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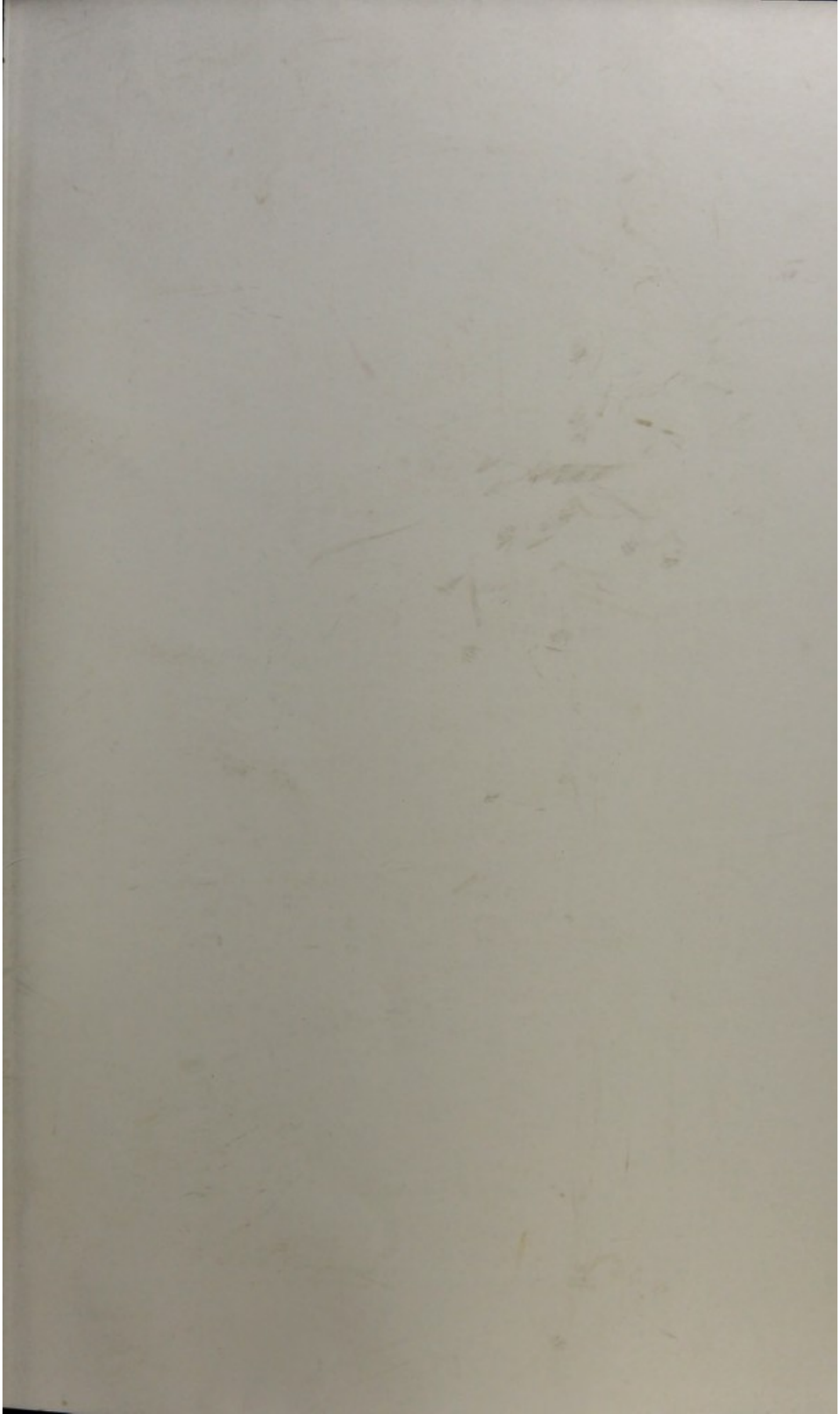
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MEDICAL REFORM

PRESENTED
by the
AUTHOR.

