

**Medical education and medical organisation : being the oration delivered before the Hunterian society on the 12th February, 1879 / by Walter Rivington.**

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## PREFACE.

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WHEN the Council of the Hunterian Society did me the honour of asking me to fill the office of Orator for 1879, I felt that I was under an obligation to comply with the request, for some years previously I had been elected Orator, and, being anxious for repose, had sought and obtained relief from the distinction. Acceptance rendered it necessary for me to choose some subject of general interest, and I naturally turned to the topics which were then prominently occupying professional attention, for they happened to be topics on which about ten years ago I had spoken a little, written much, and thought more. The fact that the interval of time which had elapsed since I had taken an active part in educational and medico-political discussions had not materially altered the condition of affairs, facilitated the composition of an Address which had the good fortune to prove acceptable to the indulgent audience before which it was delivered.

In now complying with the request of the Council of the Hunterian Society for the publication of this Address, it may be as well to explain that my advocacy of representation for the General Practitioner in the General Medical Council and in the Colleges springs from the firm conviction that the Council would gain strength, and the Colleges stability and material prosperity, by the concession. The Medical Profession lacks cohesion and unity



and it can gain neither so long as it is split into opposing parties on questions of internal policy. United, the Profession would be free to develop and to take its proper position in the estimation of the Legislature and the public.

The limited time and space at the disposal of the Author necessitated brevity in the treatment of the individual topics introduced into the Address, and the omission of all reference to others which may be considered equal in importance. For instance, whilst upholding the study of Greek, the Author has said nothing about German. The reason is obvious. Greek was introduced as a help to the beginner, and as a suggested cure for much of the bad spelling which disfigures the papers of candidates at the Examinations. Greek and German must stand or fall on their own respective merits. German, which is useful at a later period, cannot take the place of Greek any more than Greek can take the place of German. Both have their separate spheres; and if the Author said nothing about German, it was because it had no immediate bearing on the points which he selected for consideration. The curious reader who desires to learn more fully the grounds of the Author's conclusions may be referred to his '*Carmichael Essay*,' at present in course of publication.

It will be noted with satisfaction that at its recent sitting the General Medical Council decided to remove the Elementary Mechanics of Solids and Fluids from the list of optional subjects at the Preliminary, and to make it one of the subjects without a knowledge of which no candidate should be allowed to obtain a qualification. This is a step in the direction indicated as desirable in the pages of this Address.

22, FINSBURY SQUARE, LONDON, E.C.,

*July, 1879.*



# MEDICAL EDUCATION

AND

## MEDICAL ORGANISATION.



MR. PRESIDENT AND GENTLEMEN,

There are good reasons for questioning the truth of the dictum which our great national poet puts into the mouth of Antony in his oration over Cæsar's body: 'The evil that men do lives after them, the good is oft interred with their bones.' Rhetorical exigency doubtless led to the utterance of the thought, for the reverse of it appears to be nearer to the truth. Death silences the voice of detraction, and leads people generally, including even newspaper critics whose business it has been to assail a public man in his every action and utterance, to recall the good traits of character and the worthy deeds in the life that has passed away, and to deal as leniently and as generously as possible with blemishes and defects. *De mortuis nil nisi bonum* is one of our standing maxims, and no maxim is carried out more faithfully in public as well as in private. The Conservative writers who pour out their vials of wrath against a Gladstone, condemning all his words and actions, and the Liberal writers who utterly denounce a Beaconsfield, and refuse to admit that any good thing can ever issue from Hughenden, will be found harmoniously joining in the chorus of praise when those distinguished statesmen pay the debt which all of us must pay to Nature. Conservatives will then say that the Bulgarian pamphlets and speeches were



dictated by no mean motives, but by the loftiest emotions springing out of the abundance of a generous horror at oppression and barbarity, whilst Liberals will at once become enlightened as to the merits of the Berlin Treaty, the Anglo-Turkish Convention, and the annexation of Cyprus. How many of those who cherish with veneration and pride the memory of John Hunter would care to expatiate on his defects of character, were they manifold greater than any which he actually possessed? We should still dwell mainly on his masculine intelligence, his power of sustained scientific and experimental research, his marvellous faculty of generalisation, the industry which was part of his genius giving effect to its conceptions, and accumulating the splendid series of specimens of comparative and inductive physiology and pathology which form the kernel of the Hunterian Museum. Still should we ever be ready to honour his name, nor ever tire of pronouncing his praise in our annual addresses and biennial orations. And not the less do we cherish the record of the achievements of his scarcely less able brother, William Hunter, whose fame has been, we think, unduly overshadowed by that of his own pupil, indebted largely to him—to his example, assistance, and early direction—for the worthy use to which his splendid gifts were devoted. Do we care too curiously to inquire into the rights or wrongs of the unfortunate misunderstanding concerning the structure of the placenta which chilled their brotherly affections? Opinions may differ concerning the merit of the discovery, but opposing critics will agree in this; both the Hunters are deserving of the highest honours the medical profession can bestow. Yet while the Physicians offer their annual incense to Harvey, and the Surgeons celebrate biennially the praises of John Hunter, William Hunter is deprived of his birthright and his blessing. Why does not the Obstetric Society, or the University of Glasgow, which has inherited William Hunter's collections, repair the injustice thus inflicted and perpetuated? Again, if ever we allude to 'Jack Hunter's' manners and customs as a medical student, and recall his exploits when he was frequenting the galleries of theatres for the amusement of joining with the gods in damning the pieces of unfortunate



dramatists at their first presentation, we do it to encourage our medical students not to imitate these exploits, but, spurred by the stimulus of his lasting fame, to rise superior to any public enterprise which may tend to perpetuate the low estimation in which the outer world—not seldom unjustly—is wont to hold medical students as a class of the community. Such trivial incidents are but a foil to John Hunter's scientific labours, and the soliloquy of Henry, after he had been sowing his wild oats in the society of Falstaff and his boon companions, recurs to us :

'I know you all, and will awhile uphold  
The unyoked humour of your idleness ;  
Yet herein will I imitate the sun,  
Who doth permit the base contagious clouds  
To smother up his beauty from the world,  
That when he please again to be himself,  
Being wanted, he may be more wondered at,  
By breaking through the foul and ugly mists  
Of vapours that did seem to strangle him.

