

**On representative government in the British Medical Association / by
Sampson Gamgee.**

Contributors

Gamgee, Sampson, 1828-1886.
Royal College of Surgeons of England

Publication/Creation

[Birmingham] : [Hudson & Son, steam printers], [1883]

Persistent URL

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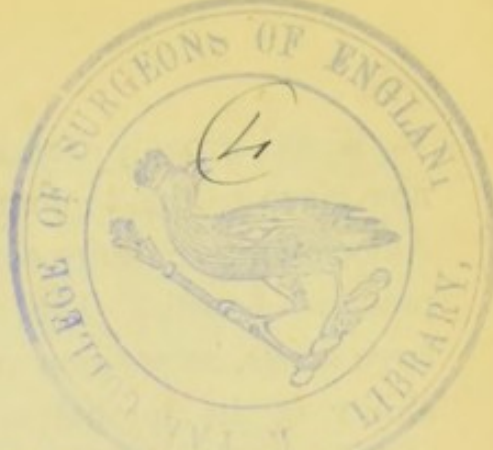
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ON

REPRESENTATIVE GOVERNMENT

IN THE

BRITISH MEDICAL ASSOCIATION.*

BY

SAMPSON GAMGEE, F.R.S.E.,

*Consulting Surgeon to the Queen's Hospital, Birmingham;
Late President of the Birmingham and Midland Counties Branch of the
British Medical Association.*

1883

MR. PRESIDENT AND GENTLEMEN,

The circular letter of the President of the Council and the interrogatories appended thereto, † requesting consideration "*as an urgent and important matter,*" practically open up the entire subject of the Representative Government of the Association. It is on that general issue that I beg leave to address you, in speaking to the resolution of which I have given notice :—

"That this Branch is of opinion that the principle of direct representation, which the British Medical Association insists upon in the constitution of the General Medical Council under a reformed Medical Act, should be applied to the government of the British Medical Association."

* This statement is printed as delivered the 11th January, 1883, at a special meeting of the Birmingham and Midland Counties Branch, Dr. Edward Dewes, J.P., President, in the chair.

† The *British Medical Journal*, December 2, 1882, p. 1111.

While strongly dissatisfied with the manner in which effect is now given to the representative principle in the government of the Association, we desire cordially to recognise a very large measure of practical benefit. The numerical roll of the Association and its large assets, its position and influence in the country, the conspicuous ability of its journal and secretariat, are each and all weighty claims on our gratitude to those distinguished colleagues, who, at great personal sacrifice, have administered our corporate concerns.

But it is readily conceivable that the very success of an undertaking, be it scientific or commercial, literary or social,—all characters of which our Association partakes,—may be so great as to outgrow the provisions of early organisers, and necessitate, from time to time, modifications of form and mechanism in the administration, to ensure vitality of principle and security of action.

Our lineal ancestor, the Provincial Medical and Surgical Association was so largely indebted for its inception to Dr. Hastings, that it is little matter for astonishment, if for many years its government partook largely of a personal character. Dissatisfaction grew until it nearly culminated in a disruption, at the stormy York Annual Meeting in 1855, just as the Association had completed the 23rd year of its existence. So ominous was the outlook, that a special general meeting was held in Birmingham the following November. With time for reflection wisdom grew, a spirit of friendly compromise gained the ascendancy, and the result was the establishment of the form of government which, with but slight modifications, has prevailed to this day. Its leading features may be briefly sketched. Theoretically the basis is a representation of branches (one to twenty) in a general council, which now consists of several hundred members, an impracticable number for an Executive Government. This is in great part elected out of the Council and styled the Committee of Council, which transacts all business, is appointed at one annual meeting, and reports to the General Council at the next yearly gathering, so that the Council of the Association has practically three hundred and sixty three days vacation in the year.

The intimate union of power and responsibility is the very life of, their divorce is fatal to, representative government. But in the

British Medical Association all the power is vested in the Committee of Council, which is sheltered from direct responsibility to the entire constituency, by the interposition of the dormant General Council which is practically destitute of all resources and checks for efficient control.

