

A letter on the mutual relations of the two colleges with reference to the question of medical reform : addressed to David Maclagan, M.D., president of the Royal College of Physicians, and Andrew Wood, M.D., president of the Royal College of Surgeons / by William Brown, F.R.S.E.

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A LETTER

ON THE MUTUAL RELATIONS OF THE TWO COLLEGES
WITH REFERENCE TO THE QUESTION OF
MEDICAL REFORM.

ADDRESSED TO

DAVID MACLAGAN, M.D.

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS,

AND

ANDREW WOOD, M.D.

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS ;

BY

WILLIAM BROWN, F.R.S.E.

FELLOW OF THE ROYAL COLLEGE OF SURGEONS.

EDINBURGH : SUTHERLAND AND KNOX.

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LETTER, &c.

DEAR SIRS,

It is with much satisfaction that I address to you the following remarks, because you have a thorough acquaintance with the whole subject. You know not only the privileges and interests of the College over which each of you so worthily presides, but your extended intercourse with the Members of both Colleges, and with the extra-collegiate Members of the Medical Profession, qualifies you for knowing the wants and the interests of the profession generally. The liberal and enlarged views which you have long held, enable you to see much further than the narrow limits of a section or sect; and the respect with which you are viewed by your brother practitioners, assures them that their interests are safe in your hands. I consider it fortunate for the cause of liberality that you should be Presidents of your respective Colleges at the same time.

In 1821 I addressed to the Medical Profession a pamphlet bearing this title, "Remarks on the Expediency and Practicability of a Union of the Royal Colleges of Physicians and Surgeons in Edinburgh." The pamphlet had nothing to recommend it except its good intentions; but I am not ashamed of it now, after an interval of 36 years. It met with a kind reception from various Fellows of both Colleges, which did not fail to deepen in the mind of its author his conviction of the soundness of his opinions. It was, however, disapproved of by able and influential men in both; and several who expressed themselves as being friendly to the object, yet considered that the time had not arrived when it could be accomplished.

Since that period the subject has been not unfrequently discussed in private circles, and it has not now the aspect of singularity which it once had. The present time seems to me

eminently favourable for its renewed consideration. A whole generation of Physicians and Surgeons have passed away. Their successors in the two Colleges have taken their places under entirely new circumstances, and are free from many of the prejudices which formerly prevailed. The College of Physicians have opened their door to the profession, and now welcome into their number every worthy aspirant. The College of Surgeons have been relieved from their municipal ties, and have no longer any share in the election of a Deacon Convener of the Trades. The grievances felt by the profession in every part of the British empire have forced a demand for Medical Reform upon the great corporations. This reform must lead to a modification and readjustment of every one of these, including those of Edinburgh. Some of them have obtained, and others are expecting to obtain, new charters from the Crown, suited to the changes which will be brought about. The Bill for the Reform of the Medical Profession, which has so often been brought into Parliament, and so often been laid aside or postponed at the bidding of individual and sectional interests, cannot be indefinitely postponed ; in one form or other it must become law. It is this universal demand for reform, and this conviction that some reform will certainly be carried into effect, which makes me consider this to be a suitable time for reviewing the relations of the two Colleges in Edinburgh.

In whatever aspect we see the Medical Profession, its essential *oneness* is more and more apparent. Whether we look back into antiquity, and think of the Physicians of Egypt, of Greece, of Arabia, and of the modern nations, down to the latest candidate who has received the degree of Doctor in Medicine, or the diploma of Licentiate in Surgery, in all, however variously attired and variously endowed, we recognise the same character, — *The Healer of Disease*. With more or less acquaintance with the structure and functions of the living body, with the deviations from these in disease, with the constitution of the various medical agents, and with the mode of using these, the Physician (to use the generic designation) has more knowledge than his fellow-men, and uses that knowledge for the relief of suffering. Whether we think of him as a man of commanding talents and of large acquirements, sagacious in discerning disease, and skilful in its treatment ; or as a man poorly furnished with mental

qualities, and pursuing an inglorious routine in his professional labours, still he has some knowledge and some skill which he uses for the good of others. Whether we have before us a man of opulence and rank, rejoicing in his equipages and attendants, and receiving golden fees from the aristocracy of the land, or a humble village doctor, toiling among his poor neighbours, and preparing with his own hands the medicines needed for their relief—still they are members of the same noble brotherhood; the same blood circulates in their veins. It is this unity of the Medical Profession which we ought ever to keep in view, and which the legislative enactments of so many countries have tended to disturb.

This disturbing influence has most generally been shown in the division of the profession into Physicians and Surgeons. If we look at the etymology of these designations, we learn that the one has to do with Nature, the other with the hand. But the one is generally understood to treat internal or constitutional diseases, while the other takes charge of external maladies and accidental injuries. The one writes prescriptions, which are prepared by a druggist, while the other may be himself a druggist, and certainly uses his hands simply, or assisted by instruments of steel and silver. It is easy to describe upon paper the "marches" of Physician and Surgeon, but it is impossible, in the practical details of professional life, to maintain them. "In the ordinary and general practice of medicine, physic never has been, nor ever can be, separated from surgery."* The connection between external and internal diseases is so intimate, that the knowledge of the one is necessary to the knowledge of the other. The right treatment of surgical diseases (as they are called) requires enlarged and enlightened medical skill; and there are few of the strictly medical diseases which do not call for, some time during their progress, the use of mechanical art. It is quite possible for the wealthy patient to employ a plurality of medical attendants, each to perform one fragmentary portion of the work of healing. Such a procedure reminds one of the caste divisions in Hindoo life, or of the distribution of diseases among separate practitioners which prevailed in ancient Egypt.