• • • • •  
So, when this loose behaviour I throw off,  
And pay the debt I never promised,  
By how much better than my word I am,  
By so much shall I falsify men's hopes ;  
And, like bright metal on a sullen ground,  
My reformation, glittering o'er my fault,  
Shall show more goodly, and attract more eyes,  
Than that which hath no foil to set it off.  
I'll so offend, to make offence a skill,  
Redeeming time when men think least I will.'

But the phrase 'redeeming time' suggests to me that you, Mr. President and Council and Members of the Hunterian Society, to whom I am so much indebted for the distinguished privilege and honour of delivering the annual oration in this place, and for which I thank you—may be thinking that during the last few moments of my exordium I have been sowing the wild oats of my discourse, 'splitting the ears of the groundlings, whilst some most necessary question of the play remains to be considered.'

There is an old Scotch proverb that 'it is a far cry to Loch Awe,' and it may seem to some to be a far cry from John Hunter to the education and organisation of the medical profession ; but the more reflection one bestows upon the matter, the more intimately connected appear the advancement of



medical knowledge, the progress of medical science, and the relief of man's estate, with the just and speedy settlement of the educational and medico-political questions which have occupied the attention of the profession from the commencement of the present century. The inquiry which naturally arises in the mind, and in which all of us are interested, is this—Does the Medical Profession occupy that position in the commonwealth to which the scientific attainments of its members and its invaluable services to the community entitle it? We all know and regret that it does not. To what, then, may this depression of the medical below the level of the clerical, military, naval, and legal professions in the estimation of society, the legislature and the government be attributed? Some of the depression may be due to our lowly origin. On the surgical side, our nearest relatives were blacksmiths and barbers; on the medical side, grocers and retail traders in drugs; and on the obstetric side, ignorant midwives. Scarcely a hundred years ago, our predecessors, 'using of the mystery and faculty of surgery,' were associated with those who did 'use or exercise barbery, as washing or shaving, and other feats thereunto belonging;' and one fraternity united the 'Brothers of the Arts of Barber-Chirurgeons, Apothecaries and Periwig-makers in the City of Dublin.' Since those days we have gradually emancipated ourselves, and soared above grocers, barbers, and periwig-makers, and have risen proportionately in public esteem; but a second cause of social inferiority to other professions cannot be eradicated, for it is inherent in the nature of our art. We perform, and must perform, personal service to our patients. However indispensable our skill may be, however profound may be the knowledge which is brought to bear upon the recognition and treatment of disease, however high our fees may become—and I fear that 'overwrought' patients will tend rather to increase than diminish in number—this old leaven of barbery must still work. The public will continue to come to us, as they went to the barbers of old to be washed and shaved and shorn, for the purpose of being cleansed of their secret infirmities, and having superfluous and inconvenient excrescences removed; but when they are clean and sound, they will leave



us as grateful as they usually are to us and to others who yield them personal service and relief. If, indeed, our profession possessed a power of removing diseases akin to the priestly power of granting absolution and exorcising evil spirits, and if, by sprinkling a little water with cabalistic words, it could give the afflicted health without the necessity of any close personal inquiry or service, the case would be different. We should then be treated with the utmost respect and veneration, and might aspire to the highest honours of the State. Yet even then, the proportion of grateful patients would probably remain as it was when the searching question was asked, 'Were there not ten cleansed; but where are the nine?'

But setting aside altogether external causes of social depression, there are others which are internal and remediable by our own exertions. These causes are so far the greater and more potent, that we must fain echo the words of Cassius, and say:

'The fault, dear Brutus, is not in our stars,  
But in ourselves, that we are underlings.'

The estimation of the medical profession by the public will be directly proportionate to the general standard of culture attained by its members, and to its freedom from trade propensities and trade practices, whilst its position in the body politic will largely depend upon the efficiency and cohesion of its internal organisation. The general standard of culture rests upon a tripod—preliminary knowledge, scientific knowledge, and professional knowledge and skill. Each and all of these branches must be cultivated in due measure and proportion; for by general culture we take our position in society as gentlemen, by scientific culture we raise our art above the level of a mere handicraft and mystery, and by professional culture we separate ourselves from the quacks and empirics who thrive by obtaining the repute of superior wisdom in things whereof they are grossly ignorant, and by professing to cure diseases which are either beyond human means of relief, or have been conjured up in the morbid imaginations of their dupes and victims by vile publications and nefarious schemes. A few months ago we found the *Times* remarking, 'A very large proportion of the



general practitioners who now throng every town could well be spared, but they are in possession and cannot be got rid of.' Whether this be exaggerated or not, a candid review of the present state of medical education and examination can scarcely fail to convince you that, great as have been the advances and the gains of the last twenty-one years, since the passing of the Medical Act of 1858 which has been justly styled the Magna Charta of the medical profession, and since the commencement of the labours of the General Medical Council, which I for one have no wish to depreciate—since the time when it was the boast of a transpontine grinder that he could take a respectable cabman out of the ranks and pass him through the College of Surgeons in six months—the proper standard has not yet been reached in any of the three branches of knowledge upon which our repute is based. Can it be said that our preliminary examinations are satisfactory so long as they are carried on by so many different boards and vary so greatly in value? It is true that the per centage of rejections even at the mildest of the boards is enormous, but it is equally true that the percentage of rejections compared with the quality of the candidates ought to be very much greater even than it is. Possibly the candidate, who did not know whether physician was spelt with a great or a little F, was referred to his studies, but the testimony of the visitors to the professional examinations has been that a large proportion of men, who have successfully surmounted the dire ordeal of the preliminary, display at the first and second professional examinations a sad incapacity for writing grammatically and spelling correctly the words of their mother tongue. The experience of every medical teacher and examiner will strongly support this observation.

