

**Plan of medical reform and reorganization of the profession, without subverting the existing colleges of physic and surgery : addressed to the Right Hon. Sir R. Peel, bart. / by Richard Carmichael.**

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PLAN  
OF  
MEDICAL REFORM

AND  
REORGANIZATION OF THE PROFESSION,  
WITHOUT SUBVERTING THE  
EXISTING COLLEGES OF PHYSIC AND SURGERY,

ADDRESSED TO THE  
RIGHT HON. SIR R. PEEL, BART.

BY  
RICHARD CARMICHAEL, M.R.I.A.

President of the Medical Association of Ireland; Corresponding Member of the Royal Academy of  
Medicine of France, &c.; and Consulting Surgeon of the Richmond, Hardwicke, and  
Whitworth Hospitals.

“If the united voice of nearly all the individuals who constitute the  
Medical Profession, may be admitted as a just indication of the necessity  
for reform, nothing more need be said in proof the existence of that  
necessity; for that united voice is already raised in favour of the measure.”

T. KIDD, M.D.  
*Regius Professor of Medicine in the  
University of Oxford.*

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## LETTER TO SIR ROBERT PEEL, BART.

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SIR,

THE question of Medical Reform, upon which I take the liberty of addressing you, is perhaps one of the most intricate and embarrassing subjects that ever engaged the attention of a statesman, and is necessarily so in consequence of the extent of conflicting interests to be considered—the number of corporations and colleges, many of them venerated on account of their antiquity, whose stability is involved in the question—the interference with the established usages of society, which must be handled with the utmost delicacy and discretion;—all these considerations are more than sufficient to deter any ordinary statesman from meddling with a subject of such difficulty and perplexity, and upon the nature and extent of which scarcely even two of the members of the medical profession itself are agreed; although there is not one amongst them, I shall venture to say, of intellect or candour, who will not admit, that the entire profession, in all its departments requires to be remodelled and reformed, and that not so much for the respectability of the profession itself, as for the best interests of society.



The great measure of Medical Reform can only be accomplished by a statesman of a comprehensive and active mind, capable of estimating the necessity as well as the difficulty of the subject, and who possesses firmness of purpose, not to be deterred by the latter from yielding to the former : in fact, a man who, in the emphatic words of a judicious writer, “is not bigoted to abuses because they are ancient, or averse to improvements because they may be novel—who is essentially a man of the NEW ERA, imbued with the wisdom of the old ; who stands as it were on the brink of the great stream of time, adhering with one hand to our rooted institutions, while he endeavours with the other to seize every passing hint for improvement ; one who will neither reject wholesome reform because it is change, nor precipitate changes under the pretence of reform.”\*

A mind like yours, sir, thus formed, can find no great difficulty in grappling with institutions and usages, no matter how long established, which are decidedly injurious to the best interests of society.

During your former ministry you conferred the greatest benefit upon the nation by your improvements in the criminal code of laws, and, even when you ceased to be minister, lent your powerful aid to every measure that was useful. Now, sir, you have an opportunity of bestowing still greater benefits upon the country, by a re-organization of the medical profession, which, *in its present state*, is, I venture to assert, more frequently the source of mischief than of benefit to society. So much is this re-organization required, that, notwithstanding these countries can boast of having given birth to the ablest medical authorities

\* Quarterly Review, No. 136, p. 527.



that ever benefited mankind, yet the state of the profession at large, and the ignorance of numbers who profess, under legal sanction, a right to practise it, is such as to be a source of surprise, amusement, and ridicule to the numerous medical and scientific strangers who pass through the land.\*

I shall not, however, here enlarge upon the reasons that render the improvement and re-organization of the medical profession indispensably necessary. They will be sufficiently obvious by laying before you what the majority of medical reformers require:—

1st—A good preliminary education, such as is required of those who enter into the other learned professions.

2ndly—A good *practical* professional education, to be tested by a scrutinizing *demonstrative* examination.

3rdly—Equality of qualification in each great division of the United Kingdom.

4thly—The union of physic and surgery, at least in education.

5thly—The separation of the practice of pharmacy from the practice of medicine, as far as the interests and usages of society may permit.

I shall now consider each of these heads with as much brevity as the importance of the subject admits; and where I conceive it necessary, to support my opinions by those of others (chiefly selected from the evidence reported by the parliamentary committee on medical education in 1834,) I shall insert them in an appendix. By this arrangement the different links of the argument will lie unbroken in a closely connected chain, and the objects of Medical Reform sought for, can be thus seen in a bird's-eye view.

\* See Appendix, No. I.



With respect to the first head. The necessity of a good preliminary education, such as is befitting the members of a liberal and learned profession, little may be said, as it may be considered a self-evident proposition. Therefore, those who are not either graduates or undergraduates of one of our universities should undergo an examination in classics and science equal to that usually demanded on matriculation,\* before they be permitted to enrol their names as students of medicine. This has been always the system pursued by the Irish College of Surgeons, and has tended in no slight degree to maintain the respectability of that body.

The second head is, that a good *practical* professional education be established, to be tested by a scrutinizing *demonstrative* examination.

I have marked in italics the epithets *practical* and *demonstrative* in order to impress the necessity of attending to these two points, in the mode of conducting the education and examination of medical students. The science of medicine is little more than a practical art: therefore, the necessity of attending a certain number of years in dissecting rooms, chemical and pharmaceutical laboratories, and hospitals.

Lectures are no doubt useful, particularly clinical lectures on the cases in hospital under the immediate observation of the pupils, and which on no account should, in any hospital for the education of students, be omitted.—The number of years necessary for the education of a practitioner in medicine should not be under five, but there is sufficient occupation for even six or seven years.

Whatever term is agreed upon should be certified by the

\* See Appendix, No. II.



most exact documents, before a pupil is admitted to the test of examination. But no portion of the period spent in an apothecary's or druggist's shop should be considered available as a qualification.

The certificate system of attendance upon lectures, hospitals, &c. &c. has been so abused, and so little reliance can be placed upon it, that I should only require one document, to be certified by a solemn declaration equivalent to an oath, (if demanded by the court of examiners,) that the candidate has *bona fide* been occupied during the period agreed upon in the study of his profession as above laid down.

The term *demonstrative* applied to examination is intended to test the qualifications of candidates in a way which may bid defiance to the skill of that most industrious person, technically called in Dublin a grinder, but in London a crammer, who has long been in the habit of manufacturing practitioners in medicine, almost with the power and celerity of steam. The mischievous trade of this well-known personage will be in no slight degree impeded by bringing the candidate immediately before the object upon which his examiner wishes to test his knowledge.\* Thus, when the examination is on anatomy, let a subject be placed before the candidate, and a knife put into his hand, and let him be desired to display such and such parts as his examiner may direct. In obeying these directions, such questions will naturally suggest themselves, as will enable the examiner, in ten minutes, to test the candidate's knowledge, better than hours spent in the usual mode. In the same manner, when chemistry and botany are the subjects of examination, let the sub-

\* Appendix, No. III.



stances and specimens be placed before the candidate, and a glance will discover whether he be a botanist or chemist ; and with respect to the mode of testing his knowledge of the practice of medicine, let him be led into the clinical wards of an hospital, where a few observations will enable the examiner to ascertain whether the candidate is possessed of that experience and information that would entitle him to become the privileged arbiter of health and sickness, life and death.

The third great object to be obtained by Medical Reform is, that the education and tests of examination be conducted in such a manner that there shall be an equality of qualification in each great division of the United Kingdom—so that any individual who passes the necessary examination in any one division of the empire shall be qualified to practise and fill any public situation in every other.

This is not the case at present; for no Irish or Scotch practitioner, however qualified by education or sanctioned by diploma, can practise in London, or within ten miles of it, without being subjected to severe penalties, at the mercy of the College of Physicians of London; and so narrowed is the monopoly of this learned corporation, that no man is admissible to their fellowship except he has graduated in arts and medicine at either of the Universities of Oxford or Cambridge,—as if all education, preliminary and professional, could only be acquired at one or other of these two seminaries.

A graduate in medicine at any of the universities, or a member or licentiate of any of the colleges of surgeons, cannot vend medicine in England or Ireland, or enact the ordinary functions of what is termed a general practitioner, without incurring severe penalties at the mercy of the



apothecaries' company of either London or Dublin.\* A member of the College of Surgeons in London is not qualified by law to fill the situation of surgeon to a county infirmary in Ireland. Many other instances of inconvenience to practitioners arising from the present laws respecting the profession might be cited, but these are sufficient to evince, in this respect alone, the necessity of legislative interference. Under the head of *equality of qualification*, necessarily arises the consideration whether it would be advisable, or tend to the interests of the public, to have, instead of one, two grades of practitioners, to be tested by two different degrees of education and qualification.†

This is a question upon which the profession are much divided: some contending that if there is but one grade of practitioners, who must, of course, be required to have a liberal and extensive education, both preliminary and professional, there will not be a sufficient supply of medical men to meet the wants of the nation; others, on the contrary, aver that under the one grade there will be an abundant supply to meet every demand. At present all parts of this vast empire are inundated by hordes of struggling and starving medical men, who have little other occupation than expressing to one another their unavailing regrets that they have spent their time, money, and labour in acquiring the knowledge of a profession which is now of no use to them. The only legitimate way of guarding for the future against this evil is, to raise the qualification, which, by requiring more time, labour, and money than is at present demanded, will tend in a few years to lessen

\* See Appendix, No. IV.

† See Appendix, No. V.



the supply of medical men, and yet render it commensurate with the *real* wants of the people. I know that some political economists contend, that if the education of medical men be expensive, the cost of employing them must be proportionally high. To this I answer, that it would be wiser to give a fair price for any article we want, or even to remain without it, than to purchase one ill-manufactured and of bad materials; but, in my opinion, the objection that one grade of well-educated medical men will be either too few or too high in price to meet the wants of the public, is altogether fanciful and founded in prejudice and error; and while there is an abundant supply, the *res angustæ domi* of the young, and too often of the old, will furnish a host of practitioners to meet the means of remuneration of all those who seek for their assistance. It is not to be imagined that one of five years' standing will expect to receive the same quantum of remuneration as one of ten years, or one of ten years as one of twenty; but let these matters be left to the public and the individuals of the profession, and no other interference is required on the part of the licensing bodies than, in commercial language, to supply the market with a sufficiency of sound and well-manufactured materials; and I will venture to affirm that the purchasers will not only get far better goods for their money, but infinitely cheaper, than those they have long been in the habit of considering a bargain. The credit of belonging to a liberal, learned, or honourable profession—such as the bar, the church, the army, the navy—is justly esteemed a part of the remuneration for service. In the present degraded state of medicine this forms no part of a medical man's pay; on the contrary, it is a downright injury to him in good society to be announced either as a doctor or a surgeon.



