allow the student his free choice among all Medical Schools and teachers. Teachers in Universities are recognised equally with those in the professional schools. The Medical Schools of England and Ireland are recognised on the responsibility of the Colleges of Physicians and Surgeons of these countries respectively, whose treatment of the schools is equally liberal and just. Teachers in Edinburgh are recognised individually, if found competent on special examination before the College to which they belong, or before both Colleges jointly if the candidate is a Fellow of neither. Thus the field of medical teaching is as open as the field of medical practice. The effect of this system in imparting continued activity to the Edinburgh School is well known, and nearly all its former and present teachers have been brought forward by it. Although the justice and wisdom of doing away with all exclusive privileges in favour of particular teachers has now been universally recognised by the Colleges of the medical profession, the opposite practice still lingers in some of the Universities, especially, I regret to say, in those of Scotland—the student, if seeking the qualifications which they confer, being compelled to attend most of his classes under certain privileged teachers, altogether irrespective of the question of the efficiency of their teaching. Institutions which appoint teachers as well as confer diplomas are in danger of thus erring in their treat-

ment of the schools. If the influence of the teachers predominates in the governing body, it is only in accordance with human nature that regulations should be enacted to the exclusion of other teachers and that the student's choice should thus be restricted in the supposed interest of those teachers who have unfortunately the law in their own hands. Although this course may confer a temporary advantage on the protected teachers, its tendency is towards torpor, by exempting the protected teachers from the wholesome influence of local competition; while, on the other hand, such regulations operate under all circumstances to the injury of the diploma-granting function and the general reputation of the institution.

Till two years ago we, and the teachers in other professional schools had particular cause to complain of the exclusive regulations of our Universities; for while we gave the whole of the surgeons' education, a condition attached to obtaining the physicians' diploma in Scotland—as will afterwards appear—had made it subject to the exclusive system which had gradually crept into our Universities. When the Medical Act called on the Colleges of Physicians to take up the same position as the Colleges of Surgeons as licensing bodies, this state of matters ceased, and it was a gratifying instance of the progress of enlightened opinion that, on that occasion, each of the Royal Colleges of Physicians freely adopted the practice of recognising all the Medical Schools. Now, therefore, that the physicians' as well as the surgeons' entire professional education may be taken in the professional schools, the question as to the practice among the Universities concerns us less, and may be left to these institutions to settle among themselves. When we reflect on the nature of medical education, and on the growing importance of clinical study, it is obvious that the great bulk of medical education must be given in the professional schools, by the physicians and surgeons of the great medical and surgical hospitals, in and around which, as their true centres, the Medical Schools have grown up ;

and these professional schools are safe to pursue their independent course under the free recognition extended to them by the great medical and surgical Boards of the three kingdoms.

You will understand that I do not profess here to advance and illustrate fully the reasons why monopoly in teaching is injurious. I have already done so elsewhere,* and, even did time permit, it would be unnecessary to say much here on a question which is so well understood in the medical profession. Its injustice to the teacher is not greater than its injustice to the student. Students, however, now-a-days understand pretty well that privilege to the teacher is the opposite of privilege to the student. He now exercises his right of going to the best teacher he can find, and turns his back on those qualifications the obtaining of which fetters him in his choice. The natural effect of competition, or of the liability to it, on the one hand, and, on the other, of feeling secure of the same reward whether the work is well or indifferently done, is now understood in every business and in every profession, as the result of a law of our nature, and therefore telling on all occupations and in all ranks and positions in life. If any of the merchants in this city were to obtain a monopoly, say, in supplying the medical students of Edinburgh with instruments, you would not expect the knives to be so sharp or the attention so great as if you were at liberty to employ another. Or if one surgeon were to obtain a monopoly of the performance of all the surgical operations in the city, and to urge in its defence that patients and their friends ought not to have their choice, that their lives and limbs ought to be secured against the chance of falling into the hands of young operators, and so on; you would not expect either the public or the other surgeons to concur, or that the arrangement would tend to the advancement of the science and practice of Surgery. It is only by giving free play to the stimulus of competition, or of the liability to it, that the best can be made to appear, and it is only under the persistence of this

* "How to Improve the Teaching in the Scottish Universities." 1859.

stimulus that excellence will be maintained. There is no explanation of the continuance of monopoly in teaching, except that power is often long in yielding to reason. The whole question is well summed up in an illustration lately given by a distinguished statesman who has earned a right to speak regarding it. "I remember," said Earl Russell, "in the beginning of these contests, when certainly the principles of Free Trade were not understood as they now are, a petition being presented to the House of Commons saying that the petitioners made gloves, but they were gloves which were very inferior to the gloves of France, and they were very much dearer than the gloves of France; and, therefore, they prayed—what do you suppose?—not that people might be allowed to wear the gloves of France, which were cheaper and better, but that the gloves of France might be utterly excluded in order that they might furnish bad and dear gloves to their countrymen."

THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS OF EDINBURGH.

I ought not to conclude this Lecture without noticing the history and constitution of the Colleges whose regulations have just been considered, and to whose membership you may look forward. From the interest attaching to their history, from the abundant materials at my disposal for this purpose, and from their importance, I desired to have entered on this subject more fully, but the length to which this Lecture has already extended precludes me from giving more than a brief notice of each College. As the oldest body I shall notice first

THE ROYAL COLLEGE OF SURGEONS.

The Edinburgh College of Surgeons is the oldest of the Colleges of Surgeons, and by many years the most ancient medical institution in Edinburgh. Its first Municipal Charter was granted in 1505 and confirmed by Royal authority in the fol-

lowing year. The early records of the College show that it had very early begun to attend to medical education. In those rude and warlike times, three centuries ago, and long after, I need hardly tell you that education even to the extent of reading and writing was rare, was, indeed, despised. But one of the earliest regulations made by the surgeons was, that no one of their number should take an apprentice unless he could both read and write. This, indeed, was just doing, three centuries and a-half ago, what the Medical Council is requiring of all Medical and Surgical Boards—a preliminary examination before the commencement of professional study. In this ancient rule we see an early indication of the course which the College has steadily pursued, amid no small surrounding discouragement, setting a high value on, and keeping in advance in, preliminary education. No notice of the history of the College could be just, which did not remark upon this. Another indication of how these early surgeons saw the direction of progress, occurs in their providing for the study of Anatomy. Many years before the famous consultation of divines which Charles V. summoned at Salamanca, to determine whether it were consistent with conscience to dissect a human body for the purposes of science, the Edinburgh surgeons and municipal authorities had (in 1505) already solved the difficulty, by permitting and requiring a dissection of the human body to be made once a year, and every candidate was required “to know the anatomy of every member in man’s body.” Were we dependent now on the source of supply of bodies to which they trusted, I fear that I and my friend the Inspector of Anatomy would have very light duties indeed, but it appears that our ancestors could easily reckon on at least one “hanged man” a year! In 1694 we find the surgeons making increased provision for the teaching of Anatomy. Grants of unclaimed bodies from other sources were obtained from the Town Council, a new anatomical theatre was built in 1697, and in 1705 the College appointed Robert Elliot,

one of its Fellows, its first Professor of Anatomy, to hold the appointment during the pleasure of the College. Following him in that office we find the names of Adam Drummond, John M'Gill, and Alexander Monro, the first of the three Monroes. This was in 1720, soon after which various other departments were added to the school at the theatre of the College. Theory of Physic was taught by St Clair, Practice of Physic by Drs Rutherford and Innes, Chemistry by Dr Plummer. Chemistry, however, had been publicly taught before this, in 1697, by Alexander Monteith one of the surgeons, who had obtained a chemical laboratory within the Surgeons' Hall for that purpose. When, in 1722, Monro was appointed Professor of Anatomy in the University he continued to teach in the Surgeons' Hall until the Town Council provided a theatre for him in 1725, and it was then that from this school at the College of Surgeons the Medical School of the University arose, by appointment of the Town Council on the recommendation of the Colleges of Surgeons and Physicians.

These references may suffice to show us the important parts which the College of Surgeons played in the formation and development of the Edinburgh School of Medicine. It would lead me beyond my present limits were I to notice the various steps which the College has taken from time to time to extend the course of medical education. I ought not, however, to omit to notice the erection of Anatomy and Surgery into distinct courses of instruction, these sciences having previously been taught together by the same teacher. The College seeing the insufficiency of this, in 1777 memorialized the King to found a Chair of Surgery in the University. This, however, met with so much opposition from the teachers in that institution that it was not till 1831 that the efforts of the College to accomplish that object were successful. The College, however, had meanwhile done its part by appointing a Professor of Surgery of its own. As far as knowledge on the part of the teachers

is concerned, these sciences must always be closely allied, but no one now will question that each is deserving of being made the subject of a separate course; and the advantage of requiring a teacher to give his undivided attention to the teaching of one important branch is evident.

