

Pleas for the establishment of a Royal College of Medicine by the amalgamation of the Royal Colleges of Physicians and Surgeons of England / by William Hickman.

Contributors

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PLEAS

FOR THE ESTABLISHMENT

OF A

ROYAL COLLEGE OF MEDICINE,

BY THE AMALGAMATION

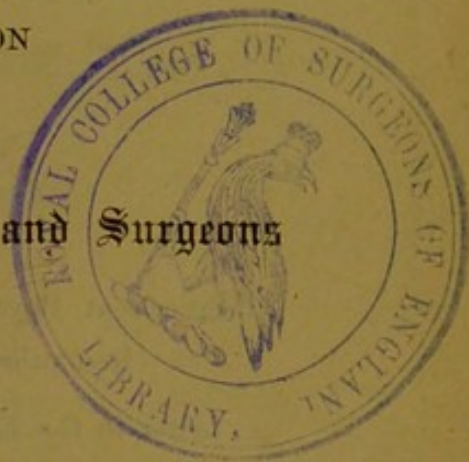
OF THE

Royal Colleges of Physicians and Surgeons
of England,

BY

WILLIAM HICKMAN,

M.B.LOND., F.R.C.S.ENG.



PRESENTED
by the
AUTHOR.

REPRINTED FROM THE MEDICAL JOURNALS.

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1885.

Phil

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MEETING
OF FELLOWS AND MEMBERS
OF THE
Royal College of Surgeons of England,
HELD IN THE
THEATRE OF THE COLLEGE,
24th MARCH, 1884,
JOHN MARSHALL, PRESIDENT,
IN THE CHAIR.

After the discussion of some other resolutions,

MR. HICKMAN, F.R.C.S., proposed,

“That this Meeting of Fellows and Members of the Royal College of Surgeons of England begs most respectfully to recommend that the Council of the College do obtain a Charter enabling them to combine with the Royal College of Physicians of London, with a view to the amalgamation of the two Colleges into one great College of Medicine, to be endowed with authority to examine and grant licences to practise in all branches of medicine and surgery, and to confer on its licentiates the degrees and titles of Doctor of Medicine and Master of Surgery.”

One of the purposes (he said) for which this important meeting—a meeting which was likely to become historical, had been convened was, in the words of the notice, to receive from the Fellows and Members any suggestions or recommendations they might have to offer with respect to alterations in the Charters other than those already proposed by the Council.

Recognising the difficulty of breaking through old precedents or of starting new ones they could not but regard this as an act of great liberality on the part of the Council, and they were all he was sure deeply grateful to those members of it who had initiated and brought about so useful and commendable a reform. They would best shew their appreciation of the liberty given to them by taking advantage of and proceeding to use it, and he was emboldened by it to bring forward this recommendation which would he trusted have the cordial support of a large majority of the meeting.

This was not an absolutely new proposal; it was one which he knew met with the approval of some of the most eminent members of both Colleges, and it was but the extension of a principle which in the shape of the conjoint examination board had already been discussed by the executive of each, and had only been prevented from being carried out by some technical difficulties.

The present condition of things was the cause of widespread discontent amongst English practitioners and the students of the English—and especially of the London schools. It was an enormous drawback and disadvantage to the medical schools and medical teachers of London, and it was a source of great loss of influence and dignity to the Colleges themselves and had a tendency to paralyse their usefulness in the future if not to lead to their decay.

For many years past the numbers of the medical students at the various medical schools of London had been diminishing rather than increasing; during the last few years the decrease had been very rapid and some of the smaller schools were in danger of having to close their doors. He had not had time to look up full statistics on this point, but he found from the *Lancet* that in 1882 the total entries at the eleven medical schools of London amounted to 634, and in 1883 to 508—a decrease of more than 120—and this in spite of numerous advantages which were being continually held out to students in the shape of exhibitions, entrance-scholarships, and other prizes, also in spite of the fact of a yearly increasing number of students entering the medical profession.