BY

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A REPRINT

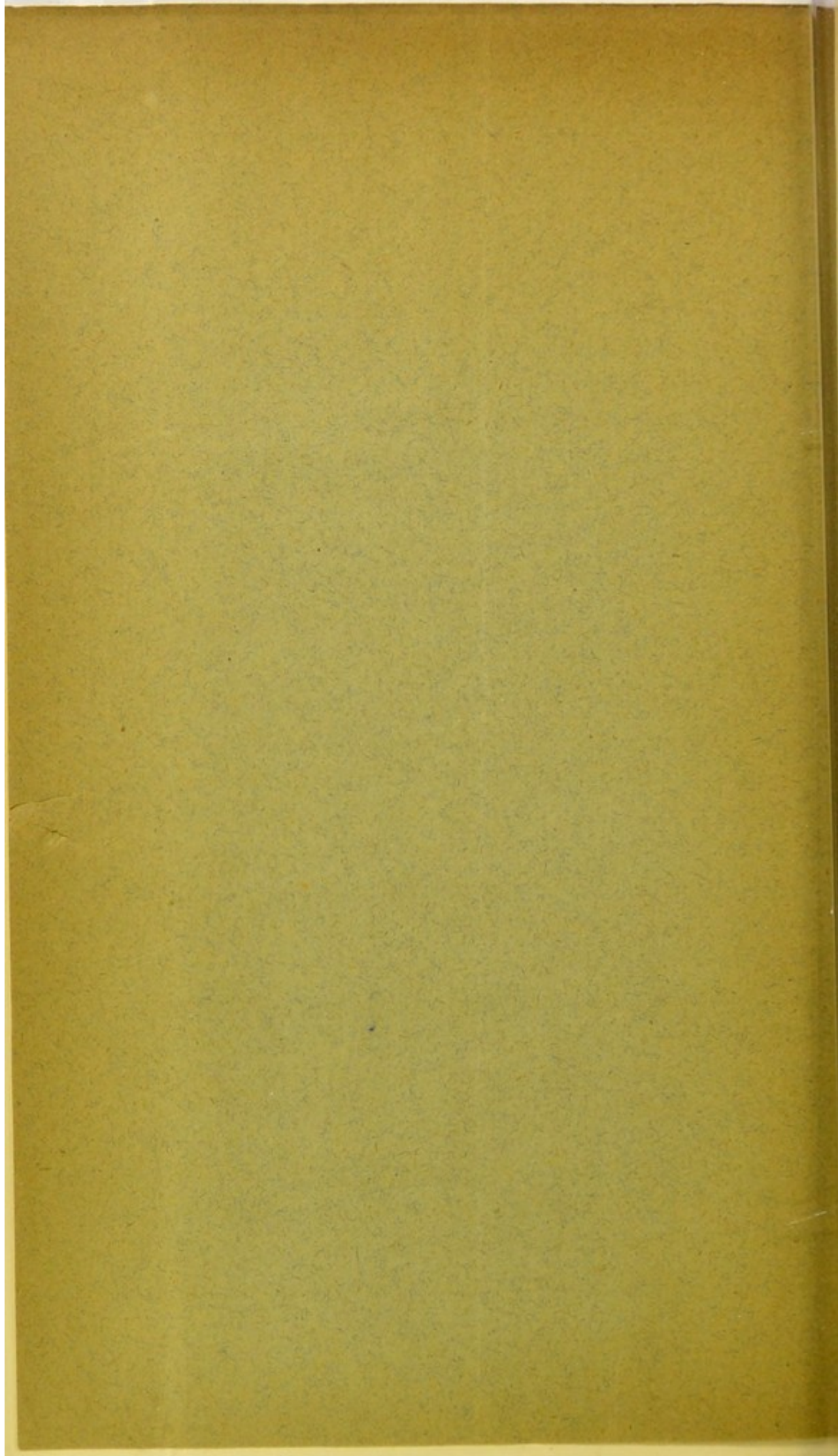
OF SOME LEADING ARTICLES

FROM MEDICAL PRESS AND CIRCULAR, 1877.

HALIFAX:

E. MORTIMER, PRINTER, REGENT STREET.

1881.



GENTLEMEN,

THE BRITISH MEDICAL ASSOCIATION is to be congratulated on the steps it has taken to secure Medical Reform, and it is still more to be congratulated in asking for the opinions and views of the general practitioners of the country. In this it has followed a notable precedent. As history repeats itself you will pardon me for briefly alluding to the event. It concerns us, as strange to say we are now going over almost the same ground.

On 17th December, 1828, 1093 Medical Practitioners assembled at Paris to consider Medical Reform; and amongst those present were Broussais, Majendie, Desgenettes, Louyer-Villermay, Bostan, Husson, Bouillaud, Bally, Gendrin, etc. M. Desgenettes, President, in his address, said: "We must confess that our profession stands in need of speedy reform, and though the Academy of Medicine might undertake the task, yet however enlightened this body may be, the physicians and other medical practitioners of Paris and the provinces should have a voice in the proposed ameliorations, for as *all medical practitioners are equal in rights, in the eyes of the public*, they ought to be equally consulted."

This truth of M. Desgenettes stands good at the present day; so that here we have the first point of similarity between this meeting in the year 1881 and that great meeting in the year 1828. The immediate

object of the French meeting was no less than that of fixing legally the basis of medical education and the conditions of qualification, and to create a medical police.

In a report, prepared somewhat like the present report, issued by the British Medical Association, which we have met to consider, the Secretary observed: "The healing art will not render to society all the advantages which society has a right to expect, till the exercise of it is regulated by institutions which shall guarantee not only the proper education, but the subsequent *probity* of its Professors."

The report went on further to state that the existing corporate bodies of France have not been able to effect those salutary regulations, and that if the investigations be confided solely to these bodies the evil will never be remedied.