As you might expect from three Colleges of Physicians, four Colleges of Surgeons, two Apothecaries' Halls and ten Universities, there is an absolute want of uniformity in the regulations of the nineteen Corporations both as regards attendance on educational courses and examination in the scientific subjects. A second detrimental feature is a want of correspondence between the requirements of Corporations for education and their requirements for examination—some



of the medical authorities compelling the student to attend courses of instruction in subjects in which they decline to examine. In the third place, the study of the scientific subjects is insufficiently encouraged. No desirable branch of knowledge for a medical man could occupy a more deplorable position than physics or natural philosophy. It has been divorced from chemistry, and cast adrift without legal provision for its maintenance. It is no longer taught as part of the chemical course at our medical schools, and in many it is not taught at all. The wisdom of the General Medical Council has enjoined it as a purely *optional* subject of examination at the preliminary, but merely to the extent of 'elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics,' and therefore the Colleges and Halls neglect it altogether, except so far as it is kindly permitted to be an optional subject for the preliminary. The result of this is that the general practitioner may enter on his career without even a rudimentary acquaintance with the phenomena of heat, light, sound and electricity, or the principles exemplified in the structure of any common instrument, such as the thermometer, barometer, or an ordinary syringe, let alone a pump. And yet you expect the general practitioner to be a scientific light shining in a dark place, and to assist in laying a scientific foundation for medical practice.

If you turn to the strictly professional subjects and to the regulations of the nineteen Corporations for the professional education of medical students, you will discover striking evidence of the immense advantage which the public and the profession derive from the enjoyment of the boon of being provided with nineteen independent medical authorities issuing separate codes of compulsory observances. The first evil which shows the cloven hoofs is the remarkable fact that there is scarcely a subject of medical study in regard to which the regulations of the Corporations coincide. Categorical details would weary you. Suffice it here to say that the regulations differ in respect to anatomy, physiology, materia medica, medicine, surgery, midwifery and diseases of women, the



practice of medicine and surgery, clinical medicine, clinical surgery, pathology and morbid anatomy, the performance of the duties of clinical clerk and dresser, and the number of midwifery cases to be attended ; and that the difference extends to the number and kind of courses in the specified subjects, to the number of lectures in a course, and to the number of patients or of beds which a hospital must contain to be recognised by the authorities. To some minds, possibly, the diversity of requirement may present a pleasing parallelism to that resemblance in general outline with diversity of detail which has been described by Professor Humphry in his work on the human skeleton as a law of created being, exemplified abundantly in the animal and vegetable kingdoms, and observable in our own bodies in the structure of the vertebræ and the ribs, none of which are mere repetitions of each other. Unfortunately, however, the parallelism stops here ; for whilst the diversity in nature, whatever may have been its cause, whether it bears a teleological or Darwinian significance, is strictly correlated to the performance of useful and necessary functions, the diversity of regulations of the Corporations is a serious inconvenience to the student, prevents the establishment of the great desideratum of medical education—a satisfactory uniform code for the minimum qualifications to practise medicine and surgery—and interferes with the utility of the medical profession to the public, and with the elevation of the profession in the social scale. On what grounds of common sense or public convenience can any one defend the diversity of the requirements of the Corporations in regard to midwifery cases ? Is ‘ Caledonia stern and wild ’ so ‘ meet a nurse for the ’ obstetric ‘ child ’ that he can become an expert after attending six cases of labour, whilst his southern brother must painfully present himself ten or twenty times at the ‘ imminent and deadly breach ’ ?

A second evil, not less striking, and directly flowing from the number of regulating medical authorities, is the burden of an over-legislation. Ten years ago I pointed out to the Medical Teachers’ Association that the pious care of the licensing corporations in compelling the body of the medical student in the hope of benefiting his mind had resulted in providing for at-



tendance on courses of instruction, not only during eight hours out of three hundred and seventy-nine available working days during the first eighteen months of the student's career, but also during eight hours out of eighty-nine additional days, which did not, and of course could not, exist; so that if the student were to endeavour to carry out in his first two years all the prescribed regulations, and conscientiously to earn all the necessary certificates, he would find that the hours of the working day were more than occupied, and that no time would be left for bodily sustenance. Moreover, he would run at his examinations serious risk of reference to his studies, to use the polite phraseology which soothes the wounded spirit of rejected candidates. This overcrowding of the medical curriculum with compulsory observances, which remain almost *in statu quo*, is partly due to the absence of classification of the subjects of study, and partly to the regulation which permits students to spend a year and a half of the prescribed four years of study away from the hospitals and medical schools, and to compress their attendances on lectures and hospital practice within the brief space of three winter and two summer sessions. The ill effects are felt alike by students, teachers, and the governing authorities of the medical schools. The hapless student finds himself compelled to be learning in one and the same period the most incongruous subjects, to be listening to harangues on natural science which have little or no bearing on the great object of his studies at a hospital and medical school, to be attending courses of instruction on diseases and injuries affecting parts of the body of which he scarcely knows the names, much less the composition and structure, and to prove practically the error of one of Euclid's cardinal axioms by being in several places at the same time. Ambitious, perhaps, of distinction at the University of London, he meets with a stumbling-block well-nigh insurmountable in the want of coincidence between the curricula of the Corporations and the curricula of the Universities. The unhappy teacher is asked to adapt his instruction simultaneously to those who know nothing of the subject, and to those already well-grounded in its elements, to those who require to be fed with milk, and



those who require to be fed with strong meat, and is expected to make the same discourse instructive and interesting both to those who are resolved to profit by the instruction offered, and to the Gallios who care for none of these things, and who have flocked into the theatre solely for the purpose of obtaining an autograph.