* *Lectures on Inflammation.* By JOHN THOMSON, M.D. Introduction, p. 7.—The whole question is discussed with great ability in this dissertation.

But this was the fertile source of litigations among the separate classes, because each found the other encroaching upon his professional preserve. If there was practical difficulty in maintaining these divisions among the wealthy, is it not plain that among the poor, the large majority of mankind, the attempt must be useless?

This distinction had no existence in the time of Hippocrates. This admirable man, known as the Father of Physic, and whose works may even now be read with advantage, was not a pure physician, in the modern acceptation. His writings treat of diseases of all kinds, surgical as well as medical. Among them are dissertations on Epidemics, on Acute Diseases, on Injuries of the Head, on Fractures, on Dislocations. He even describes the Surgery, or apartment where the sick or wounded were attended to. The only apparent exception is found in the Hippocratic Oath, one of the clauses of which is, "I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work."* There was no dislike to surgery in this prohibition, but a dislike to this one operation, which, strange to say, was not considered a very respectable one. We wonder now at such an opinion, because we are accustomed to view Lithotomy as an operation requiring the highest attainments in anatomical knowledge and in surgical skill.

Hippocrates was not singular in being a general practitioner; all the leading authorities in ancient times acted in a similar manner. They considered it no degradation to give relief to all who applied to them. Galen, with all his refined philosophy; Celsus, with his matter-of-fact descriptions of diseases; Aretæus, in his short but pithy narratives; Paulus Ægineta, in his compendium of the opinions prevalent in his times,—all discuss surgical diseases as well as others, and give no hint of the physician being above taking charge of everything.

When it was that the change took place, that Physicians or Healers chose to relinquish part of their duties to others, because they held this to be derogatory from their dignity, and learned to speak of them as being inferior to themselves in position, cannot be precisely ascertained. It was not in modern times, when the

* *Hippocrates.* By ADAMS. Vol. ii. p. 780.

division of labour in all employments has resulted from a desire to render each division more perfect. It took place in the middle ages, when the prosperity of nations was disturbed by ever-returning bloody wars, when science and art (with but few exceptions) were shrunken and unhealthy, when the human mind occupied itself with trifles, when freedom, and thought, and action were alike pressed down by civil and ecclesiastical despotism. In many parts of Europe, the little medical knowledge which remained was found among the clergy; and perhaps they were the best parties among whom, at the time, it could be placed. But evils resulted from this arrangement. One of these was, that the clerical duties were in danger of being overlooked, and, to remedy this, various restrictions were imposed on such of the clergy as practised medicine. They were prohibited from those employments which were considered "too indelicate and degrading for the sacred functions of the priesthood;" and at length, by a papal decree in the beginning of the fourteenth century, Surgery was formally separated from Physic. A reason for this degradation of Surgery has been alleged in the maxim, "*Ecclesia abhorret a sanguine.*" *

To supply the wants of society, the lay brethren were employed in performing those operations and taking charge of those cases of disease which could not be attended to by the more sacred practitioners. These men were the barbers, and they continued to be barber-surgeons for some centuries. They gradually acquired a larger amount of learning than they at first had. Their skill and learning combined added to their social importance. They obtained charters of incorporation in almost all the European states; as their utility to the community increased, so did their estimation. Their privileges were augmented, and they were regarded, not as servants or assistants, but as on a footing of equality with the physicians.

It was in France that the privileges of the surgeons were first distinctly marked out, and the arrangements adopted in Paris were generally followed in the other countries of Europe, although at later periods. The surgeons of Paris were formed into a College of Surgery in 1268. In London the barber-surgeons re-

* THOMSON, p. 15.

ceived a charter from King Henry VIII. in 15—. In Edinburgh the surgeons and barbers formed one corporation in 1505, when a Seal of Cause or Charter was given to them by the Town Council. They received a Charter also from King James IV. in 1506, from Queen Mary in 1567, and from subsequent monarchs. The petition of the “surargianis and barbouris,” upon which the Seal of Cause was based, contains a paragraph which is worthy of notice, as indicating the prevalent feelings of the petitioners: “And als That everie man that is to be maid frieman and maister amangis ws be examit and previt in thir poyntis following THATT IS TO SAY That he knaw anotamea nature and complexion of every member in manis bodie and in lykewayes he knaw all the vaynis of the samyn thatt he may mak flewbothomea in dew tyme and als thatt he knaw in quhilk member the signe hes domination for the tyme for every man aucht to knaw the nature and substance of everything thatt he wirkis or ellis he is negligent and that we may have anis in the yeir ane condampnit man efter he be deid to mak antomea of quhairthrow we may haif experience Ilk ane to instruct utheris And we sall do suffrage for the soule.”* In a subsequent Act of Parliament, provision is made “that in the mater belonging to the arte of Chirurgerie they be provydit with skilful and honest men, and not left to the arbitrament and impostour of women and ignorantis.”