Therefore, by rendering the profession of medicine more respectable, you make it at the same time less expensive to the public.\*

If you admit of two licensed grades of the profession—the one to supply advice to the affluent, the other to afford both advice and medicine to their less fortunate fellow-subjects—you will perpetuate the evil system which now exists, and you will continue to have the nation overrun as hitherto by ignorant or half-educated medical men. Let then all be educated alike, and undergo the same test of examination. Those of superior talent or industry will naturally rise to the rank of consultees, and fill the posts of medical attendants upon hospitals, and of professors in the different schools; while, at the same time, the necessity of a sound education in all, will ensure to the poor as well as to the rich, medical advice upon which the nation at large may rely. It is an absolute duty in a wise and paternal government to take especial care that the people shall be provided with medical men duly educated—for the healing art is an exception to the axiom laid down by Adam Smith, that it is unwise by either encouragement or restriction to interfere with the open market; because the public are not adequate judges of the qualifications of medical men. It is, therefore, necessary that government should take especial care to provide them with well-educated practitioners in medicine, leaving *then* the market open, when the selection can only fall on a *materiel* of good quality.

This being effected, the government are not answerable for the consequences of people entrusting their health and lives to empirics or ignorant pretenders. As long as there are fools, there will be no want of knaves to prey on them.

\* See Appendix, No. VI.



All that government can do to prevent empiricism is, to make publicly known, in every possible way, the names of qualified medical practitioners,\* to admit only of the appointment of such to public situations, to grant no more patents for the sale of quack nostrums, and to punish pretenders who assume titles or rights to practise medicine to which they have no legal claim.

The fourth proposition for the improvement of the practice of medicine is, the union of physic and surgery, *at least in education.*

Notwithstanding that the Colleges of Physicians of London and Dublin still insist upon a distinct education in physic and surgery, and will not admit a surgeon into either of their respective bodies until he has disfranchised himself from the College of Surgeons to which he belongs; yet it is now generally admitted that this distinction between physic and surgery is so artificial and unnatural, that it is totally impossible to draw any line of demarcation between them, so as to indicate to either physician or surgeon his peculiar province; and it is certain that there cannot be a good physician who has not the knowledge of a surgeon, or a good surgeon who has not the knowledge of a physician;† therefore it is obvious that both should be educated alike. By this proposed re-union of physic and surgery, the public will not be deprived of the advantages arising from the division of labour. It is only contended that the education of a physician and surgeon should be precisely alike. In large cities and communities, some will naturally incline to the practice of physic, while others will prefer that of surgery, and thus individual eminence will naturally be acquired in either one or other of those divisions.

\* Appendix, No. VII.

† Appendix, No. VIII.



But in smaller towns and communities, both branches must be practised by the same persons; and for this indispensable necessity they will, under the proposed reform, be amply qualified.

Physic and surgery were practised from the earliest times by the same individuals, until the darkest periods of the middle ages, at a time when medicine, as well as every other art and science, was engrossed by the priesthood. The practice of surgery was then, for the first time, separated from that of physic, in consequence of the edict of the third Council of Lateran, in 1216, either because it was deemed indecorous for the ministers of religion to spill human blood, or because the priesthood neglected their clerical duties for the more lucrative employment of the practice of medicine, at that time including both physic and surgery. The decree of the council was easily evaded, so far as the prescription or exhibition of medicine was concerned. But, inasmuch as a refusal to comply with this order could easily be detected by a perseverance in the practice of surgery, the priests employed their servants or barbers under their immediate direction for the performance of surgical operations—hence the origin of barber-surgeons. In process of time, in the beginning of the sixteenth century, a Vesalius arose, who taught those barber-surgeons anatomy; and from the time this great man flourished may be dated the origin of modern surgery.

The fifth and last of the heads into which I have divided the most prominent objects of Medical Reform is, *the separation of the practice of pharmacy from the practice of medicine, as far as the interests and usages of society may permit.*

This is, in fact, the most difficult object to attain of all those which require reformation in the medical profession, and without which medical reform would be a mere *baga-*



*telle.* The injury which is inflicted upon society by the system in Great Britain of combining in the same individual the prescriber and compounder of medicine, is so apparent, that it must be obvious to the dullest comprehension.

No one can for a moment doubt, that the person who is educated in an apothecary's or druggist's shop, and not in hospitals and dissecting-rooms, can know very little of the nature of those diseases for which, without hesitation or compunction, he so wantonly prescribes.

No one can doubt that the same individual who is busied all day in visiting and prescribing for patients cannot superintend as he ought the preparation and compounding of medicine: hence the numerous fatal mistakes, not one in a hundred of which ever meets the public eye, notwithstanding the numerous instances so constantly detailed in the diurnal press. No one can doubt that if an apothecary or general practitioner is not paid for his visits or attendance, that he must prescribe medicine in such mode, and in such quantities, as will enable him to live.

Then it may be asked, why not adopt that system which exists in every other civilized state in Europe, and separate at once the practice of *pharmacy* from the practice of *medicine*; to make it penal for the apothecary to prescribe, and for the licensed practitioner to vend medicine? Simply because, in the words of Burke to Adam Smith—"it is easy in the closet to attain a theoretic perfection, but in giving effect to these principles, you must often abandon what may be theoretically correct to take what you can obtain." Now, the remark of this sage statesman is particularly applicable to our present subject.

The system of the general practitioner in medicine is so firmly established in Great Britain, although it has been only lately introduced into Ireland, that it would evince



no inconsiderable degree of folly to attempt to suppress it, notwithstanding the injury which, in its present state, it so obviously inflicts upon society. But it may be modified in the way I shall suggest, so as to preserve all its utility to the public, and at the same time deprive it of its mischievous tendencies, and this may be done simply by a legislative enactment that all general practitioners *shall be entitled to charge for attendance, but not for medicine*; and it may also be provided, that any general practitioner who shall be convicted of sending out medicine from his shop or laboratory, that has not been compounded either by himself or by some *licensed* apothecary, shall be liable to the punishment of fine or imprisonment.

These enactments would effectually prevent that abomination of over-dosing, which is so shamefully destructive to health, life, and property;\* and it would at the same time prevent those fatal mistakes which so frequently occur by entrusting the compounding of medicine to young and ignorant apprentice boys.

The fee for the general practitioner need not be large, but should be such as to enable a man of liberal education (as he would be under the plan submitted to you) to live respectably: perhaps five shillings for each visit, including all expense for medicine, would be a charge to meet the means of the middle classes of society, and be a sufficient recompense to the practitioner for his advice and medicine. Should he be called to visit a patient distant from his home, let him be entitled to add one shilling (or perhaps two) to the above fee for each mile. Should his practice be limited, he may himself, on his return home from his visits, compound the medicines he prescribes; should it

\* See Appendix, No. IX.



be *considerable*, he can afford to pay a licensed apothecary for the purpose.

It may be objected to this plan, that practitioners, instead of giving too much medicine, will, when they have no right to charge for it, give on the contrary too little. But I have no apprehensions on this score, knowing from experience that very little medicine may achieve a great deal of good : besides, the practitioner's character is at stake, which will be a sufficient guarantee that he will not withhold any medicine which he may deem useful to his patient, from any selfish or miserable motive of economy.

It may be objected also that I have not fairly stated the education which an apothecary receives, when I intimated that it may be limited to an "apothecary's or druggist's shop, and not acquired in hospitals or dissecting-rooms."

It is true the Apothecaries' Company of London, since they were vested by the act of 1815 with the extraordinary power (extraordinary it must be considered when conferred upon a mere trading company) to license practitioners in medicine, have laid down a curriculum of study highly creditable to that body. But I boldly assert that the *due* practice of pharmacy and medicine are incompatible ; and that it is in vain to expect that pharmacy shall be cultivated or practised as it ought, if there is not a corporation or college of pharmacy, the exclusive duties of the members of which shall be the preparation and compounding of medicine.

These duties demand an intimate knowledge of chemistry, botany, and natural history,\* pursuits sufficient to occupy the time of any one individual, without blending with them the important duties required by the practice of medicine and surgery.

\* See Appendix, No. X.



Then what is to become of this charter of 1815, which grants such extensive powers to the apothecaries' company? Let it in the general arrangement of the medical profession about to take place be annulled, and let this company be restricted to its peculiar duties—the preparation and compounding of medicines; but let those who at present practise under the licence of this body, continue, if they please, to enjoy their privileges. All legislative enactments should, in fairness, be prospective, and not interfere with what may be considered vested rights. But it is probable that a large proportion of those licensed by the apothecaries' company, will accede to the regulations proposed, and either continue general practitioners, under the system of charging for their attendance, but not for their medicines; or else become pure apothecaries, and not interfere in medical practice. Be this as it may, *let no person in future obtain a legal right to act as a practitioner in medicine, who has not been licensed by one of the boards, the constitution of which I shall now proceed to submit to your consideration.*

Having thus briefly detailed the objects of Medical Reform, the next, an important question, is, how are they to be obtained? Can they be obtained as long as the licensing power is vested in nineteen medical corporations\* which exist in the British dominions?—seventeen, if we exclude the army and navy medical boards.—“What can be “more absurd,” observes the council of the North of England Medical Association, “or more detrimental to the efficiency of “the profession, than that its members should emanate from “a variety of institutions, each of which has power to make

\* See Appendix, No. XI.



“its own regulations irrespective of the rest, responsible only  
 “to itself!—institutions connected together by no common  
 “link, and too often engaged in unseemly competition, or  
 “actuated by feelings of jealousy towards each other; most  
 “of them endowed with power to grant degrees, diplomas,  
 “&c., and each having a direct pecuniary interest in the  
 “number of credentials dispensed by it, and in some of which  
 “the teacher officiates as the examiner of his own pupil?”