Bound down by the rigid rules of central authority, the governing councils of schools are fettered in their action, and unable to adopt the measures which they deem best calculated to promote a sound and satisfactory professional education. The curriculum is already so overweighted that the authorities are unable to ensure sufficient attention to special subjects of study, daily acquiring increased importance: diseases of the mind, eye, ear, throat and skin, therapeutics, and hygiene. Sporadic questions may be asked at examinations, and a case or two of eye and skin affections may be shown to the candidates; schools may provide special courses of instruction; but the *vis a tergo* of regulation and the *vis a fronte* of examination are insufficient as yet to compel every student to cultivate special subjects in due measure and proportion.

Now, though I have merely touched the fringes of the evidence, I believe that I have adduced enough to show that not one of the three legs of the tripod of culture is trustworthy. The preliminary leg is rickety, the scientific leg is rudimentary, containing a mere splint-bone, and the professional leg has not attained its normal growth and development. Then comes the question to which you will naturally look for an answer, What do you propose as remedies for the multifarious evils on which you have dilated?

At the root of all educational reform lies, by testimony quite overwhelming and well-nigh universal, an amalgamation of the licensing Corporations, for the purpose of examining candidates for the minimum qualifications to practise medicine and surgery. The formation of a conjoint board for England, through the voluntary combination of the seven English licensing Corporations, stimulated most faithfully and perseveringly by a majority in the General Medical Council, after passing, like the course of true love, through strange and romantic vicissitudes



has more than once appeared a *fait accompli*, and on two occasions—once in 1870 and once in 1878—medical Bills, rendering combination of Corporations in each division of the kingdom compulsory, have been withdrawn at the eleventh hour, after they had been discussed, amended, and approved by the General Medical Council. The profession is now anxiously, but confidently, awaiting the completion by the Conservative Government of 1879 of the work commenced under Liberal auspices and carried to a successful issue by the Conservative Government of 1858. As the Government are thoroughly impressed with the necessity for amalgamation of the licensing corporations, particularly alive to the evils which have resulted from admitting to the Register persons qualified only in one faculty, and apparently anxious and determined to pass a Medical Act Amendment Bill during the current session, it would be thrice to slay the slain, to combat the objections, substantial and sentimental, urged by the Caledonian and Hibernian members of the Council against conjoint examinations. The rivalry between the medical Corporations and the Universities in Scotland and Ireland in licensing the general practitioner, and the difficulty of adjusting the pecuniary and other claims of each Corporation, have blurred the outlines of the object, and produced in the eyes of the interested parties a certain degree of chromatic aberration. Hence the protests uttered against the reduction of the examinations for the admission of candidates to the medical profession to one dead level of uniformity. Mark the ingenuity of the epithet, ‘one *dead* level of uniformity ;’ but mark also how completely the epithet—as epithets often do—begs the whole question at issue. To the more accurately accommodated eye of the disinterested bystander, conjoint examinations imply, not a *dead* or *low* level of uniformity, but a *high* level of uniformity of good and trustworthy examinations through which no incompetent men could filter. Equality of fees, which savours of injustice to the economical instinct of the Scotchman, appears to the average Englishman a just and necessary provision, effectually guarding against the possibility of the perpetuation of the old abuse of competition of examining bodies downwards. Moreover,



conjoint boards signify admission to the Medical Register only for candidates who have obtained a complete qualification in medicine, surgery, and midwifery, diminution of the expenditure of the Council on visitation of examinations, and the prevention of the danger of examinations relapsing into inefficiency when visitations are no longer in progress. The accomplishment of these objects alone would render a Medical Act Amendment Bill worthy of the support of the profession; but the Government Bill will contain a satisfactory amendment of the much-vexed fortieth clause, and, but for the apathy of the General Medical Council and the hostility of the Executive Committee, might have contained provisions for admission to the Council of representatives chosen by the profession at large. At the present time about five hundred—certainly not more than one thousand—of the twenty-four thousand members of the profession take any part in the election of the Council, in other words about two to four per cent. The argument commonly relied upon to prove the justice of the claim of the profession to direct representation, viz., that taxation and representation should go together, has never appeared to my mind a strong argument or the best ground for urging the claim. Strictly speaking, the profession is not taxed. It is not taxed like the unrepresented legal profession is taxed, each solicitor having to pay from £6 to £9 a year for his licence to practise. The single preliminary payment for registration receives—or is supposed to receive—its *quid pro quo* in the advantages derived from admission to the Register, and, therefore, if you continue to use this argument, you may find that it is capable of this inconvenient application, namely, that, if the profession be represented in the Council, the profession must be taxed to maintain its representatives. The true ground for asking that the profession shall be represented is that the measure is desirable in the interests of the public. How can the public be sure that they will enjoy a constant supply of properly educated general practitioners through the agency of a Council composed wholly, or almost wholly, of professors and teachers, and consulting physicians and surgeons? Surely it is desirable to hear the voices of those who



have to meet daily the emergencies of general practice, and who are intimately acquainted with the needs of the family doctor, the voices of those who have recently sat on the benches of the Lecture Theatre, and are practically conversant with defects in our educational system to which the occupant of the easy and well-endowed professorial chair may be excused for being a little blind. Surely, also, the public interest demands that harmony of feeling and sympathy should exist between the Council and the profession, and it is matter of experience that the best-assorted union is incomplete without a ceremony and an outward and visible sign, which shall ratify, cement, and perpetuate the blissful state, and impose such legal duties on either side as shall be safeguards against vicissitudes of feeling, and outride the passing storms which sometimes arise even in the serenest skies. Surely, also, when the Council has become the mouthpiece of the profession in regard to medical questions introduced into Parliament, as the Duke of Richmond has confessed, it is not only bare justice to the profession, but a measure of undoubted expediency in the interests of the public, that the views of the rank and file of the profession should be adequately and completely expressed. The chief faults of the Council have been timidity, vacillation, recapitulation, and inability to control recalcitrant Corporations. Representation of the profession in the Council would tend to cure these defects, if it be not obtained at the expense of the diminution of the public-spirited Crown nominees, and if it be supplemented by abolishing the weak expedient of [recommendations and conferring a binding force on the decisions of the Council. Garrulity and combativeness of corporate representatives would be checked, by bestowing on the Corporations the privilege of paying the members who so faithfully conserve their vested interests and show that they love the Corporations, not indeed wisely, but, alas! too well.