While the Surgeons altered their position, and became operators and practitioners, the Physicians also relinquished their sacerdotal character, and appeared in a new and more appropriate one. Linacre “saw in how low a condition the practice of Physic was (in England), that it was mostly engrossed by illiterate monks and empiricks, who in an infamous manner imposed upon the public; the Bishop of London or the Dean of St Paul’s for the time being having the chief power in approving and admitting the practitioners in London, and the rest of the Bishops in their several dioceses.”† Under this view he pro-

* Another clause of this curious document runs thus: “And that na persoun man nor woman within this burgh mak nor sell ony aquavite within the saymn Except the saidis maisteris brether and friemen of the saidis craftis under the paine of escheit of the samyn but favouris.”

† FRIEND’S *History of Physick*, vol. ii., p. 410.

cured from King Henry VIII., and subsequently from Parliament, a charter erecting the Physicians into a College. In Edinburgh the College of Physicians was incorporated by a charter in 1681. The Surgeons in Edinburgh were erected into a College in 1778. These two bodies have various rights and privileges, partly referring to the right of practising individually, and partly referring to the right of licensing or superintending by the Colleges.

For a great many years the College of Physicians in Edinburgh consisted of a small number of learned and accomplished men, who wished to retain their status and their privileges as pure Physicians. They conducted their practice with all the regard to etiquette which characterised their brethren everywhere else. They hesitated to act as general practitioners, or even as family physicians. They were called in by the ordinary medical attendants to consult with in cases of difficulty or danger, and they received the honorarium or fee which was usual in such cases, and to which they were well entitled. As a College, they desired to preserve an aristocratic character; they preferred being a select body to a numerous one; and they frowned on men who applied for admission, unless they favoured their opinions in general politics. Their long refusal to admit into their fellowship such a man as Dr John Thomson, may illustrate what the prevailing feelings of the majority were. The desire of some of them to adopt a less restrictive policy, and the angry passions lighted up on both sides, led to disputes and litigations which for many years disturbed the harmony of the body, and alienated men whose professional and moral worth ought to have bound them closer to each other.

Meanwhile the College of Surgeons became a numerous body, although they also showed a narrow-minded reluctance to admit *strangers* who were not connected with the existing Fellows by relationship or affinity. When Dr Abercrombie, who was one of these *strangers*, obtained admission, and began to prosper both as a skilful practitioner and as an intelligent and conscientious instructor of apprentices, the College passed a law, the purpose of which was to prevent his apprentices from acquiring all the usual privileges without some extra payments. The Surgeons were employed by the public in all cases, and supplied

their patients with medicines from the private laboratories kept in their own houses. They were not fettered by the etiquette of high fees, as the Physicians usually considered themselves to be ; and hence they became the ordinary medical attendants of a large number of the middle and higher classes of society.

Both Colleges remained for some time "as they were," conservative of all their personal and corporate rights, disliking any change, and jealous of those who thought any change desirable. But Time, the great innovator, forced changes on both, and these changes have been so marked that they cannot be disregarded by the most sceptical observer. The Physicians, harassed by intestine disputes of a distressing nature, at length yielded to the pressure from without, and admitted some men as Fellows who were unfettered by the prejudices of their seniors. Some of these had belonged to the other College, and become Consulting Physicians after many years' training as General Practitioners. Some had served in the British army, and had learned on the field of battle, and in regimental hospitals, the value of medicine and surgery when in full combination. Some, also, had become disciples of the modern school of Political Economy, and had learned the value of the dogma, that many small fees are at least equal to a few large ones. They were willing to throw off the exclusiveness of the formal physician, and to enjoy the freedom and usefulness of the general practitioner. Of the elderly men who could not abandon their long-cherished habits of thought and habits of life, every year called away from the scene of activity one and another. Their successors, as they year by year were added to the roll of Fellows, brought with them, if not greater erudition, at least greater aptitude to meet the new state of society into which they had entered.

The Surgeons, too, had their alterations, produced by the brush of Time. They had been at one time the sole, or nearly the sole, apothecaries of Edinburgh — supplying to their own patients the remedies necessary for their treatment out of the private laboratory which each Surgeon kept in his own house. The public shops for the sale of drugs were few in number, and were not always conducted in a satisfactory manner, either as to the quality of the article or the price charged. The private

laboratories of the Surgeons were advantageous in several respects. The preparation of the medicines could be carried on with scrupulous regard to accuracy, and when the prescriber wished his prescription to be kept secret from greedy rivals, or from very nervous and excitable patients, he was enabled to do this in the most satisfactory way. The inconveniences arising from it were, however, very considerable. To insure accuracy in the preparation, as well as efficacy in the ingredients employed, the Surgeon needed to superintend the laboratory by personal attention. It was difficult for him to do so in every instance, and ignorant or careless young men were apt to make mistakes. Where the amount of business was inconsiderable, it was possible for the Surgeon to see everything done himself; where it was large, he sometimes employed a paid dispenser, who was qualified in every respect—or sometimes the senior apprentice had ability and moral aptitude to take his master's place, and use his experience for the advantage of the sick. There was, however, so much of felt inconvenience, that there was a demand for new establishments—and these started up. In particular, Mr John Duncan of Perth, believing that there was an opening in Edinburgh for his peculiar aptitude for business, removed to this city; and to his sagacious and enlightened method of conducting business, we are mainly indebted for the great improvement which has taken place in this department. From his shop could be obtained fresh and genuine drugs, supplied at moderate prices, and with a regard to neatness and taste, which were too little attended to previously. He was looked upon coldly or inimically at first; he was considered a too bold man to compete with the existing apothecaries; but he ere long succeeded in not only securing the prosperity which he so well deserved, but in introducing into the trade those principles upon which he conducted his own business. He still lives to see the Druggists of Edinburgh second to none in the empire for probity and skill. Whether in importing the products of foreign countries, or in manufacturing chemical remedies from existing drugs, our Edinburgh Pharmacy will stand comparison with that of any other city.