The Hall of the College in which most of these events took place was situated in the Square to which it gave the name. The part of the old Hall which still remains is now occupied as an hospital in connection with the Royal Infirmary. Surgeons' Square was then and afterwards the favourite locality of the various lecture-rooms of the Medical School; among others, the famous theatres of Barclay and Knox, and of the old Hall of the Royal Medical Society, the mention of which, and of the old Square, will recall many memories to many members of the profession. Almost the whole of the old Square is now occupied by the recent extension of the Surgical Hospital and its appendages; and most of the lecture-rooms have left the locality of the old Hall for that of the new.

The present Hall, beside which we are now met, was completed in 1832, at an expense to the College of L.20,000. The additional accommodation was required chiefly for the arrangement and due exhibition of the Museum. The collection in the first room was bequeathed to the College by the late Dr John Barclay. It embraces Human and Comparative Anatomy, and is especially rich in the skeletons of the mammalia. The galleries above contain the birds reptiles and fishes of the Barclay collection. It is the product of the talent and industry of one to whom the Edinburgh School owes much. As his biographer says "inheriting nothing from his parents except a sound constitution, a vigorous mind, and a virtuous education," trained for another profession but becoming enamoured of science, he commenced to lecture at the age of 37; taught Anatomy to large classes of students for twenty-eight years, wrote at the same time his works on Muscular Motion, on the Arteries, on a New Ana-

tomical Nomenclature, and on Life and Organization; and, dying at the age of 66 (in the year 1826) left to the keeping of the College, for our use and yours, a collection, the work of his own hands in these busy years, the formation of which alone would seem the work of a lifetime. To say that it is capable of illustrating all the modern doctrines of Vertebrate Anatomy is only to say that it is complete, as the facts are the same while ideas advance. But Barclay did not merely collect the materials from which others were to build. Besides discharging his prescribed duty of teaching Human Anatomy, and its application to the art of Medicine and Surgery, the lectures which he gave in addition on Comparative Anatomy did much to stimulate his pupils to cultivate the science. Among his pupils was Owen, who refers, in his work on the Nature of Limbs, to "the extensive knowledge of Comparative Anatomy possessed by my revered preceptor in Anatomy, Dr Barclay;" and to his having received from Dr Barclay the true interpretation of the homology of the bones of the forearm and leg. The name of Barclay well deserves to be mentioned among us with honour and gratitude.

The great inner room of the Museum contains the general collections of Human and Comparative Anatomy, and of Surgical and Medical Pathology, ranged in separate galleries and compartments. These have been collected gradually through the honourable zeal for the advancement of their profession of many of the past and present Fellows and Licentiates of the College. While the value of the specimens is intrinsic, it adds much to the interest which we feel in them to know the names of those to whom we owe them, and it serves as a stimulus to us to follow their example. Attached to these preparations you will find the names of many famous men who have been teachers of Anatomy and Surgery and of other branches of science in Edinburgh, and of some who, beginning in the Edinburgh school, have become teachers elsewhere. A considerable addition to the Museum

was made by the acquisition of the collection which had been formed by Bell and Wilson. Sir Charles Bell, whose name is imperishably associated with the discovery of the functions of the two roots of the spinal nerves, beginning as a teacher of Anatomy and Surgery in Edinburgh with his brother John, the celebrated surgeon, went to London, and was there associated in teaching at the Hunterian School with James Wilson, author of the work on the Bones and Joints, and Professor of Anatomy to the London College of Surgeons, the discoverer of the structure called Wilson's muscle. On the return of Bell, in 1836, to resume his labours in Edinburgh, the collection was purchased by the College, and the preparations belonging to this collection are distinguished from the others.

A museum, like a library, is resorted to for consultation by those who are engaged in particular inquiries; but I would wish to impress upon you that a museum such as that just noticed may be made in itself a school, should be frequently visited, and the specimens systematically studied. The Museum is freely open to every student registered at the College, and teachers are permitted to take their pupils to the Museum. By the care of the Curators, descriptions have been attached to each specimen, with references to the printed catalogue which contains the more complete history, and every facility is given by the Conservator to those who are desirous of examining specimens. It would not be easy to over-estimate the importance of such a Museum in a large Medical School like that of Edinburgh. It is, I need hardly say, by far the largest and most valuable Anatomical and Pathological Museum in Scotland, and I feel assured that you will join with me in saying that the College which has formed it, and which maintains it for our use at no small expense, deserves the best thanks of the teachers and students in the school.