Is there not a parallelism between the past and the present? Is it not strange that, after 53 years, Medical Reform in England should be in such a state as it is at present; that we should have to discuss the same grievances which vexed the minds of Majendie, Bouillaud and other notables of that period? Our medical council and corporate bodies

"Keep the word of promise to the ear,
But break it to the hope,"

but I trust now the practitioners of the country will speak with no uncertain sound, and that the end may be near.

It is one of the happiest signs of our times that education is spreading amongst the lower, middle and higher classes, and I think we are wise in seizing this favorable opportunity of making an earnest endeavour to secure liberal and enlightened measures of Medical Reform, corresponding with the more extended views of modern times. It is more graceful and creditable that such measures should come spontaneously from ourselves, than that they should be exacted by popular clamour. The increasing education of the age requires increased education in the Practitioners of such an art as medicine. My idea of the position a medical man ought to hold in society is a high, though I think the true, one. My views on Medical Education and Medical Reform are also high.

I have for some years given attention to these topics, and have written upon both subjects; but I hold that no mere legislative enactments or penal clauses will either elevate the profession or advance its true usefulness or position, unless we have internal reform at the same time, so as to ensure, upright and honourable dealing, from those who are admitted to our ranks, or, in other words, *medical probity*.

In order to save the time of this meeting, I have re-printed my views, in form and word, as they appeared in leading articles in a London Medical Journal of 1877. They represent my more matured opinions at the present time.

MEDICAL REFORM.

I.

If by any possibility any Minister could be induced to undertake a measure of Medical Reform, in order to be successful, and to complete it in a manner worthy of a statesman, he would have to deal with it as a comprehensive whole, and thus almost begin *de novo*. In fact he would have to employ the method advised by Herbert Spencer for all scientific and general inquiries, viz., to commence with first principles, and when these were clearly established and defined then to raise a superstructure, otherwise his efforts must only result in patchwork. We do not now want fractional legislation. We may briefly point out the difficulties in his path, and also show what are the *desiderata* for satisfactorily arriving at a proper solution of this vexed question.

Medical Reform must not be looked upon from our point of view alone ; it will not have to consist solely of the preservation or extension of existing privileges, nor of the addition of penal enactments and clauses, nor of pure class legislation ; but any policy to be successful must be framed essentially for the protection of the community and the security of the individual, as it is above all to be remembered that the public do not exist for our benefit, but that our only *raison d'être* is their advantage. Starting then in the region of first principles, preliminary education will be the first subject demanding attention, and there should be no difficulty on this point. The struggle for national education is now over, and it is a confirmed axiom of every politician, of every shade of opinion, that every child born on British soil shall have, as a birthright, instruction in the first elementary principles of education—reading, writing, and arithmetic.

Presuming that the candidate for the medical profession has a knowledge of the three 'R's,' a higher standard of education must also be required which will fit him for the high position he ought to occupy in the social circle, and as a powerful integer in the direction and shaping of our national manners and morals. It will, then, be necessary to frame some standard, which will give us a guarantee of a certain value that his mind is sufficiently prepared to enter on a course of still higher training.

The increasing activity in our educational circles, the higher standard of knowledge expected of those who have no profession, and the education even of the masses, all indicate that the preliminary education of the embryonic medical practitioner should advance *pari passu*. It will be urged, as it has been urged in the past, that the setting of a leg, or the performance of any surgical operation, can be as well done by the man who has not had the advantages of a university or even grammar-school education, as by the man who has had these advantages. And here, in this objection, we have almost the root of the evil, which has so long fettered the advancement of our profession. We have too long looked upon medical education in its purely surgical aspect, we have too long allowed surgical monopoly in its direction, and we have been educating surgeons to perform essentially medical functions, though, we must confess, not without protest from individual minds, not without words of warning from medical journalists, hitherto directed to unwilling ears, on the absurdity and fallacy of the system. With more advanced views we look upon medical preliminary education, not in a medical, or in a surgical, or in a special-branch light, but as it affects the general welfare of the country and the individual welfare of the whole profession. We have long recognised the influence of medical men upon our national manners and morals, as a powerful engine of good, and we believe this influence might be extended with still greater advantage to the community, and also to the elevation of our social position. In our previous articles on the remedial measures for quackery, and on citizenship in sanitary work, we have shown how intimately the medical attendant is connected with the inner life of the country, with the directorship of its bodily welfare, with its social improvement; that his *rôle* embraces pure medicine, midwifery, hygiene, and, least of all,

surgery; and that for nine-tenths of the population he fulfils the office of adviser, confidant, and physician. We do not pretend that a higher standard of preliminary education will give us a perfect assurance of a superior class of practitioners; we do not pretend that every candidate who passes such an examination as we deem necessary will have a special fitness for the medical profession; but we do claim that it will give us a better guarantee than the present system, and that the social advantages of introducing a better educated body of men must have a beneficial reaction on the profession. We do not insist upon too high a test; and for the sake of argument, in taking the matriculation of London University, we believe we are not asking for too much. Other earnest promoters of educational progress in the profession would even go further and suggest the necessity of a preliminary scientific training.