The effect which this produced on the practice of the Surgeons took place gradually, but it was no less complete. Patients

began to purchase medicines at the public shops, where they were obtained of good quality and at moderate prices. Many people found it an advantage, or thought they had, in buying a dose of physic at their own hand, instead of formally consulting a medical man. Although Mr Duncan and his brother druggists refused to prescribe for patients, yet ingenious people contrived to learn in the shop what medicine and what dose was best fitted for their real or imagined ailments. Partly in consequence of this, partly irrespective of it, the Surgeons began to see that their private laboratories did not occupy the place of necessity and importance which they once held. They began to see, also, that their pecuniary interests were not so much bound up with the sale of drugs as they once imagined. It was plain also, that, set free from the labour and responsibility attending this part of their employment, they could direct their attention more singly to the actual treatment of disease in its varied forms. It was often a burden to the conscientious practitioner, that unless he were personally to superintend the proceedings of his apprentices, mistakes of a serious nature might occur from the frivolity or idleness of thoughtless lads.

I willingly bear testimony to the satisfactory manner in which these duties were sometimes fulfilled, alike by master and apprentice. Dr Abercrombie was not the only master who acted well, and his apprentices were not the only students who were thoroughly trained in their practical duties; but there was much neglect on the part of masters, who thought only of their own profit and convenience, and whose engrossing professional duties abroad formed a sort of excuse for overlooking some of their duties at home. Many valuable opportunities of impressing professional knowledge and moral discipline on the minds of their pupils were allowed to slip away unimproved; habits of idleness were acquired by the young men; and thus a system which, under judicious modifications, was of essential value to students of medicine, has been to a large extent abandoned by both parties. There has been much difference of opinion as to the utility of apprenticeships; but a long-extended observation has convinced me of their importance.* The deficiencies noticed in

* See a paper in the *Edinburgh Medical and Surgical Journal*, vol. xxvi., p. 79.

many candidates for the diploma at Surgeons' Hall, are in some respects traceable to the want of practical training given by means of apprenticeship. The knowledge to be got only from books or lectures is not sufficient ; it needs to be supplemented, to be enforced, by the realities of actual life—by seeing the patients, seeing the remedies, and learning to apply them to actual use. Our teachers are at present doing all in their power to make their lessons as practical as possible. Practical anatomy, practical chemistry, practical botany, practical pharmacy, clinical medicine, clinical surgery, practical midwifery, all are now cultivated more sedulously and more systematically than in former times. The more that the teacher shall instruct his pupils, not *ex cathedrâ*, but side by side, in the dissecting-room, in the chemical laboratory, by the sick-bed, on the hill-side—the more that he drills and guides, reproves and encourages his pupils, as a good master used to treat his apprentices, the more successful will he be in forming their mind, and preparing them for a useful and honourable life. Many of our teachers keep their pupils too much at a distance, and hence they learn only dogmata, instead of habits of thinking and of acting. Many a young man might have been guided right, by the gentle but firm rein of discipline in the hand of a beloved instructor, who is drawn aside by temptation, and incurs losses that many years are scarcely able to replace.

Among the various causes which tended to alter the relative positions of Physician and Surgeon, may be mentioned the establishment of the New Town Dispensary. At the Public Dispensary, which had been founded by Dr Andrew Duncan, and which had for many years served the purposes of benevolence, and had been a useful appendage of the medical school, the medical and surgical patients were prescribed for separately. The physician and surgeon had each his own room, and the patients were marshalled into them at the bidding of the porter, who had such a smattering of knowledge that he could tell which patient needed the physician and which the surgeon. When Dr John Thomson, in 1815, became the founder of the New Town Dispensary, he arranged that each of the medical officers should receive in turn each case that presented itself. This has continued the practice ever since; and while some of the medical officers have had a

predilection for one class, yet all have been led to treat cases of every character, and the effects of this were of the happiest kind. Every medical officer, to whichever College he belonged, became practically acquainted with all sorts of diseases; and if he (in after life) restricted himself to one line of practice, he had acquired a knowledge of disease in general, and of the relation subsisting between local and constitutional ailments, which he could not otherwise have obtained. Besides, the constant, free, brotherly intercourse which was fostered by every one of the Dispensary arrangements (and not less by the sort of persecution which was inflicted on them for some years), fixed upon the mind of each that all belonged to the same great brotherhood of medicine. When I mention that William Pulteney Alison, Joshua Henry Davidson, John William Turner, and David MacLagan, were among the first medical officers, it must be acknowledged that science, skill, and worth were brought into close connection at this institution.