For a more detailed account especially of the earlier history of the College I must be content to refer you to the excellent Historical Sketch of the College by Dr John Gairdner, written

after much research among its records.* There are not many institutions whose history goes back over the long reach of three centuries and a half, and we need not seek further for the explanation of a history so interesting and so creditable, than the open constitution of the College. No close body could have existed for nearly so long a time without the page of its history being covered with many blots. I may be allowed to add that we read the Historical Sketch by Dr Gairdner, to which I have referred, with the more interest, as it is from the pen of one than whom no one has done more to promote in the College the interests of the profession, and to secure that freedom of teaching to which the Edinburgh school owes so much.

THE ROYAL COLLEGE OF PHYSICIANS.

The Royal College of Physicians was founded by Royal Charter in 1681. Earlier efforts to incorporate the physicians in a College had been unsuccessful in consequence of the endeavour to include power to license in Surgery as well as in Medicine. We find the College immediately commencing action in various important matters. The preparation of a Pharmacopeia engaged its first attention, the origin of what has since been known in successive editions as the Edinburgh Pharmacopeia. In connection with this it may be mentioned that the College has also formed a valuable Museum of Materia Medica. The formation of a Medical Library was also commenced, and this has been maintained, by constant additions down to the present day of new and old works in every department and in all languages, at a very high standard of completeness. The historian of the College† informs us, with just pride, that, at the second meeting of the College, the subject of the care of the sick poor engaged its

* "Historical Sketch of the Royal College of Surgeons of Edinburgh; with Notes and Documents." By John Gairdner, M.D., Fellow and formerly President of the College. 1860.

† Address delivered at the Opening of the New Hall of the Royal College of Physicians, November 1846. By William Beilby, M.D., President.

attention. Four of the physicians had been appointed to attend gratuitously on the poor, and, in 1704, a building adjoining the Hall of the College was set aside for the purpose of giving advice and medicines to the poor. In this we trace the origin of our Dispensaries, which have become so valuable as charities and as accessories to the Medical School.

We next find the College originating another institution of still greater value—the Royal Infirmary. In the “History of the Royal Infirmary printed for the Institution” in 1778, we find it mentioned that “in the year 1725, the Royal College of Physicians who had long given gratuitous advice and medicines to the sick poor at their Hall, being thus well acquainted with their miserable state, undertook to obtain subscriptions for a fund, (for erecting an hospital); and as a good example to others, were the first subscribers, and engaged to attend the Infirmary regularly in their turns, without fee or reward.” “The subscription of L.2000 was no sooner completed than the College of Physicians called the contributors together.” A minute from the Records of the College of date February 1st 1726, is to the same effect. “The President represented to the College, that, according to their desire, he and several of the members had set on foot a subscription for erecting and maintaining an hospital or infirmary for the sick poor, and had pretty good success; and recommended to all the members of the College to use their best endeavours to procure more subscriptions for accomplishing so good and charitable a work.” The names of George Drummond and the first of the Monroes, deserve mention as actively assisting in carrying out the scheme. “The building first occupied as an hospital was soon found to be quite insufficient, and the College was called upon to make new efforts and additional contributions for the erection of a more spacious edifice. The call was responded to with promptitude and liberality; and the foundation of the present Infirmary was laid in 1738.” Meantime a Surgical Hospital had been projected by the College of Surgeons.

Arrangements, however, were made by which the service of the surgeons was secured for a separate Surgical Department of the Infirmary, and, instead of two separate hospitals, we thus obtained one great hospital in two parts. The Fellows of the Colleges at first acted as physicians and surgeons, respectively, each for two years in rotation. The unsuitableness of this method, however, soon became apparent, and it was superseded, first at the Medical and afterwards at the Surgical Hospital, by the method of special appointments for a longer period, which is now followed in nearly all hospitals. The Royal Infirmary has from time to time been extended, and has now grown to be not merely an hospital for Edinburgh, but one to which patients are sent from all parts of Scotland. The Surgical Department was enlarged about thirty years ago by the purchase of the old High School; and again a few years ago by a new building, which increased the then surgical accommodation more than three times. Additional appointments have also been made, in the Physicians' department, to special wards for diseases of females, and, in the Surgical Hospital, to ophthalmic wards. Indeed, the Hospital has so greatly outgrown its original plan that the number of the physicians, and still more the number of the surgeons, might with advantage be increased, as well as the time which they are attached to the Hospital. An hospital is, of course, indispensable to the existence of a Medical School, and in these times when more and more attention is being given to clinical study, it is fortunate that we possess one of such magnitude, and so organized as to render it throughout a great clinical school both in Medicine and in Surgery.