Mr. Quain, when he delivered the Hunterian oration, pointed out the benefits that would be derived, "supposing that at school young people had acquired some exact elementary knowledge in physics, chemistry, and a branch of natural history—say botany—with the physiology connected with it. They would have thus gained some necessary knowledge, with some practice, in inductive reasoning. The whole studies of medicine are processes of observation and induction—the best discipline of the mind for the purpose of life—by that plan the burden of the early medical course would be much lightened, and more time devoted to practical studies."

Professor Huxley has also expressed his opinion, looking at the question in its bearing on the public benefit, and not in a purely class light, in the following forcible and practical words, giving utterance to his ideas:

"There is no one of us who may not at any moment be thrown, bound hand and foot by physical incapacity, into the hand of a medical practitioner. The chances of life and death for all and each of us may, at any moment, depend on the skill with which that practitioner is able to make out what is wrong in our bodily frames, and on his ability to apply the proper remedy to the effect. . . . A young man commencing the study of medicine is at once required to endeavour to make an acquaintance with a number of sciences, such as physics, as chemistry, as physiology, which are absolutely and entirely strange to him—

not only is he devoid of apprehensions of scientific conceptions—not only does he fail to attach any meaning to the words ‘matter,’ ‘force,’ or ‘law’ in their scientific senses ; but, worse still, he has no notion of what it is to come into contact with nature, or to lay his mind alongside of a physical fact. The youngster, thus unprepared for serious study, is turned loose among his medical studies, with the result, in nine cases out of ten, that the first year of his curriculum is spent in learning how to learn. Indeed, he is lucky if at the end of the first year, by the exertions of his teacher and his own industry, he has acquired that art of arts. After which there remains not more than three, or perhaps four, years for the profitable study of such vast sciences as anatomy, physiology, therapeutics, medicine, surgery, obstetrics, and the like, upon his knowledge or ignorance of which it depends whether the practitioner shall diminish or increase the bills of mortality. Now, what is it but the preposterous condition of ordinary school education which prevents a young man of seventeen, destined for the practice of medicine, from being fully prepared for the study of nature, and from coming to the medical school equipped with that preliminary knowledge of the principles of physics, of chemistry, and of biology, upon which he has now to waste one of the precious years, every moment of which ought to be given to those studies which bear directly upon the knowledge of his profession.”

II.

It would no doubt be of the greatest possible assistance to the student if the suggestions of Professors Quain and Huxley could be practically carried out, for the reasons they have adduced in support of their views are incontestable.

Returning again to our subject, and to the special question of surgical monopoly, every veteran reformer knows that the College of Surgeons has always been a stumbling-block in the way of medical education, and it has only been by persistent agitation that the general practitioners of England have secured their present privileges and attained their

present rank and position. As regards its position towards one of the most important departments of medicine, even at the present time, we need only refer to the address lately delivered by Dr. Barnes in the Obstetrical Section of the British Medical Association. Pure surgical direction must then be no longer tolerated : as an important part of our educational necessities, it must always be valued, but it is only a part, and by no means the most important one.

But have we not the Medical Council which is supposed to have considered the question of preliminary and general medical education? Remembering the constitution of that body, that it numbers and has numbered amongst it some of the most highly educated, intellectual, and practical minds in our profession, it is with a feeling of regret and of positive pain that we have to impeach its actions. Has the Medical Council shown itself capable of grasping with medical education in the past? Are the records of its proceedings a source of pride to us? Has the profession gained by it, considered even in the narrowest and lowest estimate, of class interest and medical protection? The universal voice of the profession has been raised against the great waste of money in its machinery, and if by some imperial ukase or *coup de legerdemain* the Medical Council was dissolved to-morrow, its existence would be neither regretted nor missed; for when its history comes to be written, it will be almost comprised in the one word "failure." Individually each member is distinguished in his branch of his profession; individually each member might devise a scheme for medical reform entitled to some degree of respect and consideration; but it seems, as a collective body, to have lost all grasp of mind, and to have shared a form of progressive pernicious atrophy common to all corporations. Its policy has certainly been one of masterly inactivity; but, perhaps, some excuse may be made for the representatives, for as they are sent to defend the vested and rival interests of various corporate bodies, they lose their individuality and become simple *automata*. As an instance of individual power to thoroughly grasp the spirit of education, we may point to the views expressed by Dr. Stokes, and we must candidly confess that the Irish members of the Medical Council seem to be distinguished by a greater breadth of view and by a higher appreciation of the necessity of preliminary *culture* than either the English or Scotch representatives.