It is now generally admitted, indeed it is sufficiently indicated by common sense, that whoever undertakes to practise either of the branches of medicine, should be thoroughly acquainted with both, *for the healing art is one and indivisible*. And yet, of the existing seventeen corporations, not one of them has the power to license practitioners in each of its branches, nor any one of them to practise through the entire of the United Kingdom. The London university alone, guided by the lights of modern experience, has embraced in its curriculum the study of both branches. In other institutions, the physician's degree only attests his knowledge of physic, and the surgeon's degree only that of surgery. Therefore, it is obvious that the medical corporations of the United Kingdom, constituted as they are, do not test the acquirements of candidates for their diploma, so as to meet sufficiently the wants of the public. Nor is it likely that any internal reform in any of them, will enable them to furnish men sufficiently qualified both in physic and surgery.—To expect to obtain equality of qualifications from nineteen licensing boards, is absurd. To obtain it even from three, one in each capital of the United Kingdom, will require continual vigilance, and can only, in my opinion, be accomplished by the reciprocal and repeated interchange of the examiners.

The difficulty of forming any new arrangement so as to



meet the different objects required, is no doubt considerable, but by no means insurmountable. The medical profession cannot be permitted to remain in its present state; for it would be far better to allow the public to form their own judgment respecting the qualifications of medical men, than to have society inundated, as it is, with hordes of ignorant and half-educated persons, asserting their rights to practise under the licences of so many corporations, many of which are most venal and corrupt.

It has been wisely proposed to form a council or licensing board for each great division of the United Kingdom—one to hold its sittings in London, another in Dublin, and the third in Edinburgh. But how these boards are to be formed from the great mass of practitioners is the difficulty. In the bills introduced into parliament in 1840 and 1841, by Mr. Warburton and Mr. Hawes, it was proposed to form three councils on the elective principle from the great mass of practitioners.—In the council for England, however, making no difference between those licensed by the apothecaries' company, and those by the College of Physicians of London. Now a levelling arrangement like this, to place a mere trading company in the same rank with an erudite and learned body, venerated for its antiquity, like the College of Physicians—which, whatever may have been its errors, and they have not been inconsiderable,\* has contributed more than any other college or corporation to uphold the character and respectability of the profession of medicine in Great Britain—I say, such a levelling principle could neither please the profession at large, nor satisfy the sense of justice entertained by the public. Nothing, however, less than the elective principle in the formation of these

\* See Appendix, No. XII.



councils can *now* satisfy the profession, as experience has sufficiently demonstrated the injurious effects upon its members, and consequently on society, which have arisen from self-elected, irresponsible licensing boards. I shall therefore proceed to suggest a plan for the formation of these councils on the elective principle, which is of easy accomplishment, and affords, I conceive (all claims considered), a just measure or proportion of the elective power amongst different existing colleges of physic and surgery, however dissimilar they may be as to the amount of their respective constituency.

Had those colleges conferred upon all persons upon whom they granted their diplomas, a voice in the management of their affairs, it would be easy to form out of them a council or licensing board for each of the three great divisions of the kingdom; as the colleges of physicians and surgeons of England, Ireland, and Scotland, might readily have formed respectively the councils for those portions of the empire; but as the reverse is the case, only a select few having a voice in the management of each institution, it is absolutely necessary that these colleges should open their doors to all those upon whom they have conferred their diplomas or licences to practise, and extend to them the *elective franchise*, which will then authorize all to vote for their representatives in the proposed councils. For nothing less than the exercise of this corporate right will now satisfy the members of the profession. This internal reform having once taken place in each college, the councils can be easily formed on the elective principle. Then let the college of physicians and surgeons of London elect twenty-four members of council for England, those of Dublin as many for Ireland, and the different Scotch colleges the same number for Scotland.



Notwithstanding the immense disproportion between the number of members contained in the colleges of physicians and surgeons in the United Kingdom, the surgeons being infinitely more numerous than the physicians, yet I should feel disinclined to make any difference in the proportion of members of council to be delegated by each. The physicians being generally, at least those of the London and Dublin colleges, much more concentrated in their respective capitals than the surgeons, who, from their numbers, must necessarily be a more scattered body, and therefore, on this account alone, less fitted to form the council. Besides, the great majority of the London College of Surgeons are general practitioners, usually considered an inferior grade in the profession. An equality between the colleges of physicians and surgeons in the election of members of council, will at the same time give to the physicians a solid and material increase of influence; which will be an ample compensation for any supposed diminution of their dignity or position in society, by being placed on a par with the delegates of the colleges of surgeons in the formation of these national councils. The delegates of the colleges of surgeons will, most likely, be the *elite* of each college, resident in each metropolis; for those living in provincial towns could not attend without great loss and inconvenience at the necessarily frequent meetings of council, and therefore would probably be esteemed ineligible.

I would here suggest, that no member of any college, either of physicians or surgeons, who is a general practitioner, even under the new regime, should be esteemed eligible to be a member of council. And I would limit the right of voting to those members of the profession only who have been five years in practice.

In order to bring about so desirable and indispensable a



measure as a thorough medical reform, most individuals must necessarily be called upon to make some sacrifices, real or imaginary, to which they should not hesitate to submit, for the respectability of their profession and the good of the public. In a few years, under the new regime, the entire mass of medical practitioners will be united into one compact body, freed from those corporation jealousies and dissensions which have so materially tended to cheapen its character in public estimation. Scotland will perhaps require a different arrangement in the formation of its council; for notwithstanding the vast inferiority of its population, compared to that of England or Ireland,\* it contains, besides its colleges of physicians and surgeons of Edinburgh, other licensing bodies, viz.—the University of Glasgow, the medical faculty of the same city, and the Universities of Aberdeen and St. Andrew. Yet the Scotch colleges will, I trust, find no difficulty among themselves of settling the proportion of delegates from each of the licensing bodies, to form the medical council of their nation; and the mode I am about to suggest of collecting the votes of so scattered a constituency in the United Kingdom, will be more easy than that proposed by Mr. Warburton in the draft of his bill for regulating the medical profession in 1840.

Each college will, or ought, to keep a registry of its members, each member being called upon to report his residence, and afterwards any change as often as it may occur, to the college from which he has received his licence. If he possess the diploma of more than one college, then let him make his selection in which he chooses to vote. If he vote in more than one let him be liable to a severe

\* Appendix, No. XIII.



penalty or punishment, such as expulsion from one or both of the colleges to which he belongs. One month previous to the election of a member or members of council, circulars can be issued by each college to its members, conveying a printed form, which being returned, the successful candidates may be declared by the president and managing committee of the college, whatever may be its designation.—The duration of council may conveniently be for three years.

The communication by steam is now so rapid, and it has so thoroughly united every part of the British islands, that a member of one of the London colleges, residing in the most remote part of Ireland, can return his vote almost as soon as his brother member who resides in Yorkshire.

The duties of each of these national councils will be, to appoint examiners, to regulate the examinations, to license successful candidates, and to superintend the general concerns of the profession.

In order to connect these three councils, so as to preserve uniformity of proceeding throughout the United Kingdom, it is proposed that each of these councils shall, within one month after its formation, elect three persons from amongst their own body to form a medical senate, which may, like the council, continue in office for three years. To these nine medical delegates government will, in all probability, be disposed to add some lay assessors, as the duties of the senate will be of a most important nature, viz.—the enactment of by-laws and regulations for the entire profession. Those of the council would be, to have those laws and regulations carried into effect.

It is also proposed that a college of pharmacy shall be established in each metropolis of the United Kingdom for the purpose of regulating and superintending the practice of pharmacy. The apothecaries' companies of London and



Dublin are ready formed for this purpose ; but it will be necessary to establish a new college of pharmacy altogether in Edinburgh.

When apothecaries are no longer engaged in the practice of medicine\* they will become good chemists, good botanists, and naturalists. They will prepare their own medicines, and not trust this important business, as is now too generally the case, to trading chemists. They will, therefore, under the superintendence and control of a college of pharmacy in each division of the United Kingdom, be always furnished with genuine, unadulterated medicines ; by the contrary practice the public at present suffers incalculable injury. If druggists will enlarge their sphere beyond the wholesale traffic of drugs and dye-stuffs, they should be under the necessity of qualifying themselves by study and the ordeal of an examination to become apothecaries competent, to prepare as well as compound their medicines.†

Let this separation of the practice of pharmacy from the practice of medicine once be decided by parliament, and we shall soon see a race of apothecaries in the United Kingdom equal in science and respectability to those who are everywhere to be met with on the Continent.

By this scheme of medical reform, respectfully submitted to your consideration, there will be no minimum examination to supply practitioners for the poor, or a maximum for the rich ; all will be equally qualified, and I shall venture to say, *sufficient numbers will always be found to supply the wants of the nation.*

There will be some difficulty, I acknowledge, in preserving equality of qualification, even though the examin-

\* See Appendix, No. XIV.

† See Appendix, No. XV.



ing boards be reduced from nineteen to three. I can see no mode so effectual, or so likely to preserve it, as by public examinations, and a frequent interchange of examiners as before suggested between the three councils, which could be easily effected, as these officers ought, by sufficient salaries, to be rendered in a great measure independent of private practice, and, therefore, have their time exclusively devoted to the public service. Those of them, however, when called upon by the senate to leave their homes, may be recompensed by some additional allowance—abundant funds for their salaries and allowances being found in the fees arising from the examination and licencing of candidates.

This plan of medical reform ought not to be opposed by the corporations in existence, for they will continue to possess nearly the same powers, but modified, and in a manner much more conducive than at present to the public good. A proportion even of the fees arising from examination and licence to practise, might also be allocated to each college, or corporation; which, though deprived of the licensing privilege, may still continue in possession of its powers to grant degrees—to promote medical education—to extend its museum and library—and enlarge, in a variety of ways, the sphere of the utility of the medical profession.

There is nothing which militates against established precedent in this scheme of reform; for we have already various instances in which degrees from universities or colleges are not esteemed sufficient proofs of qualification to practise medicine. Medical appointments, for instance, do not take place in the army, navy, or East India service, until the candidates undergo the ordeal of an examination by the medical boards of these respective services. Even the



colleges of physicians of London and Dublin will not recognise those who have graduated as doctors of medicine in universities as practitioners, until they have passed *their* boards.