Another event may be mentioned, as influencing very much the fusion of both branches of the medical profession in Edinburgh—I mean the establishment of the Medico-Chirurgical Society, in 1821, chiefly through the exertions of Dr Robert Hamilton. The “Medical Essays and Observations,” published in six successive volumes, before the middle of last century, bear to be “published by a Society in Edinburgh,” and it must have contained both Physicians and Surgeons. The Medical Commentaries, Annals of Medicine, and “Medical and Surgical Journal” conducted by Dr Duncan, and afterwards by his son, contained contributions to medical literature from all branches of the profession. The College of Surgeons had for many years a Chirurgical Society, but it was confined to members of their own body, and, as a consequence of this isolation, it languished and ceased to exist. The Medico-Chirurgical Society, more liberal in its constitution, has continued to flourish for many years, and, sustained as it is by the general body of medical men in Edinburgh, it promises to flourish for a great many years to come. This Society was founded on the unity of the profession, and on the equality of every member, whether belonging to a College or not. Its Presidents have been, in nearly regular sequence, selected from the medical and surgical bodies. The

most eminent members of the profession in Edinburgh have honoured and instructed the meetings by their rich contributions. The Physicians have sat under the presidency of a Surgeon, and the Surgeons under the presidency of a Physician, without constraint or awkwardness; and in that place they have forgotten that they belonged to any corporation or college, except the honourable brotherhood of medicine.

One more circumstance is deserving of notice, as bearing upon this interesting subject—I refer to the alterations effected in the education of candidates for the medical degree and the surgical diploma. The required education was not less in Edinburgh than in other schools of medicine; but it was not nearly so extensive as to secure the full qualification of the candidate. The branches to be studied, and the mode of studying them, were left very much to the choice of the student himself. There were students who, from greater ardour or conscientiousness, secured for themselves a very large amount of professional knowledge and skill, but they formed the minority. The more numerous body, who could not obtain so many advantages, or who neglected to use their opportunities, yet succeeded in due time to be examined and licensed in the usual manner. This plan had its good points. It did not hamper or restrict the exertions of the ardent student, but it deprived the indolent and thoughtless of some powerful motives to exertion. It tended, therefore, to foster a low standard of professional excellence. But a change took place in the views of the guardians of medical education. Very much from the enlightened exertions of Mr William Wood, the College of Surgeons were led, in 1829, to extend their curriculum. It was extended in length, and also in breadth—in the number of years to be spent in the study, and in the number of the subjects which must be studied. The College have never retrograded, and every succeeding edition of their regulations has made them more conducive to the elevation of their diploma. Soon after this, in 1833, the University of Edinburgh were led, by various considerations, to revise their curriculum of medical education. They added to the number of branches to be studied, and added also to the length of study. They also have not retrograded, and their latest enactments have carried out the same principles—full education, and full

time for acquiring it. The result was remarkable. The surgical curriculum had approximated to that for the doctor's degree; the medical curriculum had approximated to that for the surgical diploma. At the period at which I now write, these curricula are not far from being identically the same; and that they are not identical, is perhaps only because the enacting authorities have resolved that there shall be a difference.

Time was when medical students and surgical students kept a good deal apart from each other. I remember a student who scorned to soil his fingers in the labours of the dissecting-room, because he intended to practise as a physician; and I have heard students speak with indifference about Therapeutics, because to become operating surgeons was their grand aim. The medical dislike to anatomy may have been fostered by the terms of the surgical diploma in Edinburgh, in which the successful candidate was authorised "to practise the arts of anatomy, surgery, and pharmacy." The raw surgical student might see nothing worth seeing in the Royal Infirmary, except on the operating days. But I need not mention that nothing of the kind is now to be observed. The students sit side by side in the lecture-room, whether the subject treated of be aneurism or tubercular phthisis. They visit alternately the medical and surgical wards of the hospital. They examine the structure of the human body, and the chemical constitution of organic substances. They associate in the Medical Society, and there sharpen their debating powers on the various topics discussed. They have each their peculiar tastes, depending in part upon the position of their fathers—one giving his whole attention to questions of medicine, another to surgical doctrines; one absorbed by chemical pursuits, another by midwifery. But they all study together; and if any of them speculate about a special walk in professional life, it is after years spent in the general practice of the art in civil life, or in the public service of their country. At the close of their curriculum, they become Doctor in Medicine or Licentiate in Surgery, or both, at the same time, and in the same manner.*

* It may be noticed here how much the meaning of words becomes altered by time. The doctor of medicine was not originally a physician or healer, but a man qualified by education at the University to become an instructor or teacher

From these varied causes—a common education carried on for several years; a common practice, conducted at some of the great charitable establishments of the city; a community of effort to obtain and to communicate professional knowledge at our scientific associations—the members of the two Colleges in Edinburgh have been induced to abandon (not formally, but actually) their separate and exclusive methods of practice, and now act in this respect upon the same principles and in the same manner. They are no longer restrained in this by any consideration of the College to which they belong. The Physicians undertake the treatment of diseases of all kinds, carry their lancet and bistoury in their pocket-case, and feel no reluctance to use the catheter and bougie besides. Many of them are accoucheurs, and, as such, are familiar with the use of surgical instruments—sometimes in operations that are called *capital*. All of them have in their houses little depositories of medicines, which they dispense on occasions of emergency more or less urgent; and many of them carry in their pockets a small case for holding a few of the most generally used remedies. A large number of them have received the diploma of Surgeon from a Royal College; and not a few of them add the word “Surgeon” to their name on their door-plates. The Surgeons also undertake the treatment of diseases of all kinds. A large proportion of them have the degree of Doctor of Medicine; but none of them decline to undertake the treatment of diseases because these are medical, and not surgical. I remember the time when “Mr —, Surgeon,” was universally the name upon their doors; and that when “Dr George Wood, Surgeon,” appeared upon a door in Heriot Row, it was considered an innovation. Now this designation is quite a usual one.