Dr. Stokes has recognised the necessity of the higher education we are speaking of, and had he not been swamped by opposing elements, we believe preliminary education would long since have been settled. Dr. Stokes knew that the acts of the Medical Council have been exposed to depreciating observations, owing to its efforts not being devoted sufficiently to general education ; to its administration of an imperfect law imperfectly, and also to the fact that though it had no coercive power in the matter of education, it had not rightly used the moral power it possessed.

How much it might have done, if not for medical protection, at least for internal reform, may be seen when we consider the work achieved by a small organised body of active and earnest reformers, without the social prestige of the Medical Council, without its moral influence, and without its funds. We have lent the ægis of our protection to the Medical Defence Association, because we saw in it the commencement of an agitation which would prove not only of advantage to the profession, but to the public ; that it was an indication of progress, from the fact that it directed its attention to the sweeping away of abuses within our own ranks ; whilst at the same time we look forward to the time when its services will be no longer required, not in a ideal future, but in a practical consummation of our expectations.

When that distinguished Irish physician, Dr. Stokes, occupied the presidential chair, he gave utterance to some valedictory words which should be printed on the frontispage of the *Association Journal* ; as they bear so much on the internal reform we have so much insisted on, and as they embody the spirit of our remarks on education, our readers will profit by their perusal.

After recognising that there were great wrongs to be redressed in our profession, Dr. Stokes said, " But these evils being admitted, how are they to be lessened, if not removed ? Is it by public agitation and remonstrance addressed to deafened or unwilling ears ? Is it by the demand for class legislation ? Or is it by the efforts of one and all to place medicine in the hierarchy of the sciences—in the vanguard of human progress, eliminating every influence that can lower it, every day more and more developing the professional principle, while we foster all things that relate to its moral, literary, and scientific character ?

When this becomes our rule of action, then begins the real reform of all those things at which we fret and chafe ; then will medicine have its due weight in the councils of the country. There is no royal road to this consummation. On the one hand, the liberal education of the public must advance, and the introduction of the physical sciences into the arts-courses of the universities give a death-blow to empiricism ; and, on the other, that of ourselves must extend its foundation, and we must trust far less to the special than to the general training of the mind.

“ When medicine is in a position to command respect be sure that its rewards will be proportionately increased and its status elevated. In the history of the human race three objects of man’s solicitude may be indicated—first, that of divinity ; next, that of law or government ; and, as man often seems to love gold more than life, the last is medicine. But with the progress of society a juster balance will obtain, conditionally that we work in the right direction and make ourselves worthy to take a share in its government, not by coercive curricula of special education, not by overloaded examinations in special knowledge, which are, in comparison to a large mental training, almost valueless, but by seeing to the moral and religious cultivation and the general intellectual advancement of the student.

“ Doubtless such a revolution—which, could men only read the signs of the times, is slowly though surely coming—will lessen the number of a certain order of candidates for licence to practice. Doubtless, also, while the funds of special corporations will be diminished, university education will be extended ; and the whole character of medicine will be changed, greatly to the advantage of its social position in the country and the interests of science and the public at large.”

These words were spoken in 1868 ; the higher education of the country has extended, and we may say “ the hour has come,” but where is the man to evolve order from chaos ?

We have dealt with the first part of the programme, reserving for the next articles our opinions on pure medical education, medical qualifications, and necessarily, the legislative clauses that would have to be enacted, both to confer privileges, and to protect those who may comply with the requirements of a new Medical Act.

III.

Preliminary education then is the first link in the chain we are weaving, and in seeking for the higher cultivation we, and, perhaps, other more competent judges, desiderate, the first link is being forged, upon the stability of which all the others depend. One step leads to another. Having secured as far as possible preliminary training of the mind, we render subsequent instruction easier, and may naturally expect that the assimilation of the vast amount of mental food that will have to be digested will be more perfect.

We have already foreshadowed some of the mistakes in our system, when we alluded to surgical monopoly and surgical direction. As we proceed we shall have still further to insist on the necessity of a change in this respect. The great object of our past method seems to have been to develop surgeons. The diploma of the Royal College of Surgeons in England is, beyond all doubt, valuable, but it does not afford an adequate test, and does not meet the wants of the present age. Our object, looking at the subject in its practical light, and in its effect on public security, is to direct the student's education into such channels as will afford the best possible guarantee of developing a medical attendant, whose practical knowledge and general attainments shall not only secure the respect of the community at large, but also command their confidence.