THE MEDICAL SENATE thus consisting of men elected by and out of the councils, will be composed of persons upon whom the profession at large have shown by their selection that they place the utmost reliance for integrity, intelligence, and wisdom.\* So important will be the functions of this body, that, as I before observed, you, sir, perhaps would think it right to add a proportion of lay assessors, as matters respecting the general health of the nation, called by some “preventive medicine,” and by others “political medicine,” will no doubt be brought frequently under their superintendence or consideration.

A body of men so constituted may be most useful to the government, who will thus have always a board of medical men, remarkable for their scientific attainments and practical information, ready to consult upon all matters which concern the health of the nation.

A senate thus qualified will be enabled to suggest to the government the most likely means to prevent or check the progress of contagious diseases, whenever they arise in any alarming degree.

Such a board could never have sanctioned the present quarantine laws, many of which are not only absurd, but most injurious to the prosperity of the nation, by their capricious and unnecessary interference with various commercial pursuits.†

If government had had such a board to consult, would the Walcheren expedition (by which thousands of our brave

\* See Appendix, No. XVI.

† See Appendix, No. XVII.



soldiers fell victims to endemic disease, and disgraceful national failure the consequence) have taken place at a season when it is well known that this part of Holland involves certain destruction to the health and lives of strangers? a fact so generally known by medical men, that it was particularly insisted upon in Pringle's excellent work on army diseases, published nearly a century ago.

But the nation might find the most important advantages to result from the suggestions of such a board, whose attention would be directed to all means calculated to promote or preserve the health of the people, viz. :—

1st. The due sewerage, adequate supply of pure water, and the cleanliness of the crowded alleys, lanes, and streets of large cities and towns, particularly in those parts inhabited by the poor. Would the Liberties of Dublin have, as they have always, been a constant focus of infection, from the accumulation of sordes and filth of every description, with which that district of human wretchedness is eternally choked, if due attention had been paid to those important matters?

2d. The prevention and removal, as far as can be done, of slaughter-houses, manufactories injurious to health, and cemeteries, within the boundaries of large cities or towns.

3d. The regulation of factories and all unwholesome trades, so that the health of the operatives, particularly of children, should be as little injured as possible by their vocations.

4th. Attention to due ventilation, supply of water, and wholesome food in public schools, jails, bridewells, penitentiaries, &c. &c., and particularly that yards or exercising grounds of sufficient extent be allowed to each.

5th. The health of seamen, and regulations for emigrant and convict ships, would naturally come under the consi-



deration of such a board. Amongst other absurd legislative regulations concerning seamen, it seems there is a law rendering it imperative that merchant ships of a certain tonnage should be provided with a medicine chest. A medicine chest without a doctor, in the rough hands of the captain and mates of a merchant vessel, must be a tolerably fruitful source of mischief! I only feel surprised that those wise legislators who framed this law did not likewise provide that a case of surgical instruments should also be furnished.

6th. All laws about to be proposed relating to the health of the people should, before they are brought under the consideration of the legislature, be submitted to the revisal of such a board of medical men, and then those absurd specimens we have of legislation concerning contagious diseases may in future be avoided.

7th. The sites, accommodation, ventilation, and general regulation of hospitals, lunatic asylums, and dispensaries, would naturally come under the superintendence of such a board.

Government might even derive advantage were the sites of new colonies submitted to its consideration before their establishment. Had this been the case, it is not likely that such a grave to our countrymen as Sierra Leone and other settlements on the western coast of Africa would ever have been selected. We learn from Major Tullock's statistical reports the relative mortality amongst the troops during the years 1825 and 1826: that at Gambia there died 500, at the Isle of Loss 600, and at Sierra Leone 650 per 1000. In fact, the mortality is so great, that few who go to reside in these settlements, even for a short period, can ever expect to return.

Duties such as those I have pointed out can only be



fulfilled, as they ought, by medical men well acquainted with the statistics of disease, and the influence of the various agents inimical to health and life.

If government be called upon to decide upon any proceeding which involves a question of law, the *law officers of the crown* are consulted before any step is taken; and surely proceedings such as I have merely hinted at, which involve the health and lives of the community, *ought not* to be undertaken without consulting the *medical officers of the crown*, which those constituting a medical senate, such as I have described, may be justly esteemed. At all events the advantage of having the advice and concurrence of such men as would compose this board, would, independent of its advantages to the public, remove a load of responsibility on various occasions from the shoulders of ministers.

Since the cry for Medical Reform has extended through the land, several indications of a reforming spirit have manifested themselves in some of the medical corporations; for instance, as has been observed in the admirable report of the council of the North of England Medical Association in October last, already adverted to,—“The College  
“of Physicians of London has begun the adoption of a more  
“liberal policy than has hitherto marked its history. The  
“exclusive privileges of graduates of the English univer-  
“sities have been abolished. The college has been thrown  
“open to its members. The obnoxious appellation of  
“‘Licentiate’ has been abandoned, and a system of repre-  
“sentative government introduced. But, as has been re-  
“marked in an essay attributed to the pen of Sir Benjamin  
“Brodie, no self-reform of any corporation will be sufficient  
“to accomplish what is demanded in the way of reformation.  
“The councils of the corporations must be made responsible,



“not only to the members of the latter, but to some superior  
 “board or authority, under what name soever it may be  
 “designated. This opinion has been acquiesced in by the  
 “colleges of physicians of London and Edinburgh, and by  
 “the colleges of surgeons of Dublin and Edinburgh.\* The  
 “necessity of a superior board or council is admitted;  
 “but, upon the mode of its construction, there is, as might  
 “be expected, a considerable variety of opinions. Your  
 “council have always advocated a mixed form of government,  
 “so that whilst the council or board should connect the pro-  
 “fession with, and render it a branch of, the general polity  
 “of the nation, it should also be representative of, and re-  
 “sponsible to, the members of the profession, by whom its  
 “revenues must, in any case, be mainly supplied.”

The venality and corruption of some colleges in granting their diplomas to incompetent persons, *after a superficial, almost a mock examination*, has not only been of the greatest injury to society, but has rendered the profession itself degraded and disreputable.† So much so is this the case, that it must be acknowledged few gentlemen now permit their sons to enter into it; consequently it is sadly overrun by men of an inferior rank without the education or moral feelings of gentlemen.‡ It is truly on this account that the Poor Law Commissioners think themselves authorized to hold out the situations of medical attendants to poor-houses, on the indecorous system of tender, to the manifest injury of the poor, as well as degradation of the profession. From the same cause it is that we are not unfrequently shocked at seeing the names of members of British colleges of medicine shamelessly affixed to quack advertisements in the public newspapers.

\* See Appendix, No. XVIII. † See Appendix, No. XIX.

‡ See Appendix, No. XX.



The Irish College of Surgeons shortly after it was chartered established its respectability by expelling one of its members, who was guilty of this indecorous conduct. He appealed to the Court of King's Bench, which, however, justified the proceeding of the college, and there has been no repetition since, in this college, of such disreputable practice.

Having now, sir, laid these various facts and views respecting the present state of the medical profession fairly before you, it lies with you to consider whether the interests of society do not absolutely require some broad measure of **MEDICAL REFORM.**

That which I have respectfully submitted to your consideration, can perhaps achieve all that is wanted, without upsetting institutions of long standing, some of them venerated on account of their antiquity, but, I regret to add, on that account alone.

Having thus, sir, under your consideration the several objects of Medical Reform, and the mode in which I would endeavour to attain them, without subverting old and venerated institutions, or opposing the habits and usages of society long established, you will at once appreciate the importance of the subject, and feel with me how much the prosperity and happiness of a nation may be influenced by the state of the medical profession.

Let us not forget that two bills were introduced into the last parliament "for the better government of the medical profession in Great Britain and Ireland," but which were treated with so little deference, that on each occasion the house was actually counted out, there not being a sufficient number present to constitute a parliamentary meeting. Had it been a party question, of little or no moment to the nation, the house would have been crowded to suffo-



cation. But a question of Medical Reform, in which all parties are equally concerned, and which is of the utmost importance to the whole of this mighty empire, was treated with the utmost neglect and disregard; and it cannot be otherwise, unless it has the good fortune to be introduced into parliament as a ministerial measure;\* but you are now Premier, and to your comprehensive and statesmanlike mind we can fearlessly confide the question. By you it must be seen in its true light; and under your auspices it can scarcely fail of a fair and impartial consideration, and, I am sanguine enough to add, a proud and popular triumph; thus constituting another monument of your services to your country, still more useful, and, therefore, still more glorious, than those which are already inscribed with your name.

I have the honour to be, Sir,

&c. &c. &c.

RICHARD CARMICHAEL.

\* See Appendix, No. XXI.



# APPENDIX.

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THE facts and opinions contained in the following appendix are selected chiefly from the report of the Parliamentary Committee on Medical Education, in 1834, with the addition of a few extracts from the writings of eminent medical men, who have espoused the cause of medical reform.

## No. I.

The following placard, however, must be admitted to be an exception to the above. It is copied, verbatim, from a board which the author saw suspended, during the summer of 1839, at the window of an apothecary's shop in Manchester. Such notifications exhibit so extraordinary a melange, as to excite the astonishment and ridicule of foreigners, but are so common in Great Britain that their incongruity passes unheeded by all classes of Englishmen.

### "A. B. SURGEON & APOTHECARY.

- " Prescriptions and Family Medicines accurately compounded.
- " Teeth extracted at one shilling each.
- " Women attended in labour at 2s 6d each.
- " Patent Medicines and Perfumery.
- " Best London Pickles.
- " Fish Sauces.
- " Bear's Grease.
- " Soda Water.
- " Ginger Beer.
- " Lemonade.
- " Congreve Matches, and
- " Warren's Blacking."