In regard to medical education the College of Physicians has also played an important part, in promoting the development of the Medical School which had arisen at the other and more ancient College, in furnishing teachers from among its Fellows equally with the sister College, and in going hand in hand with the sister College in all movements for the improvement of edu-

cation. Its connection with licensing had long been less direct than that of the sister College, until called into equal action with it by the Medical Act of 1858. In order to understand the position of the Physicians' license during this time, it is necessary to refer to the position which the College occupied in relation to the Scotch Universities. The University of Edinburgh had been founded in 1582, and long continued as a school for education in Arts only. When the University began to confer degrees in Medicine, in 1705, two hundred years after the foundation of the College of Surgeons, the examinations were conducted by the College of Physicians. "This practice of examination for degrees by the College of Physicians," says Dr Beilby in his *Historical Sketch of the College* already referred to, "was continued for twenty years; at first by the Fellows alone, but afterwards in conjunction with Dr James Crawford, who in 1713 was made Professor of Physic and Chemistry by the patrons of the University, they having previous to the appointment, requested the opinion and advice of the College of Physicians as to his qualifications." In 1726 several of the Fellows of the College, Drs Porterfield, Rutherford, Sinclair, Plummer, and Innes—most of whom, as we have seen, had already been teaching in the school at the College of Surgeons—were appointed Professors in the University by the Town Council, after having received the sanction of the approval of the College of Physicians.

The teaching and examination for the degrees being thus in the hands of the Fellows of the College, the College naturally came to make the degree of the University a condition of obtaining the license of the College. The degree did not make the physician, it was only a stage to it; the physician was constituted only when he subsequently obtained the license of the College. The twofold effect which this had it is very important to notice. It gave a value to the University degree, as, in consequence of the regulations of the College, necessary to the physicians' license; and it

placed that license under whatever restrictions might come to be placed upon the teaching for the degree. Here we have the origin of the long-continued subjection of the diploma of the College of Physicians to the regulations of the Scotch Universities, and of the impression with some that the University degree made the physician in Scotland. But causes now began to come into operation which ended in rendering that arrangement oppressive and meaningless. At first the teaching for the degrees was open, but restrictions were gradually introduced by which candidates were obliged to attend the lectures of the teachers in the Universities. The evil became more and more felt as the monopoly became more complete, and as, at the same time, the Edinburgh school and its teachers, and other Medical Schools, increased. The obstacles which thus came to be placed between the student and the Physicians' license, became so oppressive—the teaching being indeed in many instances notoriously defective—that, rather than submit to it, not a few resolved to go into practice on the Surgeons' diploma alone. The degree too had been changed as to that quality which had led the early Physicians to consider it an appropriate condition of the attainment of their license. It could not be but that the obstacle to the attainment of the Physicians' license, under a regulation which had thus become at once oppressive and meaningless, would at last be swept away. The monopoly gained by the Apothecaries' Society was a new, and, for a time, a great discouragement to the College; but projects of medical reform opened the way to the removal of that monopoly, and when its termination came with the Act of 1858, the time had at last arrived when the question regarding the monopoly which had grown upon the education for the Physicians' license in Scotland must be settled. In England the question, whether, under the Medical Act, the College of Physicians should place its license directly within reach of the student, was a question simply of whether the practitioner should enter the profession through a

College of Physicians or through an Apothecaries' Society. The question there did not affect the schools. But in Scotland it was besides a question between monopoly and freedom of education. Either the Scotch Universities must remove their injurious restrictions against which the College had remonstrated hitherto in vain, or the College would no longer require what had become an injurious and meaningless obstacle to the attainment of the Physicians' license. The position was a very grave one for the schools—teachers and students alike. The result might have been that, although the professional schools of Scotland could have given you the education for a surgeons' diploma, they could not have qualified you for the physicians' diploma, and this although the Medical Act and the Army and Poor-law Regulations all demand the double qualification. The student would, in that case, have had no choice but to attend the privileged teachers, and the professional schools of Scotland might have closed their doors. The exclusive system of teaching was either to gain additional strength in Scotland, or to receive a death-blow, in so far as a complete education for the medical profession is concerned. Such an issue, as you may suppose, was not to be decided without a trial of strength. The struggle was short but memorable. The College, bursting the chains which had been woven around it by other institutions, proved true to the principles which it had gone hand in hand with the sister College in maintaining, and the cause of freedom in medical education triumphed. It was decided, decided beyond all chance of recall, that the intending physician, no less than the intending surgeon, shall be at liberty to take his education where he chooses. It was too much to expect that this episode could pass without some abuse and misrepresentation being heaped on the College. At a distance, indeed, the question at issue among us was scarcely understood. Time, however, has done justice to the College, and has enabled even those who would rather not have seen, to see more and more that the

College of Physicians decided, and decided rightly, a great question alike for the medical profession and for the medical schools.