Let us look beyond the great reforms which loom imminently in the immediate future, to the educational changes which would be their appropriate supplement. The first and foremost of these changes in importance and extent will be the promulgation of a single uniform code of educational regula-



tions for all medical students in the United Kingdom. In regard to the preliminary education, I would say, trust it in each division of the kingdom to one authority—in England, for example, to the University of London. Remodel the examination, abolish the present list of optional subjects, for it is founded on the erroneous notion that for the purposes of the medical student and practitioner dead and living languages can be the equivalents of each other, and that a subject from the natural sciences can be the equivalent of either, and no matter which. Either a subject is necessary, or it is not necessary; if necessary, include it; if not necessary, exclude it altogether, without vain compunctions or regret. The only inconvenience entailed by the necessity for a summary decision on the necessary subjects will be an inconvenience to the General Medical Council, who will once more have to make up its oscillating mind on the question of the inclusion or exclusion of Greek. The justification of the advocacy of Greek lies in the cardinal circumstance that it is *par excellence* the language of science. A very large proportion of technical terms, compound scientific words, and the descriptive names used in anatomy and physiology, medicine and surgery are taken from the Greek. A knowledge of Greek is of immense assistance to the student in understanding and mastering these terms, and I cannot but believe that even on the score of economy of time in learning, and not afterwards forgetting, it would be for the advantage of the student if the Medical Council made Greek compulsory. Another reason for including Greek is that more than half the bad spelling which appears so prominently in the papers of candidates at the professional examinations is due to want of acquaintance with the Greek language. How would it be possible for any candidate well grounded in Greek to leave out the *g* in diaphragm or the *e* in pleura—to call symphysis simpathis, and epiphysis, epithesis?

The preliminary examination should be of a character sufficiently high to be accepted by the University of London as equivalent to the matriculation, and to open out to medical students the medical degrees of the University.

To the University of London I should be glad to see



entrusted the task of examining in physics, chemistry, botany, and zoology. A preliminary scientific examination—of course less difficult than the preliminary scientific of the University of London (for it would be a serious mistake to make it too severe)—could be passed by students as soon after the preliminary in general education as they were ready for it. The advantages which would flow from the improvement of the preliminary by the inclusion of Greek, and from the institution of a preliminary scientific examination, would comprise an elevation of the typical forms of medical students, abolition of bad spelling, raising the standard of culture of medical men generally above that required from members of the legal profession and pharmaceutical chemists, lightening the medical curriculum, and giving room for the introduction of neglected matters of great practical importance, concentration of the attention of the student at a medical school on the human body in health and in disease, and encouragement to those who desired to obtain the higher degrees and qualifications. For the purpose of securing to students facilities for studying the natural sciences, steps should be taken for the establishment, maintenance, and extension of provincial museums of a strictly educational character. Every important provincial town should possess a well-built, well-situated, well-furnished, well-arranged, well-lighted, well-dusted, well-catalogued, and well-ticketed museum, and be provided with an educated curator, who could give demonstrations of specimens to classes or individuals paying for instruction. The Government of the country should be urged to undertake the work in connection with the Science and Art Department of the Committee of Council on Education. In London lectures on the scientific subjects should be delivered annually at a central institution by Professors appointed by the College of Surgeons, or the University of London. In the provinces the need for professional instruction could be met by the extension of University teaching. During the time intervening between the preliminary and the preliminary scientific examination, students might advantageously reside with practitioners, especially such as were attached to provincial hospitals, and occupy leisure time in acquiring a



knowledge of dispensing and book-keeping, and an interest in medicine and surgery, or else in demonstrating their own unsuitability for the profession, and withdrawing before their parents or guardians had paid the fees at a medical school.

Would not the most beneficial arrangement of the four years of professional study be into four periods, each of a year's duration, and each terminated with an examination after the manner of the arrangement but recently in force in the University of France? It is gratifying to know that the importance of examining students at the end of their first year has received substantive recognition in the General Medical Council. How many waste their first year from sheer idleness or dissipation, or from the force of evil example, or from the consciousness of abilities sufficient to enable them to master the necessary subjects in their second year, or from want of guidance, direction, and aim. An examination at the end of the first year would be like the guiding-star, and gently lead the student on. It would supply a needed stimulus which would save many from diverging from the track. Scarcely inferior in importance, as I endeavoured to prove some years ago at the Medical Teachers' Association, would be a practical examination in medicine, surgery, and midwifery at the end of the third year, the passage of which might entitle the successful candidate to a certificate of competency to act as an assistant to a registered practitioner. Would it not be well if medical students were obliged, as in the University of France, to show that they had attained the age of eighteen years before they were allowed to commence professional studies, or shall we still encourage the entrance into our medical schools of irresponsible babes and sucklings? Has it not sometimes occurred to you that the professional curriculum might advantageously commence in the summer, and that the first summer session might be occupied, *inter alia*, with a course of osteology, and a course of elementary human histology? If not, consider, I pray you, what a great point gained for the student would be a thorough knowledge of the bones, and a fair knowledge of the tissues before the beginning of the first winter session. No more shivering on the brink of dissection in October and November, for anatomy would already



have been robbed of the passing strangeness and distastefulness which bewilder and impede the uninitiated freshman.

By the amalgamation of corporations for the purpose of examination, the expenditure of the Medical Council on visitations of examinations would be greatly lightened. Let the money thus saved be devoted to visitations of medical schools. A measure of this kind would probably induce that conjunction of metropolitan schools, that improvement in the quality and quantity of teaching, in the remuneration of teachers, and in the educational material provided in the schools, and that formation of a great medical faculty in connection with the University of London towards which advanced reformers are now straining their weary eyes in vain.