I inquired of the proprietor of this heterogeneous mass, if he really was, as his placard announced, a surgeon and apothecary? He candidly acknowledged that he had no right to call himself a surgeon, but stated that he was a licentiate of the Apothecaries' Company of London, and therefore *legally qualified to practise medicine!*

R. C.



## No. II.

"2453. What is the course of education which you think persons intending to practise medicine or surgery should undergo?—I think they should receive a complete general education, as well as what is more strictly technical; for the living human individual being made up of parts and functions which are *mechanical*, or *chemical*, or *vital*, or *mental*, and the causes of disease, as well as all remedies, belonging to the same four classes, which constitute the whole of human science, it is essential that the medical student should obtain considerable acquaintance with all of them, and therefore, as preliminary studies, should apply to, 1st, physics, or natural philosophy; 2d, chemistry; 3d, physiology, or the philosophy of life, as deduced from examination of the animal and vegetable kingdoms; and, 4th, psychology, or the philosophy of mind; those four departments I think are essential as preliminary studies. The time for the acquisition of those four departments, if well taught, and in the degrees in which it would be necessary for a medical man to acquire them, would not be very great. A portion of the time now wasted on the ill-ordered study of the Greek and Latin classics, would suffice for this purpose. A man so prepared, would begin his medical studies with very great advantage, and might then in quite as little, or in less time than is now occupied by a very incomplete course of medical study, become the perfectly educated medical man that I contemplate.

"2454. Would you require a knowledge of the learned languages?—To a certain extent. It was a saying of Milton, that in one year, by a better mode of study, the young men of this country might learn more of Greek and Latin than they did in seven years by the mode of study that prevailed in his day. I believe this, and that the system has not been at all improved since Milton's day, at least in the public schools and universities. Hence, holding that much less time would be required than is now wasted upon that study, in order to give to all persons of any application a sufficient knowledge of the learned languages, I would insist upon that knowledge being obtained."

NEILL ARNOTT, M.D.

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 No. III.

"3699. On what points is medical education in this country deficient?—It is deficient, first, in the preliminary education; but chiefly in the practical or clinical part of the education, and in the imperfect nature of the examinations, which are not sufficiently numerous, comprehensive and practical."

SIR JAMES CLARKE, BART.



“5644. Would it be well to make the examination, not only in anatomy and surgery, but also in pharmacy, and other branches that admit of it, demonstrative as far as possible?—Certainly, when the candidate is examined, he should describe the nature and composition of the drugs, and know them as they are presented to him.”

SIR ASTLEY COOPER, BART.

“5709. Would it not be desirable, in matters that admitted of it, to make examinations, as they are at Paris, demonstrative?—It would be very desirable. A good anatomist and examiner would know, without such aid, whether the student really understood anatomy; but such a mode of examining would make up for the necessary defects that must sometimes occur in the examiners as well as the examined.”

SIR BENJAMIN C. BRODIE, BART.

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No. IV.

“6855. If the same course of study and examination were required as a qualification for the same medical diploma in each of the three kingdoms, does any good reason occur to you why a person on whom such a diploma was conferred in one kingdom, should be excluded from any privilege accruing to the man who has received the like diploma in either of the other two kingdoms?—I believe that a great many most vexatious annoyances, and some most serious evils arise from the want of that uniformity. Within this very short time, the case of a gentleman has come to my knowledge, who, after practising abroad as a physician, was accidentally reduced in his circumstances, and wished to settle in practice, near his wife's connexions, in Yorkshire. He had been educated in Scotland, and was very highly qualified; but not having been apprenticed to an apothecary, he was obliged to forego all his hope of success in England, and to retire to another country.”

T. SOMERVILLE, ESQ. M.D.

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No. V.

“2458. Would you recommend that there should be more than one degree; or do you think that one uniform qualification should be required for the whole profession?—I think one uniform qualification should be required; for now that the principles according to which education should be managed, are becoming much better understood than formerly, it



would occasion no hardship to require that all students should attain the same high standard of fitness. I believe that were all persons originally well educated, and were there then offered, as motives to continued exertion through life, such distinctions or honours as the being members of council, heads and members of different sections of a general college, president of the college, and so forth, these would be sufficient to stimulate to, and then reward the increasing attainments and the higher merits of individuals in the profession."

NEILL ARNOTT, M.D.

"6013. If the College of Surgeons and the Society of Apothecaries are to continue to examine separately, as at present, ought they not to agree together in what distinct departments they will severally examine, so that the candidate may not be examined by both on the same branch of science?—I cannot conceive how the thing can be done, to give a minor qualification, or a minor examination; to make a man a half-surgeon. If a man is to go into the country, and has only half a diploma, or is only half qualified, then he is much more likely to do mischief than good, in the exercise of his profession."

SIR ANTH. CARLISLE.

"6836. Would you propose that there should be two grades in the profession?—I should prefer one grade, if the public would consent to it.

"6837. Taking into consideration every circumstance, the feelings of the public as well as every other, do you think it would be most expedient to have one or two grades?—I should be disposed to lay down a standard of qualifications to be required of all medical practitioners, and I should allow the different grades to follow, as honours of the profession; because the departments of medical practice merge so completely one in the other, that it is impossible to draw a line of demarcation between them."

T. SOMERVILLE, Esq. M.D.

"6664. Should there be one or two grades in the profession of surgery?—That appears to me to be a question of great importance; and one which is not easily decided. My opinions are strongly in favour of there being, as far as possible, an equality of rank in the members of a liberal profession; but how far it might be desirable, as an incentive to exertion, and reward of merit, to have a higher grade, is worthy of consideration. If, however, that higher grade be made, it is a most important point, that the mode of electing to it should be pure and above suspicion: that there should be nothing exclusive in it, and depending on favour: that on the contrary, it should be open to the members of the profession to rise to it by their own exertions; and I for one should protest most strongly against there being any such grade, if the mode of election were not made satisfactory to the members of the profession at large."

R. D. GRAINGER, Esq.



“In a profession pre-eminently distinguished for acts of charity, the proposition of establishing a grade of learned practitioners for the rich, and of ignorant for the poor, is revolting to humanity, especially as the privations to which the sick poor are necessarily subjected, demand for the treatment of their maladies, infinitely more skill and knowledge, than those which affect the rich surrounded with every comfort which affluence can secure.”

*Extract from the Oration on the Present State of the Medical Profession in England, delivered before the Members of the British Medical Association, 21st October, 1841, by* ROBT. E. GRANT, M.D. F.R.S., L. & ED.

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No. VI.

“2461. Is there not some danger, that by rendering qualifications too high, you place it out of the power of those who settle in country practice to receive an adequate return for the expenses of education, and thereby to force practice into the hands of those who have not received the requisite education, and consequently not incurred the expense attending it?—I believe that the perfect education would not be an expensive education; so much time and money is now wasted, which might be saved if the education were conducted upon a superior plan. And I believe that if unworthy persons were excluded from the profession, so that it were one honourable body, as we now view the members of the clerical profession, the military profession, and so forth, the honour of belonging to it would be considered a part of the remuneration for service; men would be pleased to belong to the profession, although the pecuniary rewards were not very high, when the circumstance of belonging to it gave them rank of society.”

NEILL ARNOTT, M.D.

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No. VII.

“5578. Are not, then, the difficulties of putting down irregular practitioners by force of law, almost insurmountable?—I think that if you had good physicians, good surgeons, and good apothecaries, in every country town, and the people were informed that they were persons of education, they would go to them in the first instance. But I must say, that there are cases in which an honest man can no longer support hope; and under those circumstances, as a man seizes a straw to save him from drowning, he will seek assistance from anybody that will profess to cure him. Hence it is that there are such horrible crimes, I may say, committed by those, who hold out a hope which they have not the power to realize.”

SIR ASTLEY COOPER, BART.



"It may be foolish to be rubbed with St. John Long's balsam, or to trust to the prayers of Prince Hohenloe, but mankind do many things more foolish than these, and nothing can prevent them. There can be no greater mistake than to suppose that, if there be no penal laws to prevent the existence of unlicensed practitioners, there will not be sufficient inducement to those who enter the medical profession to go through a long course of study, and then to subject themselves to an examination. The empire of opinion here, as in most other instances, will do more than legislative enactments: and this is no speculative doctrine, but the result of actual experience."

*Extract from a Paper on Medical Reform, in the Quarterly Review for December, 1840, attributed to the pen of SIR BENJAMIN BRODIE, BART.*

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No. VIII.

"4979. No man can practise well as a surgeon, who is not competent, in a general sense, in medicine, as a physician. . . . Surgery and medicine are the same thing; and a man must understand one to be a good performer in the other."

J. G. GUTHRIE, Esq.

"5444. No man is fitted to practise surgery, who is not a good physician; and if he does not prescribe well, he will lose half the patients that surgery gives him.

"5628. Should not the studies of the surgeon and the physician, to a very considerable extent, run *pari passu*?—Certainly; there can be no good physician who does not understand the principles of surgery; and there is no good surgeon who is unacquainted with the practice of physic."

SIR A. COOPER.

"5654. Ought a first-rate surgeon to be instructed in all those branches of medical science in which a physician ought to be instructed?—It appears to me that the studies of all medical practitioners should, in the first instance, be the same; and that after a certain time has elapsed, then some variation should be introduced, according to the particular part of the profession in which the individual intends to practise.

"5679. Does the title of surgeon now import what it formerly did? Did a surgeon's practice include so much medical practice as it now does?—There is no exact line to be drawn between the practice of a physician and that of a surgeon; but still there are some diseases that are unquestionably appertaining to a physician, and others unquestionably appertaining to a



surgeon. Only a limited number can confine their practice to surgery, even in London; and very few, if any, can do so in the country; therefore the two professions must be, to a certain extent, mixed up together.

"5757. Is it desirable that physicians, and particularly hospital physicians, should be instructed in surgery?—A physician should have been so, if he means to be a scientific physician. All the different branches of practice are so connected with each other, that a physician and a surgeon ought to have the same studies in the first instance. Then the field of observation is so very extensive, that a certain advantage arises from a division of labour afterwards."

SIR B. C. BRODIE, BART.

"5983. Can any definite line be drawn in practice between medical and surgical diseases?—I think it is impossible. For example, in a syphilitic disease, there are constitutional symptoms, and there are local symptoms. I will take another example. Physicians say that they claim all internal diseases. Suppose a man has a diseased state of the lower intestine. If it is out of the reach of the finger, it belongs to the physician; but the moment it comes down, and within reach of the finger, it belongs to the surgeon. Now, can any thing be more absurd than that the same disease may be a stricture, a prolapsus, or a volvulus of the intestine, or a strangulated hernia; and thus it falls within the charge of the physician at one hour, and of the surgeon on the following."