These slight sketches may suffice to enable you to understand the nature and functions of the Colleges of the medical profession. The importance of organization for accomplishing that for which individual exertion is unable, is nowhere better illustrated than in our profession. Such bodies accomplish two great purposes. They enable the voice of the profession to make itself heard, and to bring itself directly to bear on all questions affecting its welfare and its relation to the public; and they furnish an appropriate machinery through which entrance to the profession may be regulated. Their open constitution, and the responsibility of the governing body and of their examining Boards, ensures that these objects shall be carried out with just attention to all interests. Indeed, without such bodies, the medical profession, and all medical education, must have been at the feet of some exclusive and irresponsible Board. The advantage of our possessing such bodies is illustrated by their history, in the part they have played in originating and fostering institutions for medical education and for the cultivation of medical science, in forming museums and libraries, in establishing hospitals, and in preserving freedom in medical education. And their open constitution, while it furnishes a ready explanation of their past history, affords, at the same time, an assurance that the same principles will be safe in their keeping for the future. Their advantage, in short, is the same to the profession as is the possession of a constitutional instead of an arbitrary government to a country. The truth of this as regards the Medical Schools, you already feel and can appreciate. When a few years have elapsed, and you have successfully completed your studies and have entered, as Licentiates, on the practice of your profession; when, as thinking men, inspired with a love of

your profession, you come to feel that it is not enough to have been merely sent forth to practise it—you will then be able to appreciate what it is to possess institutions whose Fellowship is open to you, and through which you may share in the government and regulation, as well as in the practice, of your profession.

The following is a list of the names of the persons who have been admitted to the office of the Secretary of the Board of Education since the last meeting of the Board. The names are given in alphabetical order of their surnames.

1. Mr. J. H. Smith
2. Mr. W. B. Jones
3. Mr. C. D. Brown
4. Mr. E. F. Green
5. Mr. G. H. White

6. Mr. I. J. Black
7. Mr. K. L. Grey
8. Mr. M. N. Blue
9. Mr. O. P. Red
10. Mr. Q. R. Yellow

11. Mr. S. T. Purple
12. Mr. U. V. Pink
13. Mr. W. X. Orange
14. Mr. Y. Z. Silver
15. Mr. A. B. Gold

16. Mr. C. D. Iron
17. Mr. E. F. Steel
18. Mr. G. H. Lead
19. Mr. I. J. Tin
20. Mr. K. L. Copper

21. Mr. M. N. Zinc
22. Mr. O. P. Nickel
23. Mr. Q. R. Cobalt
24. Mr. S. T. Manganese
25. Mr. U. V. Magnesium

26. Mr. W. X. Calcium
27. Mr. Y. Z. Strontium
28. Mr. A. B. Barium
29. Mr. C. D. Radium
30. Mr. E. F. Uranium

31. Mr. G. H. Thorium
32. Mr. I. J. Protactinium
33. Mr. K. L. Actinium
34. Mr. M. N. Francium
35. Mr. O. P. Astatine

36. Mr. Q. R. Polonium
37. Mr. S. T. Bismuth
38. Mr. U. V. Antimony
39. Mr. W. X. Arsenic
40. Mr. Y. Z. Tellurium

41. Mr. A. B. Selenium
42. Mr. C. D. Molybdenum
43. Mr. E. F. Niobium
44. Mr. G. H. Tantalum
45. Mr. I. J. Vanadium

46. Mr. K. L. Chromium
47. Mr. M. N. Manganese
48. Mr. O. P. Iron
49. Mr. Q. R. Cobalt
50. Mr. S. T. Nickel

51. Mr. U. V. Copper
52. Mr. W. X. Zinc
53. Mr. Y. Z. Cadmium
54. Mr. A. B. Mercury
55. Mr. C. D. Lead

56. Mr. E. F. Tin
57. Mr. G. H. Antimony
58. Mr. I. J. Bismuth
59. Mr. K. L. Arsenic
60. Mr. M. N. Tellurium