The medical profession, which might be a great disciplined army devoted to its leaders, and ready, metaphorically speaking, like the Duke of Wellington's Peninsula army, to go anywhere and do anything, is only saved from being a disorganised rabble by its voluntary Associations. The natural leaders of the profession are the nineteen Corporations who are engaged in granting qualifications to practise medicine and surgery, and the measure of the influence which each Corporation might exert on behalf of the profession will be found in the number of medical practitioners connected with each. The Royal College of Surgeons of England takes the lead with the magnificent constituency of nearly 18,000 members of the profession; the Apothecaries' Hall of England follows with less than half that number, and the constituencies of the others gradually dwindle down to the University of Oxford, and the University of Durham, which bring up the rear with less than fifty. To the Colleges of Physicians and Surgeons, as their exclusive inheritance, the profession ought to be able to look for organisation, leadership and progress. You are aware, sir, that by the charters of the seven Colleges all the political power and privileges of the Corporations are vested in the fellows, and a comparison of the constitutions of these seven Colleges demonstrates that at five of the Colleges the fellows are consulted on proposed changes. In the case of the College of Surgeons of Ireland, where the Council exercises all the powers of the



Corporation, the absence of any provision for meetings of the fellows and for consulting their wishes is compensated by the circumstance that the whole of the Council of twenty-one members retire and are elected annually. By one or all of these means, by being summoned to meetings of fellows, by having the right to make requisition for meetings, and by electing annually either the whole or a considerable proportion of the Council, the fellows at six of the Colleges retain in their hands the means of influencing and modifying the policy adopted by the executive. At the remaining and most important Corporation of all—the College of Surgeons of England—the control which the fellows can exercise is reduced to a minimum. The fellows have no right of meeting or debate within the walls of the College. They possess the privilege of voting at the elections of Councillors; but half their number—the country fellows—are virtually disfranchised owing to the charter not admitting the use of voting papers at elections, and, inasmuch as no more than three out of the twenty-four Councillors retire annually, the fellows can only change the *personnel* of the Council in the course of eight long years. But small as is the power of the 1,300 fellows, there is a lower deep in the outcast condition of the 16,000 members. It is a natural question—What, under the present order of things, is the advantage to the College of possessing so magnificent a constituency as 18,000 members of our profession, and what is the advantage to the 16,000 members of the College in their connection with the College of Surgeons of England? All the great advantages which might accrue to both are scattered to the winds. You ask what should the medical Corporations do? The answer is clear. Begin by popularising their constitutions and making them more representative. Let not the *laudator temporis acti* shudder at the revolutionary design, for the liberal change which I advocate is a conservative change which would weld all ranks into a Macedonian phalanx, fitted to decide the fate of many a field, and impart to the medical profession that cohesion and unity which it has long sighed to obtain. *Fiat justitia ruat cælum*; but what ruinous consequences would follow if each of the Colleges of Physicians and Surgeons,



imitating not merely in speech but in action the address of Richard II. to the men of Kent after the death of Wat Tyler, should say to its members and licentiates, 'I will be your captain and your guide!' and boldly ask for charters throwing open to their members and licentiates the franchise in the election of Councillors under due safeguards and restrictions. Whilst the fellows alone continued eligible to the offices, a convenient number of Councillors might be elected by the members or their representatives, and representatives of fellows and members might be summoned to an annual conference similar to Convocation of the University of London, forming a Lower House, with power to discuss professional matters and make representations to the Council. Political privilege is the parent of pecuniary payment. One of the conditions of the bestowal of the franchise would inevitably be either a small annual contribution or a composition fee, sufficient not only to defray the expenses of elections and meetings, but to create a fund which would relieve the Councils of the Colleges of the recurring anxiety which they feel when they look into a dimly-lighted futurity, big with the fate of compulsory conjoint examinations which have threatened to diminish the vitality of historic Corporations, and seriously to cripple their means of maintaining invaluable libraries and museums. An annual subscription of five shillings only from each fellow and member would yield to the College of Surgeons of England an income of £4,000 a-year, a sum amply sufficient to promote its healthy development. Captivated by the prospect of such an addition to the revenues of the College, the ardent imagination draws a picture of daily demonstrations of museum specimens, and a library and a museum open in the evening. But what educational institution in the United Kingdom possesses such a constituency as the College of Surgeons of England? What University has so many graduates on its electoral roll? What profession is there whose special knowledge is more valuable to the community, or whose most distinguished members would be more useful in Parliament? And yet it is a matter of common remark that the medical profession sends few representatives to the House of Commons, and is not



represented at all in the House of Lords. For the sake of the health of the community and the promotion of those sanitary measures which are all important to the prosperity of our country and the maintenance of our empire, the scarcity of medical men in the Lower House and their absence from the Upper House are deserving of the serious consideration of statesmen. It may be urged that it is contrary to the genius of our constitution that any one class should be provided with Members of Parliament, and I say, so it is, if those members should be returned merely to serve the pecuniary interests of a trade; but when the presence of members of any one class is desirable for the benefit of the community, such members would cease to represent a class, and become the representatives of the community at large. You will have anticipated what I am going to advocate. It is, that in each division of the Kingdom the Colleges of Physicians and Surgeons should be united for the purpose of being represented in the House of Commons; but such representation could only be claimed when new charters had provided the Colleges with the enlarged constitution previously outlined. Representation of the profession in the Commons would be appropriately supplemented by the bestowal of life peerages on some of our most eminent men in science and medicine. The names of many will recur whose presence in the Upper Chamber would add dignity and lustre to the assembly.

Represented in the General Medical Council, represented in the Colleges of Physicians and Surgeons, represented in Parliament, the profession would enter upon a new era of development and progress. Directing the whole strength of its educated opinion to the solution of social and sanitary problems, which are ever and anon submitted to public discussion and agitation without adequate result, it would speedily effect improvements which otherwise would be gained slowly, sadly, painfully, little by little, drop by drop, in the long length of years of desultory and disunited effort. In the face of a combined assault by twenty thousand members of the medical profession, how long, think you, would the wholesale distribution of gratuitous medical relief, exhibited in out-patient and



casualty departments of hospitals, survive, with its false philanthropy, pauperising proclivities and burlesque of medical observation and medical treatment? How long would curable diseases be aggravated or rendered incurable by affixing the stamp of pauperism to the hapless sufferers, by denying to them the extras certified to be necessary by the medical officers at the risk of losing their appointments, or by relegating them to infirmaries destitute of appliances essential for their early and successful treatment? Has not the time arrived when our hospital system should be revised and reorganised, when some check should be applied to the inception of hospitals by private persons for private ends, and when voluntary hospitals should be brought under inspection, and combined in operation with the relief afforded by the State?