The elected Members of the Committee of Council are sandwiched between two sets of ex-officio members, the ex-Presidents, who are vice-Presidents for life, and the Secretaries of Branches. The *raison d'être* of the former is, that having great knowledge of the affairs of the Association, they are likely to be very useful in its government; while the Secretaries of Branches know the requirements of their particular districts, and are therefore specially competent to represent them.

General experience proves that ex-officio governors are relatively irresponsible, and not very often efficient. Branch Secretaries in a few instances have been most valuable on our Committee of Council. But, as a body, they have been a failure. They are almost always men of superior ability and social status, frequently young, usually much engaged, and not always indifferent to the expense and time of journeys to London.

Some of our vice-Presidents have been very pillars of our state; but it does not require much experience of life to understand the predominating influence at the same Council Board, which life members must exercise on colleagues, who are removable year by year, and whose election mainly depends upon a house-list drawn up by the Committee of Council. Theoretically this executive government is responsible to the Council of the Association; but as this only meets once a year, as the medical press is excluded from its deliberations, and the pressure of business at Annual Meetings is overwhelming, the co-optative executive is master of the situation.

Sir Charles Hastings, at the Birmingham meeting of 1855, proposed "That the Council of the Association be elected on the principle of *absolute* representation, so that each member of the general body may have, by his representative, a voice in the management of its affairs." Only the difficulties of the moment

prevented the full application of the conceded principle, for which the Association and the profession generally are now ripe.

The mere fact that twenty-eight years have elapsed since the present system of government of the Association was established, is a strong presumptive reason in favour of the necessity of revision. Within that period the number of members has quintupled, the gross income is nearly seven times greater, the income from advertisements and sales of journal is ninefold ; and, speaking in round numbers, a deficit of six hundred pounds in 1855 has given place to a present surplus of assets of fifteen thousand pounds,—the ratio of prosperity showing no signs of diminution.

I trust I have already evinced a ready disposition to acknowledge those who have served us. It in no way detracts from their legitimate claims, to recall that the financial prosperity of the Association is due to unforeseen and extra professional causes. It is the commercial enterprise of the age which is the chief factor of our prosperity, for advertisements and sundry sales of journals yielded £7,969 in 1881, as against £849 in 1855, showing an annual increase of revenue under this head alone of £7,120. As prudent business men we must do nothing that can possibly injure the splendid property, but the question naturally arises how can the proceeds be most beneficially employed for the profession, which is being rapidly absorbed into the ranks of our Association.

Our corporate action on the question of Medical Legislation, and the fact that an amended Medical Bill is within measurable distance, greatly adds to our responsibilities. On our behalf, it has been proposed that certain of the Medical Corporations shall be disfranchised, the privileges of others curtailed, and the profession be directly represented. Corporations, like individuals, fight hard for survivorship. "What is sauce for the goose, is sauce for the gander" is a household proverb of very wide application. If direct representation is to be enforced in the General Medical Council, why not in the government of the British Medical Association? If our Ex-Presidents are all to have life seats in the Executive, why may not the Ex-Presidents of the Royal Medical Colleges have life seats on the General Medical Council?

It having fallen to my lot to be one of the witnesses examined before the Royal Commissioners on the Medical Acts, I know how desirous they were for information on this point. Do the profession ask for direct representation on the General Medical Council, in order to guard and promote their material interests? I was most careful, and so were the other witnesses who advocated direct representation, in tendering assurance of professional disinterestedness. We agreed in substance in saying that we only desire to assist, by our representatives, in making the Council more worthy and efficient, for medical education and registration in the national interest.

It follows, that on the British Medical Association must devolve the duty of guarding over the professional interests of its members in their corporate capacity, for it is quite certain that, if we do not look after our own affairs, those outside our ranks will not help us. If the General Medical Council is only to direct education and registration, what organisation is so well fitted, as that of the British Medical Association, to aid its constituents in safeguarding their special interests?

In a body of ten thousand members, rapidly growing, no machinery is better suited to purposes of government and administration, than that of constitutional representation, that which Sir Charles Hastings distinguished as *absolute*, and which is now conventionally, but very explicitly, called *direct*.

