

On the education of medical practitioners for colonial service / by Dyce Duckworth.

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ON THE
EDUCATION OF MEDICAL PRACTITIONERS
FOR COLONIAL SERVICE.

BY

DYCE DUCKWORTH, M.D.

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COLLEGE OF PHYSICIANS TO THE CONGRESS.

*A paper read at the First Intercolonial Medical Congress, held
in Amsterdam, September, 1883.*

It is not unreasonable to believe that amongst many benefits to follow from this International Colonial Medical Congress will be the establishment of some definite principles whereon to found a sound system of medical training for Colonial service.

It is with this end in view that I now offer some suggestions upon this subject, and commend them to the best consideration of all whom they concern.

In Great Britain and Ireland this question is pretty well settled. We have not only ample means at home of training men for medical work in our Colonies, but we have the advantage of well-equipped universities and medical schools in several parts of the Colonial Empire,

notably in Canada and in Australia, and, so far as our own country is concerned, there is not very much that can be said. A study of the matter has, however, shown me that there are several improvements which appear to be called for in the training of candidates for Colonial service.

It may be stated that there is nothing very specially requisite for such a training, and this may be more fairly affirmed now than was possible a quarter of a century ago. It was formerly believed that medical men in the Colonies should have a more complete training in the auxiliary sciences, since they enjoyed large opportunities for advancing these studies. I am of opinion that this is now a mistaken and unnecessary view to hold. I am most ready to admit that in times past science has been largely added to by Colonial doctors, and that, too, when no others were in a position to add thus to knowledge. But the whole domain of science has now become so vast, so specialised and subdivided, that it is no longer in the power of medical men to advance its boundaries as they formerly did, if they are engrossed with the cares of practice, and occupied, as they ought to be, primarily with the advancement of their own art and medical science proper. In these days, when physical science is largely cultivated for its own sake, and counts its votaries by hundreds of active and enthusiastic spirits, and when, too, communication with every part of the globe is so rapid and little costly, it is, I venture to hold, quite unnecessary for medical practitioners to aspire to work successfully in the region of natural science if they settle anywhere with the object of taking the best care of the ailments and needs of suffering humanity. I may be wrong in this view, but I wish to lay down this suggestion at the outset of my remarks with all the weight that I can command.

The boundaries of medical knowledge proper have themselves been widely extended of late years, and it needs all the mental power that can be given to keep

pace with the ever-growing additions that come into the field of our own special art. It may be also added that the cultivation of medical science is itself as good a training as can be found for the mind of any man endowed with fair mental power, and prepared with a wide and liberal general education to work in this field.

The preliminary and professional education of medical practitioners for the Colonies should be as complete as possible, so far as is consistent with training men of ordinary ability on common sense principles.

I shall presently try to show that it is not advisable to teach with minuteness several subjects in the professional curriculum which have, of late, been, perhaps, overtaught to the average student of medicine.

I am now, however, concerned to urge that decided encouragement should be given to young men of ability to come forward for Colonial service, and I conceive that this may be effectually accomplished by the institution, in each year, of at least two scholarships in general literature, or science, to be competed for in the different universities of the mother country or the Colonies, in turn, at the outset of professional study. I offer the suggestion that those scholarships should be provided by the Colonial Department of the Home Government, and should be equivalent in value to the cost of a complete medical education, say—at least £120 (3000 francs). I cannot doubt that the distinction of winning this position would attract annually some of the choicest students towards a Colonial career in medicine. These men would be pledged to practise in some Colony, and there would be no difficulty in finding suitable spheres of work for such candidates.

This addition to the annual estimates of the Colonial Department would be but trifling, and would be well-spent money.

I may here direct attention to the fact that the Colonial Office in England, at all events, has no Medical Board, and no medical officer of consulting rank, or, indeed, of

any rank, to advise the Minister for the Colonies upon sanitary questions. I think this anomaly should no longer exist, and that an officer of suitable standing and special experience should be attached permanently to the staff of the Secretary of State.