Let attention be directed to the best mode of repairing the unquestionable injury which the multiplication of special hospitals, unco-ordinated with our general hospitals or the actual wants of the population, occasions to our medical schools by the abstraction of valuable educational material. Admitting, as I have ever done, that special hospitals have wrought a good work in the past by curing cases condemned as incurable, and by stimulating general hospitals to make that provision for special cases which the governing authorities had previously denied, I must also reiterate the opinion that it is quite unnecessary that there should be several independent special hospitals of the same kind beyond the pale of the educational area. Some of the existing institutions might become the special departments of general hospitals, and one special hospital of each kind might be retained to serve as a model in that branch of practice, for the concentration of the highest special knowledge and skill, and for the education of the advanced student. It would be a great advantage if these model special hospitals could be grouped together in a central position in the metropolis, as, for example, in Lincoln's-Inn-Fields. Has not the time arrived when some serious effort should be made to proportion more accurately the amount of qualified medical service to the population, instead of leaving so much to the laws of supply and demand? Adam Smith



did not treat of the converse law that the supply creates the demand as well as the demand the supply. This opposite law has been sadly exemplified in our system of voluntary charity, and in the history of our medical institutions, and has inspired the careers of some of the most successful irregular practitioners. Leaving everything to the laws of supply and demand has resulted in times past in fostering quacks and empirics, and in our own time has abandoned many of the sick poor either to utter neglect or to the tender mercies of medical botanists, herbalists, medical astrologers, bone-setters and bone-breakers, and counter-prescribing chemists. Such are the Cimmerian darkness and the Gothic ignorance brooding over the mind of the public in matters medical, that they are quite incompetent to tell base metal from genuine coin. The publication of the Medical Register has in no wise fulfilled the object set forth in the preamble of the Medical Act of 1858, of enabling persons requiring medical aid to distinguish qualified from unqualified practitioners; it has not even taught the public the elementary fact that chemists have not received any kind of medical education, and do not possess any medical knowledge or skill. The public are perversely blind to their own interests, and if let alone would probably continue to be satisfied with being deceived, maltreated, and fleeced. A less noble profession than the medical would probably pass the matter by with easy indifference, or would say to the public, in the words of the veiled prophet of Khorassan, '*Ye would be dupes and victims, and ye are.*' *Populus vult decipi decipiatur.* But our noble profession, owing but a small debt of gratitude to anybody, chooses to act a more generous part. It is like the good man in the Hindoo epigram, 'who goes not upon enmity, but rewards with kindness the very being who injures him; so the sandalwood, while it is felling, imparts to the edge of the axe an aromatic flavour.' Not only is the medical profession desirous of quashing the whole fraternity of impostors and empirics, and suppressing the dangerous practice of counter-prescribing for the good of the amaurotic public, but it is anxious to point out to the public a more excellent way. Unfortunately, as is well known, benevolent people are not always gifted with judg-



ment in the selection of their means; and in high places as well as in low there is sometimes a tendency to use mistaken methods of benefiting the public. For instance, the Medical Council has been agitated with alarming statistics to prove a progressive decrease in recent years in the proportion of qualified practitioners to the population, and as the deficiency must have been supplied by unqualified practitioners, the unwelcome fact—if it be a fact—has been used as an argument for keeping down the standard of education, and admitting men of the ‘rough and ready’ type on easy terms for the service of the poorer classes. Stripped of its feathers, the argument is seen to enclose the principle of doing evil that good may come, and is scarcely worthy of serious refutation. Some other remedy is required. An efficient remedy would be found in such an extension, elevation, and amalgamation of the poor law medical service and the sanitary medical service as would attract the best educated men. An amalgamation of the two services would comprehend equalisation of areas, of districts, and scales of payment, the introduction of the best features without the abuses of the Irish dispensary system, and salaries sufficient to relieve the medical officers from private practice. The amalgamation would be combined with a unified hospital system, accurately adjusted to the needs of the population, the reconstitution and consolidation of authorities local and central, county administration, the regulation of provident dispensaries, improvement of medical clubs, the appointment of superior sanitary officers for each county presiding over the district officers, and the establishment of a ministry of health, swaying alike the amalgamated services and all organisations for the administration of medical relief. The district medical officers would have leisure for house to house visitation, and would be charged with the duty of directing cases to the institutions best fitted for their reception and treatment. Necessity for admitting an inferior class of rough and ready men on easy terms for the service of the poor! The necessity is in the opposite direction. It cannot be too clearly affirmed that the poor are entitled to advice and treatment as good as the rich can command, and that the medical labourer is as worthy of his



hire as the surveyor, the inspector, the lawyer and the architect. Unhappily, our rulers and our old friends the British public, are apt to interpret our reasonable claims for justice and generosity to our brethren in the public services as unreasonable and selfish demands, and our representations of the evils of unqualified practice and propositions for their extinction as suggestive of an unwarrantable interference with the liberty of the subject to do himself a personal injury, and as 'devices,' to use the words of a daily paper, 'for putting fees into the pockets of the doctors and into the coffers of privileged bodies.' Owing to this misconception, and to other causes which it is extremely difficult to trace, there has arisen in the public mind an antagonistic frame of feeling towards the medical profession as a body which leads to that want of generosity with which medical men are treated occasionally by the powers that be.