SIR ANTH. CARLISLE.

"6133. Is the import of the word surgery, the same at present as it was a century ago?—It has got quite beyond its etymological meaning.

"6134. And the knowledge of those who practise surgery, has been very much extended during the same period, has it not?—Most materially; the science of surgery can hardly be said to have existed a century ago.

"6135. Surgical science has become medico-chirurgical, if not medical?—It is impossible to draw a line between them.

"6136. Surgical practice as well as science extends itself within the province of medicine?—Undoubtedly.

"6137. Why should a highly-educated surgeon of the present day be restricted from medical practice?—A properly-educated surgeon should understand medicine; and if he understands it, I can see no reason why he should not practise it."

WILL. LAURENCE, ESQ.

"6394. What advantages would attend such an amalgamation?—I consider that the science of medicine is one and indivisible, and that therefore it is proper to unite, in the way I have suggested, the boards who examine



upon it. It seems to be wrong, that the physician should be examined only in physic, the surgeon only in surgery, and the licentiate apothecary only in medicine and pharmacy. They ought to be examined upon all the three subjects."

JOHN SCOTT, Esq.

"1801. Does not a large proportion of the cases in surgical practice require medical treatment?—No man is worthy of the name of a surgeon that does not understand more or less of medicine."

J. ELLIOTSON, M.D.

"1894. What should be the constitution of the Board, empowered to give either a degree or a licence to practise?—A deputation from the College of Physicians and from the College of Surgeons.

"1895. Why would it be desirable to include in this board a certain number of the College of Surgeons?—Because I do not think that any man can be a great physician unless he has studied surgery.

"1896. May he not be called upon at moments of emergency to perform an operation in surgery?—Certainly, at a moment's notice; five minutes' delay might cause the loss of life.

"1897. You think a person is imperfectly educated as a physician, who cannot perform at least the minor operations of surgery?—I think so.

"1898. Up to a certain period in the education of a physician and of a surgeon, ought they not to have gone through a course of very similar studies?—I think they are inseparable.

"1899. Although after going through a certain period of study, the surgeon may apply himself more exclusively to acquiring manual dexterity in surgery, and the physician to studying more particularly medicine, do you think that up to a certain point the studies should run *pari passu*?—Yes, and that point should be the moment of their examination."

ANTH. BILLING, M.D.

"2448. What distinction would you make between the education of a physician and of a surgeon?—I would make none. I think that any medical man on completing his education, and getting his diploma, should be competent, as all surgeons in the army, navy, and East India service are required to be, to treat any case of disease, medical or surgical, which may occur."

NEILL ARNOTT, M.D.

"2597. Would not the act you propose leave to the College of Surgeons to examine as they please, and to the College of Physicians to examine as they please?—An act of that kind would effect nothing. I have already stated that I conceive that all the examinations of every medical candidate



ought to be perfectly uniform, and the same up to the last moment of such examinations. Then, if he thinks he excels in mechanical dexterity, if he is particularly clever in anatomy, he may wish to practise surgery exclusively, and to be known to the public as having made that election; the same with the physician as to pure medicine; then let each take his doctorate for either, whichever he chooses."

SIR DAVID BARRY, M.D., F.R.S.

"3433. Is it possible, and if possible, is it expedient to divide medical from surgical practice?—There is an advantage in the division; but I consider that the surgeon ought to be a physician, and the physician ought to be a surgeon; but that it is still more necessary for the physician to be a surgeon, than it is for the surgeon to be a physician."

JOHN R. FARRE, Esq. M.D.

"3282. In what respects is it unsuitable now to the wants of the public?—I conceive that the separation of the profession into surgeons, physicians, and apothecaries, is injurious in this respect, that the surgeons are not required to furnish any proof of medical knowledge, and far less of any preliminary education; that their examination, and the privilege of practice conferred upon them, is strictly surgical; while at the same time nine-tenths of that practice is purely medical; and this circumstance alone is calculated to promote a bad feeling amongst the different members of the profession. I conceive that the physician and the surgeon should be both educated alike, as on the Continent; and, after having received the same preliminary and the same professional education, then let any one take up the branch of surgery, or the branch of pure medical practice, according as it may suit, either his studies, or his peculiar ideas or wishes."

JAMES COPLAND, M.D., F.R.S.

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No. IX.

"2655. Does the charge for medicine lead to a complex system of prescription?—I think it leads to the patient being obliged to take drugs that are either unnecessary or improper; and it is not unfrequent, I believe, for the apothecary by that means to be paid more for his visit than the very highest physician. For at the visit he makes on one day, he says to his patient, 'I shall send you draughts and pills till this day week or fortnight.' He continues to do so. By the time he arrives at his next visit, *the pills and draughts have amounted to such a sum, as would come to more than one or two fees of a physician.*"

SIR DAVID BARRY, M.D., F.R.S.



“3467. What opinion do you entertain of the expediency of apothecaries charging rather for their medicines than for their attendance?—It is a question of considerable difficulty. I remember being examined by Mr. Sergeant Vaughan, now one of our judges, upon that very point, in a case wherein twelve draughts were given per diem; and the hair of the judge appeared to stand on end at the idea. But although there may be an abuse in particular instances of administering medicine, there is a something in the disposition of the *vulgus profanum* that requires the *quid pro quo*. Nay, I have been informed by certain practitioners, that they will even object if the phial be not perfectly filled.

“3468. Would you object to leaving it optional to the general practitioner in what mode he shall make his charge?—If it were asked me what I should prefer for the honour of the profession, undoubtedly the general practitioner should be paid for his time, and not for his medicine.”

JOHN R. FARBE, Esq. M.D.

“3545. What is your opinion of the present mode of remunerating apothecaries, by the cost of the medicine, not by their attendance?—I think it is exceedingly bad, for this reason, *that it is a deception; it is a charge for that which is not the subject of the charge; there is a species of deception in the act; it is making it appear that the mere drug is the article of value, when the time and talent of the prescriber are really the things to be paid for; and, as I think that deception in all cases is bad, so I think this is bad.*”

GEORGE BIRBECK, Esq. M.D.

“3657. What opinion do you entertain of the policy of general practitioners charging rather for their medicines than for their attendance?—*I think it is one of the greatest evils of the profession.*

“3658. That it leads to a complex and injudicious system of prescription?—*It leads to a multiplicity of medicines, which the general practitioner is obliged to send, in his own defence, in order to remunerate himself for his skill.*”

JAMES JOHNSTON, Esq. M.D.

“4898. ‘Sir,—I have taken the liberty of enclosing my card, and beg to inform you, that I have everywhere discontinued charging for journeys; being perfectly satisfied to attend for the liberal profit always attached to medicines required during illness.

“‘ I am, sir,  
“‘ \_\_\_\_\_.’”

*The above circular letter of a general practitioner was laid before the Committee, by* G. I. GUTHRIE, Esq.



"5631. Ought the general practitioner to be remunerated by charging for his medicines, or for his attendance?—The best plan, I believe, would be, to suffer them to receive a certain fee for their attendance; and, in addition, to charge something for medicine. I think the result of that plan would be, that as they would feel they were quite sure of a certain payment, *they would not be disposed to force from the patient a remuneration, by sending him a larger quantity of drugs.* I know no other remedy for that evil, than a combination of the two methods, charging for attendance a certain sum, and charging for medicine.

"5633. Would not many of the most respectable practitioners feel their profession raised in character, were they enabled to charge in that way?—I think so; some of them fear that they should not be properly remunerated; but I am quite sure there are others who would be delighted to find any mode of being certainly remunerated, *without sending in an unnecessary quantity of medicine.*"

SIR ASTLEY COOPER, BART.

"5765. Do you approve of allowing general practitioners to charge for attendance, instead of medicine?—I think it very important indeed, that general practitioners should be allowed to charge for their attendance, and not for their medicines. Such an arrangement would be very useful to the public, and to the profession also. But it seems to me, that this is a matter of custom: that it is not a thing that can be accomplished at once, by legislation. Probably, if such a change of custom were recommended by this Committee, the recommendation would have great influence with the profession and the public."

SIR B. C. BRODIE, BART.

"5976. Ought general practitioners to be remunerated by charging for their medicine, or for their attendance?—I do not think it is right to charge for medicine. The legislature ought to make two regulations, if practicable: first, that all men who take charge of human life, should be paid in fees, like gentlemen. I do not see why an apothecary should not be paid like an attorney, and be legally entitled to demand his fee. He should have his fee for his visit, and find his drugs into the bargain. *The practice of paying an apothecary for the quantity of drugs he can either persuade the patient to swallow, or deliver at the door, is an abomination.*"

SIR ANTHONY CARLISLE.

I perfectly agree with Sir A. Carlisle, that the practice he so strongly deprecates is an *abomination*; but though some excuse may be made in extenuation of this offence in the apothecary, as he only lives by the sale of medicine, yet none whatsoever can be pleaded for the baseness of the physician or surgeon called in consultation, who, forgetful of his own station,



and of the confidence of his patient, continues the same *abomination*, in order to make a return, at the expense of another, for the patronage of the apothecary. To understand this *quid pro quo*, let it be recollected, that in nine instances out of ten the apothecary manages to nominate the consultee. This is so well known to the profession, that a medical friend in extensive practice in London said to me, in conversation, "Tell me the apothecary in attendance upon any family in the west end of this metropolis, and I will tell you the physician or surgeon who will be consulted."—Let the practice of pharmacy be once separated from the practice of medicine, and these discreditable transactions will cease of themselves, *and nothing less than this separation can extinguish such abominations.*

R. C.

"But the Society of Apothecaries is a *trading* society. It has mingled the trade in drugs with the profession of medicine; and in this it has done as much to degrade the profession, as, by raising the standard of education, it has done to raise it.

"I presume the trade and the profession of medicine *must* be separated. Our profession never can be respectable or respected, until that separation has been accomplished. The Society of Apothecaries cannot, therefore, possibly subsist in its present amphibious condition. Let its most distinguished members become active members of the new faculty; they will, doubtless, soon be found occupying a place in its councils."

*Extract of a Letter to Sir Robert Peel, Bart. on Medical Reform, by* MARSHALL HALL, M.D., F.R.S.