In the early part of the curriculum of the Colonial medical student, I venture to urge that the subjects of Chemistry and Physics (Natural Philosophy) be thoroughly taught, and, contrary to views hitherto held, I wish to recommend that the subjects of Anatomy, Physiology, and Botany be not over-minutely taught. It is the opinion of some of our best and most experienced teachers that much valuable time is wasted in a too elaborate effort to master the minute details of the last three subjects. This time can never be subsequently recovered, and the minutiae themselves are rapidly lost. Modern medical science calls for much aid from chemistry and physics, and no one aspiring to high place in the profession as a teacher or investigator can afford to ignore the claims of anatomy and physiology for careful and detailed study. But for the *rank and file* of Colonial practitioners such manner of study can have no place, and it is needless to attempt to enforce it.

I am aware that I am uttering doctrine at once somewhat startling and unwelcome, but I am acting advisedly and, as I believe, for the best interests of the future practitioners for the Colonies.

If it be thought desirable to urge any studies apart from medicine proper, I think those of Geology and Physical Geography may be recommended with advantage.

Respecting special professional training for the Colonial medical practitioner, I should urge very strongly that at least three months of study be devoted to each of the following subjects: Ophthalmic Surgery, Diseases of Children, and Diseases of the Skin. Proficiency should be shown in the art of the ophthalmoscope and laryngoscope, and certificates of practical knowledge of obstetrics and vaccination should be demanded.

It is essential before all things that a Colonial practitioner be well-versed in the theory and well-trained in the practice of his art. He must be a self-reliant man, and should early in his career seek to exercise a clear and independent judgment. He must accustom himself to act alone, and to have the courage of his convictions, for he will seldom be able to summon prompt assistance from his brethren.

Such confidence and self-reliance can naturally only be safely assumed after a thorough training. If men thus equipped for practice can be secured for work in the Colonies, it becomes absolutely incumbent on the mother country to secure them a fair field for their labours. It may be further stated that it is the duty of the mother country to furnish such men to all Colonies where no universities or properly equipped medical schools are as yet established.

To protect such men in their several spheres of duty it must also be the care of the mother country, or of the local Government, to prevent imperfectly educated practitioners from exercising their ignorance in a Colony. Unqualified men should only be permitted to act in the absence of any regular practitioner, and in this way the services of native apothecaries or dressers may be utilised till a supply of qualified men can be obtained.

I think it important to recommend that no Colonial practitioners should commence work within the limits of the tropics under the age of twenty-three or twenty-four years. Statistics abundantly prove that a better standard of health is maintained if tropical service is begun at this time of life, and that Europeans are thus enabled to resist the special risks of trying climates with greater likelihood of success.

Colonial Governments should take efficient measures to secure that no medical practitioners establish themselves in any country whose diplomas are not recognised by the home authorities, and special care should be taken to scrutinise the qualifications of each newly-arrived practi-

tioner, and to identify the holder of every diploma. For this purpose each new-comer should be compelled to register himself officially before the nearest resident Government authority. Only such men as are on the official list should be recognised and empowered to recover their fees. Any holders of diplomas not thus recognised should be warned under penalty not to practise, and their names should be published in the Government gazette as those of unauthorised persons.

I may seem to propose sterner measures of legislation against improper practitioners in the Colonies than are now in force in some of the mother countries. In England, for example, the public is not as efficiently protected from unqualified practitioners as it might be. With the less-educated and more credulous communities of the Colonies, a greater measure of protection is perhaps called for, not but that in medical matters education and credulity go together only too commonly all over the world.

It may be reasonably expected that in the course of time the several Colonies will become independent of practitioners from the mother country. If universities and complete medical colleges are established in the large cities, there will be excellent education and practical training within easy reach. With increased rapidity of intercommunication, however, it is at least as likely that Colonial students will try to avail themselves of some share of training in the mother country. For my part, I venture to hope that the bonds uniting the several Colonies to their mother countries may strengthen and deepen in the ages to come for the best interests of both; and in helping on such a good work, I feel assured that the members of our liberal and catholic profession will take no second place.

In our country we may point with pride to the positions taken from time to time in literature and science, in politics and in diplomacy, by Colonial members of our profession.

Although I may not bid candidates for medical practice to seek such eminence in any but their own sphere of duty, I may, at least, commend such examples to their attention, for they may well inspire our Colonial brethren with high ideals of excellence, and certainly no class of men, with the exception, perhaps, of the Christian clergy, have ampler opportunities of serving the best interests of their day and generation.

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