I care not who the authority may be, Government, Committees of Hospitals, or Boards of Guardians, there appears to be at times an irrepressible tendency to deal out shabby treatment to medical officers, and the men who receive this treatment are not the men who are deficient in knowledge, skill, or self-sacrificing toil, but the men who have been more active than their fellows in the effort to rectify abuses and introduce much-needed improvements. Such authorities know nothing of the mental strain involved in watching an anxious case, but they know how to visit official offences with the rod, and technical sins with scourges. They want to get their medical work done as cheaply and quietly as possible, and so long as they can get their work done in this way it would be contrary to political economy, forsooth, to trouble themselves with entertaining ideas of liberality and justice to our order, or to sanction what would seem to them to be a sentimental expenditure. It might have been thought that the intelligence of responsible ministers, who have held the reins at the Poor Law and Local Government Boards, would have perceived ere now the impolicy, injustice, cruelty, and false economy of perpetuating a systematic under-payment of medical officers, sanctioning the refusal of fees to the humane doctors who obey urgent calls to attend cases of emergency where waiting



for an order would involve imminent risk or increased suffering to the patient, and giving licence to Boards of Guardians to supply or withhold at pleasure the means of restoring bread-winners to the working community.

Ah! but this is political economy. Well, then, it might have been thought that in regulating the Public Medical Services, our rulers would have felt that nobility compelled them to maintain the faith of Royal Warrants, even if they continued the traditional, but, as they are happily discovering, the mistaken policy of fixing a gap between the combatant and non-combatant officers. In the interest of the soldier alone it might have been expected, not merely that men absolutely incompetent would have been excluded from the service—for this the authorities have conscientiously endeavoured to do—but that the best available medical and surgical skill and knowledge would have been encouraged to enter the Army; but all wonder at the policy which starved the Army Medical Service ceases when the fact is recalled that the rations of the private are insufficient for his sustenance, and have to be supplemented out of his magnificent income of one shilling a day. But all this, sir, was political economy. Political economy! If all this be political economy, then let me suggest that in such political economy may be found a *ùpas-tree* as ripe for the axe of the statesman as any Irish grievance or any misgovernment of the Turk.

Furthermore, our pleas for the advancement of science are met with a stolid antipathy which makes us almost despair of the human intellect. Our rulers know little of medical science, and cannot sympathise with any but empirical means of advancing the healing art. Believing apparently that all improvements in medicine and all scientific discoveries are the result either of chance or of Divine illumination, that the age of miracles has not ceased, and that inspiration is specially vouchsafed to unqualified and uneducated persons, they are easily persuaded to throw obstacles in the way of experimental research. The attitude of a section of the British Public towards scientific investigation has been very much the same as the attitude of the people of Abdera, who, by the way, were



a stupid people, towards the celebrated philosopher Democritus, the contemporary of Hippocrates. The people of Abdera called Hippocrates to cure Democritus of madness. Hippocrates found Democritus dissecting animals in order to discover the cause of diseases which he supposed had their residence in the bile, upon which Hippocrates reported that Democritus was not only in his senses, but was the wisest of men. At the present day our rulers will not allow us, without a cumbrous system of licences and returns, to sacrifice a cock to Æsculapius, they prefer to sacrifice Æsculapius to the cock.

The moral derivable from the indifference of the public and the Legislature to the profession as a body is the necessity for union in our own ranks, and the obligation which rests on all its members to uphold the dignity of their calling in the public eye. Every man is a debtor to his profession, and loyalty to his profession will sometimes urge him to abstain from a course of action which might be immediately beneficial to himself, but which would certainly lower his profession before the outer world. Loyalty to our profession should teach us that all individual action which would lower the influence of the profession with the public, or of any professional body to which we may belong with lay authorities, ought to be rigidly eschewed. Would that we could always exemplify the language of the Psalmist, 'Behold how good and how pleasant it is for brethren to dwell together in unity.' Poor human nature, alas! is too strong for us. Even in the high places of the General Medical Council we may not hope to see, any more than in the Imperial Parliament, a freedom from those personal amenities which are wont to waste the valuable—perhaps I should rather say the expensive—time of that honourable body, but we may commend to the Ruperts of medical debate the words of George Herbert:

‘Be calm in argument : for fierceness makes  
Error a fault and truth discourtesy ;  
Why should I feel another man’s mistakes  
More than his sicknesses or poverty ?’

We may not hope to see the pages of our medical journals



altogether free from complaints of breaches of professional conduct, but much might be done if the Colleges would give us a tribunal which would deal authoritatively with the more important cases for which publicity at present appears to be the only cure. For the sake of the unity and the elevation of the profession, could not more be done within our own ranks to assist the public to distinguish between qualified and unqualified practitioners? We complain, and justly complain, of the invasion of our privileges by chemists and druggists, and of the public for seeking their advice instead of consulting the regular doctor; but should we not be removing the scales from the eyes of the public, if we were to draw for ourselves a clear line of demarcation between the chemist and the general practitioner, and voluntarily abandon the custom of employing unqualified assistants for therapeutic purposes? We complain, and justly complain, of the miserable stipends attached to medical appointments, but is it necessary that candidates should flock to compete for such appointments?

Let us divest ourselves of the Pharisaic spirit which is ever exalting itself at the expense of a neighbour, and assuming the monopoly of virtue and conscientiousness; of the dogmatism which is excellent for patients and pupils, but is opposed to the modest spirit of true science; and of the feminine spirit which finds no pleasure in praise unaccompanied by the depreciation of a rival.

‘Who praises Lesbia’s form and feature  
Must call her sister awkward creature.’

Let us do what we can for the advancement of our art, and, if it may be so, without any single eye to immediate publication and advertisement. Taking the work that lies nearest to us, ‘the trivial round, the common task,’ and doing it with our might, thinking not that our ‘fame at every twitch will break,’ using such opportunities as may present themselves for assisting the onward and upward march of a profession which should be dear to all, we may possibly be yielding service



which in the aftertime our brethren will not willingly let die. The good which we do will then live after us, and let us trust—let us devoutly trust—that the evil will be interred with our bones.

THE END.