In the arrangement of lectures, even at present, there is a special preference given to what has been termed surgical science. We remember, in 1873, listening to the introductory lecture of Professor Erichsen, at University College, and we were struck at the time by the truth and spirit of his remarks. He doubted whether there was such a thing as surgical science, and contended that we spoke of the science of surgery in too concrete and definite a way. It was merely a development of general biological and pathological science, and consisted in the application of knowledge derived from other branches of science. He illustrated this by examples from physics, in the application of electricity in the cure of aneurism; to the treatment of various deformities, in the use of the galvanic *écraseur*; from exact science, in the application of the laws of mathematics to ophthalmology; from natural science, in the

application of Pasteur's germ theory by Lister to antiseptic surgery ; from anatomy, by the observations of Bigelow on dislocation of the hip-joint ; but above all in the application of hygiene to surgery. He concluded by urging the students not to neglect manual dexterity (which by itself did not constitute true surgical skill), but, above all, to cultivate those sciences that may be made subservient to medicine and surgery generally.

In other words, we want the due subordination of parts to the whole, not insisting on too many lectures on, and too much attention to, anatomy, to the neglect and exclusion of materia medica, or, *vice versâ* ; not in devotion to operative surgery at a sacrifice of pure medicine and obstetrics, or *vice versâ* ; but a fair arrangement by which the student will be as far as possible qualified for general practice. We do not undervalue the advantages of a knowledge of anatomy in after-life ; but, who would advocate a system which, while affording ample instruction in minute anatomy, yet neglects an equally important study as that of pharmacy and materia medica. Is it well for a student to be able to describe from before, backwards, the base of the brain, or all the parts injured by a bullet wound through the knee-joint, whilst he is ignorant both of the composition and mode of preparation of the prescription for bronchitis, which he will have to prescribe for some parish patient ? Should he have a thorough knowledge of lithotomy, lithotrity, and the ligature of arteries (operations which he will probably never have to perform), whilst he is ignorant of midwifery, which will be one of the most important branches of his work, if in general practice ? These are questions of practical importance, and can only be answered in one way.

Practical education is, then, a desideratum ; and when the apprenticeship was swept away its place, as a means of practical instruction, was left empty. We said in 1873 that everyone would feel the truth of the statement that a period of pupilage was not all lost, and that those who entered the profession by that portal are the first to acknowledge its value. Few can doubt that much is lost to those who have no opportunity of seeing private practice before they begin for themselves. We would not advise a return to the old apprenticeship system, as it is unsuited to the requirements of the age ; but we would advise a

modified form of it. We remember Dr. John Harley dealt with this subject at St. Thomas's Hospital in 1873, and though he is farther advanced in his views than we are on the subject, yet in the main facts we agree. He then pointed out that the greater number of our recruits come to our medical schools fresh from school or college, and without a single stand-point to aid them in appreciating the work to which they are just suddenly introduced, and that their first impression of the mode of dealing with patients was derived from hospital practice. Under the old system the student acquired a practical knowledge of drugs, their medicinal uses, actions, and, to some extent, their chemical character, minor surgery, common diseases, and was gradually introduced to the kind of practice which he intended to follow; and came up to a medical school grounded in professional work, and able to appreciate and make the best use of the advantages offered him. The vast teaching resources of the private surgeries of this country were then utilised; and now, in place of the old apprenticeship system, we have nothing more than three months' practical pharmacy—which is, practically, a farce—and a three months' course of lectures on *Materia Medica*.

Dr. Harley proposed the adoption of a modified apprenticeship, and the addition of home-patient departments to our hospitals. He would article the pupil at the age of sixteen to a medical practitioner for a term of three years, during which, or before commencing his medical studies, he would be required to pass two preliminary examinations, the one in arts at the end of the first year of his articles, the other in chemistry, botany and *materia medica* at the end of the third year, when, having eliminated these subjects from his curriculum, he would devote himself exclusively to the study of anatomy, physiology, medicine, surgery and midwifery, during another three years. He also suggested the attaching of an out-patient department to each hospital, so that patients too ill to visit the hospital, or precluded by the nature of their illness, or by various contingencies, from admission into the wards, might be visited at their own homes, by students during the sixth and last year of their study, under the direction of properly qualified medical officers.

In view of the practical education of the student, we believe that one year of pupilage would be of the greatest possible advantage, and

that this year should be spent after the preliminary examination has been passed. There are difficulties in the way of its adoption, as there are always difficulties in the way of every new measure, but they can be easily surmounted. It is better for the public security, and for the medical student himself, to have a year added to his curriculum than to allow him to learn, by painful and almost criminal experience, that knowledge which he should have acquired before commencing practice. Under the army and navy regulations, before the surgeon is considered fit to take charge of the lives of our soldiers and sailors, he has to undergo another training, not in pure surgery alone, but in general medicine and hygiene. Is it not equally necessary for the heads of our profession, and for those who have the management of education, to take every precaution about the education of those who will have the care of civilians? and if a year or two can be spared by the *cadets* who enter at Netley, surely a year or more may be also added to our present course of training for civil practice?