So far as the practice of their individual members is concerned, one cannot see why there should be two Colleges in Edinburgh. Is not this separation, this bisection of the profession, symbolical of a state of things which has long passed away? Were legislation for the first time to be contemplated, would not only one

of medicine. The license to practise the art of healing was given by another body. Even now, when the Universities confer the degree of Doctor in Divinity, they do not license to preach; nor does the degree of Doctor of Laws imply privileges of a lawyer.

College be established? Were the charters of the two Colleges now to be withdrawn, would not the members of both coalesce into one, as the separated globules of quicksilver do when the separating influence has ceased to act? Their existing as separate bodies serves no purpose, except to generate jealousy and rivalry. Even in London, where the separating forces are more powerful than in Edinburgh, where it is alleged that there is so much of aristocratic hauteur, so much of corporation exclusiveness, the large majority of medical men, when out of their colleges, are ready to act as of one body. This is seen in the Royal Medico-Chirurgical Society, and all the other voluntary societies for professional purposes. These are now very numerous (perhaps too much so), embracing a great variety of objects of interest to medical men, who are members of both the medical and surgical branches. But a still stronger illustration is found in the British Medical Association, which has flourished for twenty-five years, and which now consists of 2000 members, residing in every part of England and Wales. It is a great central institution, binding together men of various grades and opinions; presenting a broad front to the public, and rivalling, except in legislative power, the great corporations of the metropolis. To attempt to confine its membership to Physicians or to Surgeons would be scouted as an absurdity by every one connected with it.

But there are now two Colleges, and this is supposed to be a strong argument for there being two always. Would any actual advantage be derived from their fusion? Is there any actual disadvantage arising from their separate existence? I am quite aware that there is a strong *vis inertiae* in many of us, especially the elder men. We like to remain as we are, and to retain what we have: we dislike change; we are afraid of the very name of innovation. But the actual reasons alleged in favour of the existence of two Colleges are the supposed interests of Physic and Surgery. It is said that, were the two Colleges fused into one—were we to become one college of general practitioners—the predominance of Medicine in the one College, and the predominance of Surgery in the other College, would cease to influence the Fellows, and that these two sciences and arts would decline. Now, in discussing this question, I must distinctly state that I do not refer to the position of the profession in other

cities. London and Dublin, and Paris and Vienna, have organisations of their own, suited to their own latitude, to the laws and habits of their people : my remarks apply to Edinburgh alone, because I know the condition of the profession there, and because that condition so peculiarly calls for the change which I suggest. Were the Physicians exclusively devoted to medicine, and the Surgeons exclusively devoted to surgery, there might be danger of the kind alluded to ; but scarcely any of them are so exclusively occupied, and to blend these men into one College would just be declaring what is already the case. There are at present perhaps half-a-dozen men in the two Colleges who are pure Physicians or pure Surgeons. These men are not more separated from each other than they are from the large majority of their own College. Would they cease from their present modes of practice, from their admirable efforts to advance their own department, because they were members of the same College? Are not their present labours in the Medico-Chirurgical Society much more conducive to the advance of their profession than anything they have done within the walls of their Colleges?

I do not desire that they shall become general practitioners. I know the value derived from the division of labour in this as in every department. They, as physicians and as surgeons, fulfil a duty to their brethren, as counsellors and as examples, which they could not fulfil in a more general mode of practice. By withdrawing their attention from a multitude of trifling ailments, and concentrating their mind upon disease in the general, they are able to take a larger view of the subject, and to make that large view bear practically upon the treatment of each individual case in which they are consulted. How often does the general practitioner find that his minute attention to the symptoms in detail has led him to overlook some one leading feature in the case which becomes a guide-post to him in the treatment. How often one feels that he is, as it were, too near to the case, and that to a stranger the angle subtended is larger, and therefore more conspicuous. Although not pleading guilty to carelessness in observing, yet often have I felt thankful to have the counsel of a physician or surgeon, that I might be aided in my diagnosis and in my therapeutics. Such a one is not necessarily a narrow-minded specialist, seeing nothing but from one point of vision,

and having no store of remedies in reserve beyond his never-failing panacea. He is a large-minded man, as free from prejudices as it is possible for man to be; full of the nobleness, and yet of the weakness, of the art; striving to conduct it on philosophical principles; ever combining with the welfare of the sufferer under immediate consideration the advancement of the art itself, and the peace and wellbeing of all its members. He is not so intent upon his own profit, or his own aggrandisement, as upon doing what is right—right to others, right to the great cause of humanity, to the welfare of the world, burdened and defaced as it is.