In applying the principle in its entirety, some difficulties will have to be surmounted; but if we prove our sincerity, by carrying it out with ten thousand members, they will become educated to the franchise, and the experience will be valuable in extending the principle to the twenty-three thousand registered members of the profession, who would be the constituents of direct representatives on the General Medical Council.

If with the organisation of branches spread over the United Kingdom, and with the 11,000 copies of its weekly journal, the British Medical Association cannot give full effect to the principle of direct representation, can it in honor advocate its use as an instrument to influence the Universities and the Medical Council in a reformed medical act?

I hold, as most of us do, that the principle of direct representation is a perfectly sound one, in the national no less than in the professional interest, but we also hold that the British Medical Association should be consistent and practice what it advocates.

How electoral districts shall be arranged, how the autonomy of the Branches shall be preserved, we do not say. Let the principle of direct control of the constituents over the Executive be conceded, and all other questions become subsidiary for practical debate in committee.

If I may be permitted to throw out a few hints, I would say that the present Council should either be restricted to the functions of an Electoral College, or, if it is to be a Council with anything more than nominal control, should meet more than once a year. In either case, the members of the Council might reasonably claim the privilege of the franchise by voting papers, if indeed these should not have a much more general application throughout the Association.

How can a large constituency spread over the United Kingdom, be said to be in the enjoyment of the franchise, if a condition precedent to its exercise be personal attendance at the peripatetic annual gatherings?

It is generally conceded that an executive government, to be efficient, should not be too numerous. At present nearly twenty Vice-Presidents have life seats on the Committee of Council. Would it be unreasonable that their right of voting should be limited to three years after becoming Vice-Presidents? or that their body should elect two or three to represent them on the Committee of Council?

The Secretaries of Branches have not proved, as a rule, efficient *ex officio* representatives. An alternative plan, of allowing each branch to elect a representative to the Executive, might make it too numerous, unless some system of groupings into electoral districts were adopted. That, again, is a question subsidiary to the fundamental principle of direct or, to use Sir Charles Hastings' pet word *absolute* representation. Let this be well to the fore, and natural sequences will present no insurmountable difficulties.

Let us be equally jealous custodians of the moral influence and the material possessions of the Association, and of the reputations and legitimate susceptibilities of those amongst our brethren who, by long years of devoted labour, have achieved those results for the common good.

If some regret, that a house list and a Council with nominal power may be called upon to give place to a representative government directly responsible to its constituents, they may find comfort in the reflection, that such a change is symptomatic of safe evolution in constitutional history, from the Crown downwards into all the strata of our social system.

When the necessities for such a change, at a comparatively embryonic stage, confronted our founder at the Special General Meeting held in Birmingham 20th November, 1855, after the threatened disruption at York, he established a title to historic remembrance, even superior to the inspiring idea to which we owe our corporate existence.

Sound sense and moderation, the practical wisdom of true statesmanship, guided Sir Charles in his timely concessions. His example is one which no one in our ranks can be above following. He obeyed the law of progress, which unfortunately is accepted as an article of faith by many more than are disposed to adopt it as a rule of action. But the law is inexorable, and those who regret its imperiousness may find comfort in the justice of its universal application. Only two classes suffer from it ; those who blindly resist it, and those who strive to apply it with passionate haste and without discrimination.

It would be difficult to say which class of persons is most destructive of cherished institutions : those who are blind to necessities of repair and growth, or those who are ever ready to pull down what is good, in the hope that something better may turn up to replace it.

As physiologists, we know that, in all organised beings, growth and decay are coeval with conception and life, and that nutrition and repair are continuous processes.

Those of us, who are operating surgeons, also know that the greatest triumphs of our science and art are those of conservative

surgery, which would never have had an existence or a name, if it had not been like the works and laws of nature enlightened and progressive.

Let us apply those principles to medical statesmanship, and we may then reasonably hope to transmit to our successors an inheritance worthy of the best traditions, and of the most legitimate aspirations, of our profession, on the broad and equitable basis of representative and responsible self-government.

The resolution moved by Mr. Gamgee was seconded by Dr Sawyer, Senior Physician to the Queen's Hospital, and carried *nem. con.*