Such changes as we suggest necessarily require some consideration, and we cannot expect their immediate adoption. They will perhaps be all the better and more lasting if they proceed on the process of evolution. We can but briefly indicate the direction medical reform must take; and as we read the signs of our times it must advance in the practical path we are insisting on. Improved preliminary training, of the character we have sketched, dethronement of pure surgical direction, a system of pupilage short but effective, recognition of the *rôles* of materia medica, pharmacy and midwifery, as of equal importance to anatomy and surgery, lectures distributed in a more equal manner than at present, so as to do justice to these *rôles*, are amongst the chief *desiderata*; by such means we hope to develop students who will be fit to pass the examination which we deem necessary. This examination, its character and nature, we have yet to consider, as it is part of our programme.

IV.

We have endeavoured to illustrate the gradual perfection which would result from a well-organised system of medical instruction, and we have insisted on the desirability of higher education, with the two-

fold object of benefiting society and of elevating our own position. We are anxious that those destined for the medical profession should take a high stand in general progress and social advancement, and assist in the improvement of social life. Primary education is the first preparation for other studies ; a year's pupilage the second acquirement of intellectual instruments, which should assist in the further acquisition of scientific knowledge ; the want of this primary education is always felt, and is a serious drawback both to the student and to the teacher. We must now say a few words about the qualifications of the teacher. The introductory sessional lectures afford us excellent illustrations of the qualifications necessary for successful teaching, and are evidences of the necessity and the benefit of high-class literary education. When a body of young men about to enter on the study of medicine are introduced to it by a lecturer, whose discourse is characterised by method, clearness, and earnestness ; by richness, ease, and grace of language ; by happy periods and well-turned sentences ; by breadth of view, fertility of illustration, and explanation, their interest is excited, and a greater respect is generated for the profession, amongst which they hope to be numbered. This effect would be proportionately enhanced if the auditors were themselves of an intellectual class, for there would be a spontaniety of mental action, which would enable them to catch the spirit of the subject, to appreciate with a more intense feeling the special excellencies of the oration, and to admire the mental acquirements of the teacher under whom they had placed themselves. It is not given to every lecturer to possess the Ciceronic grace of diction that characterised the lectures of Sir Thomas Watson, but it is possible for every lecturer to make his course of teaching methodical, clear, and instructive. As the introductory sessional lectures attract public attention, and are read by thousands besides those to whom they are delivered, we feel some gratification that they generally sustain the reputation of the profession, for thus they excite a greater respect for, and a higher appreciation of, the value of medical services. The general determination on the part of lecturers to elevate the moral tone of the student, the earnest and serious words of advice on the duties and responsibilities of our profession, the sound and practical instruction as to the best ways and means of study, cannot be too highly commended ; and they offer us

a reasonable guarantee that the student, during his course, will receive that moral support and intellectual guidance he is entitled to. The lecturer of our student days has almost disappeared, and we look back with mingled feelings of wonder that he should have ever been tolerated, and with regret that we had not the advantages offered to the students of to day. Four years should be then spent in attendance on lectures and in clinical instruction at some recognized School of Medicine and Hospital. The details or division of subjects for each year need not require much elaboration at my hands. There can be no difficulty in arranging details of this nature.

Having briefly sketched an outline of what we deem a *methodus studendi ac docendi*, we venture upon the debatable ground of medical examination, but not without a certain amount of fear and trembling, knowing how in the past it has occupied the attention of some of the wisest and most intellectual of our profession, and that even at the present day there is the greatest diversity of opinion as to the best solution of the question.

Twenty-nine years ago the advantages of an alteration in the mode of examination were insisted on, by many eminent members of our profession, before a Select Committee of the House of Commons; twenty-nine years ago the indivisibility of medicine and surgery was clearly demonstrated; twenty-nine years ago uniformity in medical education, uniformity of examination in all parts of the United Kingdom, were also suggested, and the necessity of an examination by a board composed of both physicians and surgeons was also pointed out. A quarter of a century has elapsed—a quarter of a century brimful of startling discoveries, of gigantic improvements, of radical reformation, not only in the medical but in the general world—and we are still moving in the same groove, and we have again to go over the beaten track, in order to make some impression upon those who have charge of our medical education. During this quarter of a century medicine and surgery have advanced *pari passu*, and we are progressing in the direction of the Eldorado of our predecessors—the attainment of the “one-portal” system.

It is the only rational solution of the difficulty. We want one examination, equal in degree and efficiency—one examination which shall afford the public some security, that from the very onset of the