I would not willingly withdraw any such practitioner from his elevated position; I would rather add to their number, by inducing one and another, who have toiled in the laborious walk of general practice, to withdraw from it, and devote themselves to the counselling of their brother practitioners. There are others who are specialists, and rightly so. They have selected for themselves a special department of practice, and have followed this to the great advantage of the public, and to their own reputation. These are special physicians, special surgeons, accoucheurs, oculists, aurists, dentists, chiropodists; and it is desirable that, if possible, they shall be members of a college, as the only safeguard that they shall not become narrow-minded quacks, cooped up in their own dimly-lighted cell, but by free intercourse with enlightened and liberal-minded brother practitioners, by walking in open day, with the eyes of all the brotherhood of medicine upon them.

But it is alleged that, although the members of the two Colleges do not conduct their practice in any way corresponding to the character of each College, yet that the separate existence of these bodies secures for medicine and for surgery a more effective patronage, and therefore a more important influence than could otherwise be obtained. In answer to this, I observe that no proceedings of the Colleges in a corporate capacity have ever done for the welfare of the profession what they could not have done when united. In counselling the public respecting measures which bear upon health, in corresponding with Government upon national subjects, in supporting members of the profession (not members of Colleges) who are neglected or oppressed by

official authorities, in exercising a wholesome discipline on their own erring members, nothing has been done by the separated Colleges which might not have been better done by a united college. Were they unfettered by sensitive hesitation regarding their own privileges, by uncertainty how much or how little is the responsibility of each College in every matter affecting the common interest, their interferences would be more frequent and more influential. I may be told that there is no such jealousy between the two Colleges, and that the friendly feeling of both is expressed in the friendly feelings of their Fellows. I rejoice in the latter, and am assured that very many of the Fellows of both Colleges reciprocate the purest and most untarnished friendship. But there is jealousy, in the bodies, of each other, and this jealousy "crops out" whenever an opportunity occurs. I appeal for this statement to the recollections of members; and I appeal to the negotiations which have been carried on in the arranging of the provisions of the Medical Reform Bill. The relative position of the two Colleges has been adjusted, in a manner, after lengthened conferences. But this settlement, which is indeed but a compromise of interests, is not fully satisfactory, and the leading negotiators on both sides acknowledge it. The College of Surgeons have possessed for a long series of years the right of conferring the surgical diploma upon candidates qualified by a prescribed course of study, and by a searching examination. The College of Physicians have long desired to share in this privilege; and it is right that they should do so, not as a College of Physicians, who have no duties in this respect, but as a body of educated, intelligent, accomplished practitioners. It has been long debated upon what conditions they should be admitted to join in this work, what share they are to have of the fees, and similar questions. But all the negotiations, and the conditions at length agreed on, show merely the false position in which the Colleges now stand to each other, and that this false position will not be put right permanently by what is proposed. It is a clumsy expedient for doing by means of two bodies what will be much better done by one.

Should the Colleges reject the proposal of fusion, and resolve to maintain their separate independent positions, it will be necessary that they shall, in their corporate characters, take dif-

ferent departments in the great medical commonwealth. What these are to be I cannot conjecture; unless it is expected that the Physicians shall become the governing body, and so absorb the other College. Unless a really separate function shall be found for each, sure I am that a painful collision will speedily ensue. The nearer that two bodies approach to each other in constitution and in character, the more will the trifling differences between them be exaggerated and intensified. Not only must the Colleges resolve to run on two separate lines of rails, and thus keep for ever from collisions, but the individual Fellows must resolve to do so also. Are they prepared for this? Is there any possible way in which they can do so? Are the Surgeons prepared to confine their practice to purely surgical diseases, and to call in the aid of the Physicians to prescribe as to the constitutional treatment of local diseases? Are the Physicians prepared to confine their practice to purely medical diseases?—to give up midwifery?—to send for the Surgeons whenever local symptoms supervene, or when the use of manual or instrumental agency is required?

I can conceive of two colleges in the same city well defined by characteristic marks. The pure Physicians might comprise one college, and the pure Surgeons another; but in Edinburgh such colleges would consist of but one or two Fellows, who would be almost alone in their glory. I suspect that the gentlemen I refer to would rather like to be associated with their brother practitioners, by whom they are so much esteemed. Or the teachers might form one college and the practitioners another. The former have so many interests and so many modes of thinking in common, that they might well form a separate body; only their being diffused through the larger body would make them less exclusive and more practical. Or there might be an upper house for the older men, and a lower house for the juniors. But I, for one of the seniors, would regret being separated from the ardour and alacrity and geniality of the other college. Or all the accoucheurs might keep together, and leave the non-accoucheurs to themselves. But there is such a tendency among the accoucheurs to become specialists in habit and opinion, that we should try to counteract this tendency by bringing them more into intercourse with their brethren. Or the rich doctors who own car-

riages might be together, while those who "cab it," or trust to their own toes, might take the other college. Or there might be a fraternity of authors, and another who only read the writings of others. Or there might be a college of bachelors and another of benedicts. Or the moustaches might keep in one body, and the bare faces in another. All those distinctions, trifling and ridiculous as some of them are, are yet well defined, and each marks some character of mind or of social position which is actual. But the present distinction between Physician and Surgeon in Edinburgh is not a reality, and cannot be maintained. Out of their Colleges these men are one.