"6059. Would you sever from the Company of Apothecaries those duties which have devolved upon it since the passing of the act of 1815?—Without any disrespect to the gentlemen who are examiners or members of the Company, I beg to state, that I deem them unfit for the duty they now perform of examining and licensing the great body of English medical practitioners."

WILLIAM LAURENCE, Esq.

"2470. Has not the effect of the laws in this country, with regard to medicine, been to transfer the great body of the practice to the general practitioner?—It has; but it appears to me that the result of the present law, if continued, would be, chiefly to change the name of the regular medical practitioner from physician to surgeon or apothecary; with annoyance, in many cases, to the practitioner himself, and disadvantage to the public, owing to lower qualifications required. Apothecary originally meant a mere compounder of drugs; apothecary now may mean a well-educated physician: for of late years well-educated physicians, owing to the difficulties there are in the way of practising with the denomination of physician,



under the injurious bye-laws of the college, have joined the inferior bodies, and the prospect is, that before long, the body called physicians, will wear out.

“2471. Is there any wisdom in, at the same time, lowering a class of men in point of rank, and raising them in point of mental acquirement?—No; there is great inconsistency in so doing.

“2472. Has not that been the effect of the laws of this country respecting medicine, particularly the law of 1815?—It appears to me to have been the effect in a remarkable degree, and that, as one consequence, many men of talent who would be proud to belong to the medical profession, if well constituted, are now deterred from entering it, to the great injury of the public.”

NEILL ARNOTT, M.D.

“5728. You observed, in a previous answer, that the two courses of study, viz., those required by the College of Surgeons and the Company of Apothecaries, worked very ill together?—Very ill indeed. A student, when he comes to London, goes to the Company of Apothecaries; and there is furnished with one curriculum, which is drawn up without any reference to the curriculum at our College of Surgeons. Then he goes to the College of Surgeons, and is furnished with another curriculum, which is drawn up without reference to the curriculum of the Company of Apothecaries; and he tries to scramble through the two together. The consequence is, that he has much more on his hands than he can attend to; and a great deal is neglected.”

SIR BENJAMIN BRODIE, BART.

“I cannot perceive what necessary connection is, or can be established between the commercial or the manufacturing concerns of the chemists, druggists, and apothecaries, and the duties of the medical practitioner, by the mere circumstance of their articles being useful in the treatment of many diseases. Surely the surgeon and the accoucheur may employ their instruments as skilfully, without being also cutlers; and the physician may prescribe his course of diet, without adopting also the profession of the cook. Grocers, bakers, and butchers ought, on the same grounds as the commercial apothecaries, to apply for a share of medical practice, seeing that their articles of sale are not only necessary in all diseases, but are even essential to the maintenance of life during health. The complicated and important duties of furnishing the *materia medica*, and preparing the articles of pharmacy, would surely be much more efficiently performed, as they are in France, by a body of intelligent men, freed from the distracting and fatiguing avocations of visiting the sick, and watching the progress of their maladies.”

GRANT'S ORATION.



## No. X.

"6972. There exists no such class (in France) as that of our apothecaries. The apothecary there is a mere vender and compounder of medicine?—Yes; but *the pharmaciens there are a very learned body*: their examination is more difficult and severe, more what an examination ought to be, than even the examination for the medical diploma."

THOMAS KING, ESQ.

"2674. What is the state of pharmacy in France?—The *pharmaciens* are restricted to making up the physician's prescriptions. They do not prescribe for disease under any circumstances; and I consider the *pharmaciens* of France to be the best educated men of that class perhaps in Europe. Some of the most distinguished chemists in Europe are *pharmaciens* in France.

"2675. In fact they are rather venders of drugs, than what we mean by apothecaries?—They are the compounders of medicine: they do not sell medicine by wholesale, in general; in fact, there is a penalty for a *pharmacien* selling medicine, except upon the ordinance of a physician."

SIR DAVID BARRY, F.R.S.

"I say, advisedly, that pharmacy, as a profession, does not exist in Ireland," (still less so in England,) "for there are almost no apothecaries. Those who are classed under that name, are general practitioners, whose time is entirely occupied in the treatment of disease; and while the apothecaries of France and Germany teem with discoveries of important medicines and processes, those of the British empire produce absolutely nothing, and are content with adopting the efforts of their brethren abroad."

"Extract from a Letter addressed to the Apothecaries of

"Ireland, by

MICHAEL DONOVAN, ESQ., M.R.I.A.

"Member of the Apothecaries' Company."

## No. XI.

University of Oxford,	Colleges of Physicians, London,
„ Cambridge,	„ „ Dublin,
„ Dublin,	„ „ Edinburgh,
„ Edinburgh,	Colleges of Surgeons, London,
„ Glasgow,	„ „ Dublin,
„ Aberdeen,	„ „ Edinburgh,
„ St. Andrew's,	Faculty of Physic and
„ London,	Surgery, Glasgow,
„ Durham,	Apothecaries' Company, London,
	Army Medical Board,
	Navy Medical Board.



## No. XII.

"3644. You underwent an examination in order to become a surgeon for the navy?—Yes; more than one or two.

"3645. You also underwent three examinations before the College of Physicians?—Yes.

"3646. Which of the two was the best test of your medical qualifications?—The examination by the College of Physicians was no test at all; the three examinations did not last above twenty-eight minutes altogether."

JAMES JOHNSTON, Esq., M.D.

"4359. Are you of opinion that the licentiates labour under substantial grievances, growing out of the conduct of the college towards them?—Such grievances, that I am convinced there neither is, nor has there ever been an example in any corporation, literary, scientific, or commercial, of the existence of a similar plan of exclusion to that adopted by the College of Physicians."

JOHN YELLOLY, Esq., M.D.

"It has been by *compulsion* when the graduate of Edinburgh has presented himself for examination and degradation by the Royal College of Physicians. It has been with a keen sense of injustice that he has afterwards passed its closed doors, and received its insulting *invitations* to its soirees and lectures.

"But let the admission into the Royal College of Physicians be equal and honourable; let all invidious and iniquitous distinctions cease; let there be no differences but those which education, industry, talent, and worth of every kind, *must* entail on their possessors; and then this institution, too, will rise out of its present state of poverty and degradation, and thrive, alike honouring and honoured!"

*Extract from a Letter to Sir Robert Peel, Bart., by*

MARSHALL HALL, M.D., F.R.S.

## No. XIII.

The last census of the United Kingdom, gives to—

England and Wales,	.	.	15,901,981.
Ireland,	.	.	8,205,382.
Scotland,	.	.	2,624,586.



## No. XIV.

"5290. Did not the Apothecaries' Act arise out of a demand, on the part of the public, for practitioners, well qualified to practise in all the departments of physic, surgery, and pharmacy?—*No*; it arose out of the circumstance of the Chancellor of the Exchequer wishing to levy a tax upon the little glass bottles, in which they sold their physic. They met together to resist this tax; and when they got together, they thought they would do something else besides the business they assembled upon; and, from one step to another, they proceeded, until it ended in the Apothecaries' Act."

G. J. GUTHRIE, Esq.

## No. XV.

"4960. The apothecary of the present day, being usually a man of better education than the druggist, will not the student have learned more in his shop than in that of the druggist?—Rather less; for the shop of the apothecaries of the present day is a private one, and for advice or medicines, scarcely any body goes into it once a week. The student is engaged, so far as I know, in making up simply the medicines which are prescribed by his master, or the prescriptions that fall into the hands of his master's employer; whereas the druggist has an open shop, and the lad being engaged in making up a greater variety of prescriptions, more effectually learns the art of mixing medicines. And this, after all, one would say, is the real occupation of an apothecary, of the *pharmacien* of the French; though the English apothecary is not the same thing as the French *pharmacien*."

J. G. GUTHRIE, Esq.

"5570. It is said that no inconsiderable portion of the practice throughout the country is carried on by druggists?—Yes; they prescribe behind their counter, that is, they sell their medicine, and give their advice.

"5581. Would you require druggists to undergo any course of study and of examination?—I think they should be all made apothecaries."

SIR ASTLEY COOPER, BART.

"I observe, in the resolutions passed at a recent meeting of the chemists and druggists, that that respectable body are about to petition parliament to uphold their '*right to prescribe*.' It will be a question, doubtless, with the legislature, whether these gentlemen may be allowed to combine with this *right*, the *right* and peculiar privilege of being ignorant of anatomy and diseases; whether they may enjoy, at the same time, perfect immunity from



education and the examination which the legislature has wisely appointed for the practitioner of medicine."

*Extract of a Letter to Sir Robert Peel, Bart., from*

MARSHALL HALL, M. A., F. R. S.

In my address of this year to the Medical Association of Ireland, I warned the apothecaries of the consequences likely to result from neglecting their own proper department, and my anticipations have been more than realized. The chemists and druggists having combined to occupy their place, have since formed a society, and published their transactions. In their first number, which now lies before me, their intentions are thus announced:—"The chemists and druggists of Great Britain have been called into existence, by the public demand for a class of persons, who devote their *principal or exclusive application to the art and science of pharmacy.*" I am glad to see this announcement, as it evinces a demand on the part of the public, for a class of men who will devote their entire time to pharmacy; but if some legislative re-organization of every branch of the profession does not speedily take place, we shall see these chemists and druggists soon desert their new position for the practice of medicine. The grocers will probably occupy their places, but who will succeed the latter, is more than as yet can be conjectured.

R. C.

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No. XVI.

Let my readers consider the efficiency of a senate thus constituted, and its three subsidiary councils, and contrast it with that of "the Central Council for Medical Affairs," as thus proposed in a late number of the *Medical Gazette*, and I shall not fear the result of the comparison.

"It should consist of seven persons in all:—four medical men, two laymen, and one *ex officio* member, viz., the secretary of state for the home department for the time being. The two lay members should be nominated by the crown absolutely, and the four professional members by the crown also, but out of a list of eight agreed to by the principal corporations and universities of the three kingdoms, and by them submitted for the choice of the crown. The appointments to be for life, and all vacancies to be filled up in the same manner as the original appointments. As the meetings of the council would not be frequent (probably twice in the year would be found amply sufficient), the professional seats might, without prejudice to the regular avocations of medical men, be open to practitioners residing in the provinces."

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## No. XVII.