power to practice the candidate has been tested as to his fitness and qualification for the important and sacred functions which will come under his province. From the mint of a national examining body should be turned out those who are licensed to practice, in the same manner as the currency of the realm is guaranteed as to its purity, by the august imprimatus of our Sovereign. We are likely in England to advance one step further in this direction by the combination of the English licensing bodies, but we are far from the consummation of what all thorough reformers desire ; but we must be thankful even for such a slight indication of progress, knowing that the evolution of medical reform has been slow in the past. The records of the Parliamentary Committee afford us ample evidence of how long it takes for the recognition of great truths, how principles of the simplest order require time before they are generally adopted, how slow but sure is the process by which wave-thoughts diffuse themselves through the various strata of society, increasing in strength, in intensity, and power each year, until they finally culminate in one concentrated wave, which hurls down at one dash the feeble bulwarks of prejudice, of ignorance, of interest, ineffectually raised to withstand progress. The pioneers who advocated one examination for all ranks of the profession are apt to be forgotten ; their ideas are borrowed by their successors without acknowledgment, and dignified in a new form of words, advanced as original suggestions. But there is no novelty as regards this question, as we can show by referring to the Minutes of Evidence ; the principles laid down in 1848, as they were based on truth and reason, are equally applicable at the present day. The medical legislator will find much valuable information in the report of that committee, which might be utilised even at present. We shall make one extract from the evidence of a representative "general practitioner," whose enlightened views and whose practical acquaintance with the requirements of the bulk of the community entitled him twenty-nine years ago to the respect of his professional brethren, and whose opinions have not lost any weight by being matured, by twenty-nine years' immurement, in the columns of a blue book.

He was a general practitioner residing at Croydon, who had been for thirty-seven years a member of the Royal College of Surgeons of

England, who practised medicine, midwifery, surgery, with success, and who may be looked upon as one of the highest types of what a thoroughly able medical man should be. He was Chairman of the Associated Surgeons of England, and was opposed to a college of general practitioners as degrading, and in this opinion he was supported by the majority of English surgeons. His name was George Bottomley, and we select a few portions of his evidence ; it is only a specimen of the views of many other intelligent practitioners of the time.

On Tuesday, July 4th, 1848, Mr. Bottomley was examined before Sir Thomas Birch, Colonel Muir, Mr. Wakley, and Sir Henry Halford, and we give his evidence in the form of question and answer.

5139. Do you approve of the registration in classes?—To a certain extent.

5140. Supposing classes be adopted, how many do you consider necessary?—Two, physicians and surgeons.

5141. Do you concur with the two witnesses (Mr. Cartwright and Mr. Ottley), who have already been examined, to-day, relative to the curriculum of education that should be observed by both physicians and surgeons?—I do.

5142. Do you consider that both should be educated in all the departments of medical knowledge?—I do.

5143.—And having proved his competency in all, that then the practitioner might select in what department he would practice?—Certainly.

5144. Is it your opinion that a physician should be fully educated in what is called surgery?—Certainly.

5145. And that the surgeon should be educated in all the departments of knowledge called medicine?—Most undoubtedly they are indivisible.

5146. You regard medicine as a generic term, and that it necessarily includes surgery?—Certainly.

5147. Before what body or board would you have medical practitioners examined?—I should like to see a board composed of physicians and surgeons.

5153. Do you approve of placing the courses of study to be observed in all the institutions of the United Kingdom under on

council?—I think it would be desirable.

5154. In order to promote as far as may be possible uniformity?—Certainly.

5156. Do you approve of the title of general practitioner?—Certainly not; it is a name without a meaning.

5157. Then the only designation by which you would have medical men known would be physicians or surgeons?—Certainly.

5172. In answer to Sir Henry Halford—I consider that every practitioner, in the provinces more particularly, as he ought to be a good physician or a good surgeon, should be on a par with the first physician or first surgeon in London. He ought to move on with the times, and be quite competent to undertake the treatment of any medical or surgical case that may happen to fall to his charge.

5173. In answer to another question—Anything that would deteriorate the character of the professional man, must inflict a direct injury upon the public generally.

Our space does not allow us to enter any further at present on this subject; the extracts we have quoted were in advance of the time, and by many will be deemed Utopian at the present day; but they have the vitality of truth, and we are sufficiently sanguine to believe they will ultimately prevail.

V.

Legislative enactments or penal clauses will of course be required, but on the principle that the public must be protected against quacks and quackery; the profession will be thus guaranteed its privileges. It is admitted that we have within the profession unqualified practitioners in excessive numbers, so that the need of internal reform is evident. Penal clauses must be applied with equal justice, must press on those inside the profession and those outside. This internal reform should be commenced at once. Unqualified assistants should be given up, their employment is injurious to themselves, the profession, and the public.

Under a new dispensation we shall probably have a New Council based on true representation of the profession. This and many other minor reforms will follow as corollaries of the major reforms, sketched in the foregoing articles.

My views may be thus briefly summarised. We require :—

- 1st.—A higher standard of preliminary examination, scientific and literary.
- 2nd.—A pupilage, of at least one year, with a surgeon attached to a hospital or dispensary.
- 3rd.—Four years' subsequent study at some School of Medicine.
- 4th.—One examination, equal in degree, for Great Britain.
- 5th.—Penal enactments to protect the public.
- 6th.—Internal Reform.
- 7th.—Reconstruction of the Medical Council, with true representation of the profession, for regulating medical discipline and probity.