We have heard or read of examples of the absurdities of etiquette, of strict adherence to form. One is of an Oxford student who saw a fellow-collegian drowning, and who stood by the side of the swollen river wringing his hands, and exclaiming, "O that I could be introduced to that gentleman that I might have the happiness of saving him." Another is of a physician who was travelling in a public carriage with his friend. The friend became apoplectic in the carriage. The doctor ordered a surgeon to be sent for to bleed him, as he did not dare to do so himself, and then proceeded on his journey. A third is of a college of surgeons who prosecuted a man for infringing upon their monopoly by puncturing the belly of a dropsical corpse to permit its introduction into the coffin. He had no right to do so, and they gained their suit!! But can any of these strange incidents be considered as indicating a normal state of the profession? All refer, I hope, to a state of things which is past, never to return. Let us not approach it, however; let us cherish only feelings which belong to a noble, large-hearted brotherhood. Let that brotherhood be the whole profession. Let the aim of that brotherhood be the welfare of the entire human family.

The union of these two Colleges would be of easy accomplishment. The Physicians have no trammels of any kind except their Charter, which they are even now seeking to replace by one suited to modern opinions. The Surgeons have, by their Charter of 1853, become dissevered from the Municipal Corporation and from their Widows' Fund, which, however valuable to them in former years, had long been felt to be rather a burden than an advantage. The one College possesses a noble museum of healthy and morbid

structure, accumulated by the zeal of its Fellows, and forming a basis of investigation in all pathological investigations. The other College has a museum of *Materia Medica*, which is designed to comprise all that is conducive to the treatment of diseases. Both Colleges possess libraries—the one a collection of professional literature of great value ; the other has but a small collection of its own, but its Fellows have, by a special agreement, free access to the University Library, a privilege of no small importance. The one College has a capital, which is in the course of progressive augmentation ; the other College has a debt, which is in the course of being liquidated. Each College possesses what is better than museum, or library, or money—a large membership of intelligent, learned, large-minded men, who are in love with their profession, and desire to promote, and are well able to promote, its progress as a science and an art. There are still many estimable practitioners who have not been enrolled in either College, but whose accession would add strength and grace to any body. I would deprecate any compulsion on these men to join a college. A college should consist of select members of the profession, not of every one who has permission to practise. But any new arrangement of the profession would form a favourable occasion for their being absorbed in the collegiate body.

Some mutual concessions might arrange for the entire amalgamation of the Fellows in a united college. But if difficulties were felt to be involved in this which could not be reconciled, the existing Fellows might retain possession of their separate privileges, and the new Fellows only become the united college. Every succeeding year would withdraw one or more from the separate lists, and add to the strength of the united college. Were the possession of a University degree indispensable, this would exclude the writer of this, and others who, with him, do not possess it. But the feelings or the interests of individuals ought to be no bar to the accomplishment of a great and general good.

Medical Reform is a large subject, and is deservedly occupying much of the attention of medical men here and all over the empire. The medical profession does not occupy the position which it ought in society. While the emoluments of some are large, the income of very many is so scanty as to render their

circumstances far below what educated men ought to have. There may be some blame due to themselves. They may have given an artificial stimulus to young men to join the profession. They may have enacted various regulations, designed to benefit the few, and have overlooked the many: an exclusive spirit, a corporation spirit, may have guided many of the proceedings of the Colleges and of their members. But the great blame is doubtless ascribable to Government, to Parliament, who have been ready enough to get out of medical men as much as they could for the good of the State, and have paid them as little as possible, either in the form of money or of anything else. Not only have men of wealth made them serve their families and dependants at a remuneration which barely enables them to live; but, worse than this, the collective wisdom of towns and parishes, their county boards, their town-councils, their parochial boards, have done their best to lower their utility, by lowering their pay, putting the offices in their gift to a sort of Dutch auction. Let us hope that this degradation of a noble profession shall no longer be continued; that services of great value to the community shall be duly estimated, and duly remunerated; and that temptations shall no longer be held out to meritorious poverty. The profession seem now to have awakened to the evils which beset them. The great corporations seem willing to relinquish some of their exclusive privileges for the good of the whole. Let us hope that a new Parliament will feel the need of a reform of this as well as of other grievances. *Punch* seems to be doubtful whether the new broom will really sweep up better than its predecessors. Let us hope on.

I long for the elevation of our profession, for its recognition by the Legislature, and by all legal authorities throughout the British empire; for the removal of those restraints and burdens which at present interfere with the free exercise of its duties; for the removal of those laws and customs which fetter its members, hindering them from practising their profession everywhere in the Queen's dominions—the result of antiquated legislation and obsolete monopolies. I long for unity—for the abolition of caste; for the identification of all its members, wherever they have been born, wherever they have been educated, whatever be their social position. I long for a more brotherly feeling than

that which is evidenced in some quarters, which would embrace all that is estimable, correct what is blameworthy, expel what is corrupt. The unbecoming feuds which have been often seen between Professors and Lecturers, between Physicians and Surgeons, between City Doctors and Country Doctors, have done much to embitter the feelings of all, and to lower the profession in the eyes of the unprofessional public. Let us throw aside all that is selfish, sectarian, and low; let us throw off an affectation of mystery and secret working; let us open up our professional knowledge to all, shunning any approach either to the starched pedant or the money-loving empiric; let us appear before the Legislature with clean hands, as the healers of the sick and the benefactors of the people. Then we may hope that they will listen to our grievances and redress them.

I submit my remarks to you, and through you to the profession generally, trusting in your candour to receive kindly all my views, even although you should not adopt them.

WILLIAM BROWN.

EDINBURGH, 25th May 1857.