“Take the commercial interest, and, as connected with it (medical representation in parliament), look at the quarantine question. It was the fact, that commerce was capriciously interfered with by the establishment of various quarantine periods—of five, ten, twenty, or thirty days, often without any definite grounds or reason for the variation. He did not mean to argue against quarantine; but he meant to say that every regulation on the subject had for its basis a medical point of extreme nicety—the duration of the latent period of a disease. Was it unreasonable, then, to suppose that a legislative body, including some medical knowledge and experience, should be the fittest to frame such regulations? The position, he conceived, was a truism. Again, there are the most whimsical variations in the quarantine regulations, as to various articles of merchandise. A string of beads, for example, was disinfected with extraordinary care, while a deal box, in which it might be contained, was supposed to require little or no precaution. A bale of cotton, too, which, as was well known, might be packed in Alexandria, by persons actually infected with plague, was supposed to be purified by having two or three holes pierced through it; while a letter from Malta, was at certain times cut through, or opened, and fumigated with sulphur, nearly to its destruction. All these were practical points, the difference between five, and thirty days’ quarantine upon an article, made a serious difference of profit to the merchant, or of price to the consumer. He would ask, then, ought medical questions, involving practical matters of commerce, be legislated for in an assembly wholly destitute of medical knowledge?”

*Extract from a Speech of Doctor Maunsell's, at a meeting of Medical Practitioners, held in Dublin in June last, to consider the best means of ensuring the return of a member to Parliament, to represent the interests of the Profession, ABRAHAM COLLES, Esq., M.D., in the chair.*

## No. XVIII.

“The irresponsible members of the self-elected juntas, acting collectively in the secrecy and disguise of committees, clubs, and councils, are guilty of acts, as every one knows, which they would not dare to perpetrate on their individual responsibility; and thus they have unblushingly, but notoriously, sunk the standard of medical education and attainments in our country—they have dismembered and disaffected the profession—they have made its contentions a proverb of ridicule, and ruined its respectability. They have obstructed every advancement, especially in such departments as depended more immediately on their influence for support; every improvement intro-



duced has been made, not by their aid, but always in despite of their opposition; they have debased the generous practitioner of medicine, from a benevolent and charitable philanthropist, to an arrogant, contentious, illiberal, avaricious, and selfish misanthrope."

*Extract from Doctor Grant's Oration.*

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No. XIX.

"4923. I believe in the three last years, 1831, 1832, and 1833, the examinations amounted to 1,298, and the rejections to 92. We examine but 10 candidates every night, unless there is some particular emergency, which induces a gentleman to beg the grace of being examined out of his turn: and we are always willing to accede to any fair request, and in this way there may occasionally, perhaps, be 11 examined."

J. G. GUTHRIE, Esq.

Return of the number of candidates examined by the Royal College of Surgeons in Ireland, in the years 1831, 1832, and 1833:—

"114 examined, 8 rejected.

"C. O'KEEFE, Registrar."

According to the above returns of the Colleges of Surgeons of London and Dublin, the former examined more than eleven times the number of those examined by the latter, in a period of three years. The Dublin College examines the candidate on two several days, during, at least, one hour each day, but sometimes, if there is a doubt respecting the qualification of the candidate, the examination will extend to two hours each day. Now it requires no commentary to indicate the probable superiority of those who undergo a *public examination* such as that instituted by the Dublin College, to the *private* ordeal which ten candidates, it seems, undergo in the London College, *after dinner*, during an evening. I am happy, however, to perceive by the annexed regulation of the Council of the London College, just promulgated, that higher qualifications are now demanded from candidates than heretofore; the regulation requires:—

"That candidates shall produce sufficient documents of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied practical pharmacy for six months, and have attended *one year on the practice of physic, and three years on the practice of surgery, at a recognised hospital or hospitals* in the United Kingdom; three months being allowed for a vacation in each year.

October 14th, 1841."



It is gratifying to perceive, from these recent regulations, that this influential college has at length yielded to the spirit of the times, and has, as this document proves, raised the standard of professional education. All the Colleges of Physic and Surgery in London, Dublin, and Edinburgh, have now signified their submission to the public voice, by a demonstration, however late, of an internal reform, save and except one,—the King and Queen's College of Physicians, of Dublin; at which I feel both surprise and regret, as there are many highly-informed men amongst them, who, I know, are thoroughly convinced of the necessity of a re-organization of the profession.

R. C.

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No. XX.

“5601. How would a reduction in the expense of education be productive of evil to the profession?—I think, under those circumstances, you would have persons of all descriptions coming into the profession, and that it would be exceedingly degraded. You would not have gentlemen's sons enter it, as you have now, or any of the better orders of society. One of the higher orders, a nobleman, said to me, ‘I have a number of children; I wish to bring one into the church; I believe I shall bring one into the law; as to your profession, it is out of the question.’ And why should it be out of the question? It is only because the profession is not sufficiently educated and scientific, to maintain the dignity which it deserves for its usefulness.”

SIR ASTLEY COOPER, BART.

“6581. Why is it that you are desirous that the medical student should pursue his studies at a collegiate institution?—It is highly desirable, in my opinion, that medical students, during the progress of their education, should not be separated from the young men who are intended to belong to the other learned professions; and it is of great importance also, that a due regard should be paid to their moral conduct, as well as to their intellectual endowments and acquirements.

“6582. How do you propose that that object should be effected?—I apprehend, by the establishment of a metropolitan university: by introducing, not only what is necessary for education in what belongs to our profession, but what is necessary likewise in respect of all professions, collegiate discipline. If there are to be brought into this metropolis students from different parts of the country, I think their parents have a right to demand of the teachers at the places of education, that there should be



some control; which, if not wholly effective, yet ought to be as much as the case admits of being afforded."

J. H. GREEN, Esq.

"The life of a medical student may, perhaps, be well described by the word *desultory*. Supposing him to have left home, probably in some remote part of the country, and to have come to London solely for the purpose of professional study, not having any relatives or near connexions in the metropolis, we can hardly conceive any one in a position less comfortable, or more exposed to temptation. With few exceptions, the age at which he comes to London is, I believe, nearly the same as that of a freshman going up to one of our universities. But what a striking difference there is in the provision made for the comfort and discipline of the young student in the two cases! I will briefly exhibit the contrast," &c. &c.

*Extract from a letter to Sir B. C. Brodie, Bart. on the application of the Collegiate System to the Medical Schools of the Metropolis, by the REV. J. H. NORTH, M.A., Chaplain to Saint George's Hospital.*

"A London police report, in which two '*surgeons*' figure with fair prospects of at least a trip to Australia, calls our attention to that which has frequently been suggested to us by similar circumstances, within the last two or three years. Is it right or safe to entrust the duties which devolve on medical practitioners, to any person who may please to claim to discharge them on the strength of a diploma? Are the opportunities enjoyed by medical men every day and night of their lives, of determining the fate of those under their care, to be afforded without restriction or control to every class of society? A sheriff's officer, who has taken charge of the effects of a tradesman, called in England a '*surgeon*,' for the benefit of some creditor, is enticed to drink, drugged, and tossed into a cab, where he is shortly after found dead. Were the perpetrators of such an act as this, fit persons to be entrusted with people's lives, having every facility afforded of using their own discretion as to the disposal of them? All rational and honest men will answer no: but then how could any one beforehand have anticipated such a result? many will perhaps say. Now, we venture to say, that any man who has considered the subject, might very easily have anticipated such a thing, or even something much worse, considering the disgraceful, the culpable, disregard of all precaution displayed by our '*corporations*,' in the conferring of authorities to practise. A young man knocks at the door of a big house called a college, and informs the presiding functionary, that he wants a diploma or certificate to authorize him to practise some branch of the healing art: what inquiries are made as to his fitness to discharge a duty so responsible? Is he asked, whence come you? who reared you? what has been your general education? what your moral



training? Not one word of the sort. He is asked one question, and one only, 'where's your money?' perhaps, 'where are your *certificates?*' may be added, and that very day he is dubbed 'surgeon;' the worthy dispensers of such medical honours never having seen his face before, and never wishing or caring to see his face again. Is this an exaggerated picture? we defy any one to say so. It is literally true. And well may they who practise such proceedings, boast of the tens of thousands it brings into their coffers! well may they chuckle at the share of the spoil, which they, as individuals, enjoy! But let them look to it," &c. &c.

*Dublin Medical Press for November 24th, 1841.*

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No. XXI.

"But let them [the apothecaries] beware of the consequences of thus neglecting their own department, while making an onslaught on that of others. The chemists, druggists, and even grocers, observing the open gap thus left, have occupied the vacant place, and now not only compound medicines, but prescribe them also. Witness the petitions of the chemists and druggists, agreed on at a meeting held at the Crown and Anchor Tavern in February last, against Mr. Hawes' bill, because it contained some clauses calculated to injure their trade, as compounders and prescribers of medicine! and Mr. Hawes, who, no doubt, has many learned individuals of these aspiring professions amongst his constituents, was graciously pleased to insert '*a protective and explanatory clause, which should render the bill totally inoperative upon the interests of chemists and druggists!*' Heavens! To what a state is the medical profession reduced amongst the most thinking people in the world! But we may fondly hope that when ministers are less engaged than they are at present, they will find a little more leisure to consider matters which deeply concern the health of the people of this mighty empire; when, possibly they may themselves bring in some ministerial measure, calculated to reduce the chaotic mass into which all branches of the medical profession have fallen, into something like a regular organised institution."

*Extract from My Address to the Medical Association of Ireland, in May last.*

The fate of the two bills introduced into parliament, as well as Mr. Hawes' reply to the druggists and chemists, marked in the foregoing quotation in italics, indicate the absolute necessity, whenever a bill is again brought forward to regulate the medical profession, that it should be



introduced under the auspices of ministers. There is no individual member whatsoever, unconnected with the government, who can have sufficient influence to excite the attention of the house to any measure, no matter how beneficial it may be to the nation, much less to pass it, except it should be connected with party politics : and Mr. Hawes' reply is a sufficient illustration to what an extent a member may be influenced and weaned from his best intentions, under the apprehension of offending some of his constituents. What a bill his would have been for regulating the medical profession, which authorized uneducated druggists and trading chemists *to compound and prescribe medicine !*

R. C.

THE END.

DUBLIN

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