But whilst this was going on in London they would find a very different state of things elsewhere. The number of students at the Edinburgh University in the Faculty of Medicine during the year 1883 was 1781. Of this number 682 were from Scotland, 620 from England, 33 from Ireland, 123 from India, 264 from the different British Colonies, and 59 from foreign countries. At the Glasgow University during the same period the number of students in attendance on the medical classes amounted to 534, at the University of Aberdeen (in 1882) the number was 368. At all the medical schools of Scotland the numbers of their students were increasing so rapidly that they found it almost impossible to find room for or to do justice to them. As they publicly complained--“their resources were taxed to the utmost,” and extra Professors were being appointed, new and enlarged schools being built, and new Hospitals and Infirmaries projected in a vain endeavour to stem the swelling tide.

He made no complaint against Edinburgh or any other of the Scotch Universities. The facts he had mentioned were most creditable to them, and he could entirely sympathise with the tercentenary rejoicings about to take place at Edinburgh over the wonderful success of its University. But, if a credit to all the Scottish schools, these facts and figures were undoubtedly a great scandal to the London schools of medicine; and if the decay of these schools was to proceed at the same rate, we should soon have no schools left or but just sufficient to supply teaching to the small knot of men working for the degree of the London University.

What was the explanation of this difference between the two sets of schools? Was it that the London Hospitals were deficient in clinical material, or that the London schools were not equal to the task of giving a

good and complete medical education? Was there a falling off in the supply of appliances for teaching, or in the energy and teaching capabilities of the teachers, or in the public estimation of the members of the Hospital staffs. He thought not. The number of beds—all pretty constantly occupied—in our various Hospitals, ranged from 200 up to 800; the smallest school had its museums, laboratories and library, and was able to furnish every opportunity and appliance for systematic study in every branch of medicine. Of late years more than ever the teachers had been energetic, zealous, and capable; and most certainly the staffs of the various hospitals were at least equal in attainments and standing to those of any hospitals in the world.

The real cause of the difference was this,—that in Scotland, after going through the ordinary curriculum and passing some fair but ordinary examinations conducted by professors with whom he had been more or less associated throughout his whole career, the student received not only a licence to practise but the higher title of the degree of Doctor of Medicine, with commonly also that of Master of Surgery. In London, on the other hand, after going through an equally extended curriculum and not less difficult examinations, the student simply received a licence to practise and to call himself a "Registered Medical Practitioner;" he was consequently relegated to a secondary rank by the public who did not understand the nature and value of our many titles and diplomas, and was liable to be taunted even by his professional brethren with having obtained only an inferior qualification, "a mere licence," as it was contemptuously called.

The degree was thus held out as a bait to attract and a prize to reward the students at certain particular schools, and these could and did thus draw away large and increasing numbers of students from the medical schools of London, which were becoming starved and cramped and even threatened with extinction. Students would not go, and parents would not send their sons to schools where it was so difficult to obtain a degree as in London. He found the following advice to students in a lately published medical periodical. "If the student wishes to obtain the medical degree of an University it will be prudent in him to take out the majority of his lectures under the Professor who will be later on his Examiner. The soundness of this policy is best recognized in the Scotch Universities." It was however added, in a foot-note;—"It is a flaw in the University system that the man who as Professor teaches the student, as Examiner tests the value of that teaching. The more teaching the more knowledge! Hence both examiner and student grow to regard lecture-room attendance as equivalent to knowledge. Hence, also, double courses of lectures, double time spent in the class-room and less at the bedside. Hence also double fees!"

He believed that the curriculum required of and the examinations necessary to be passed by an intending candidate for the Membership of the Royal College of Surgeons of England and the Licence of the Royal College of Physicians of London were at least equal in extent and severity to those demanded by any of the qualifying bodies in Scotland, and by most of those in Ireland; and the man who had obtained the M.R.C.S. and the L.R.C.P. in England, was as good a man all round and had given proofs of as sound professional and general knowledge as any graduate of a Scottish or of any other University except perhaps those of Oxford, Cambridge, London, and Dublin.

The Scotch Universities were essentially great teaching bodies; all the students were compelled to obtain the greater part of their medical instruction in the single Hospital Medical School attached to each, and the large majority obtained in these their entire medical education. It was obviously of vital importance to these universities and especially to their Professors, whose emoluments depended almost entirely upon class fees, that as many students as possible should be attracted to them. The examiners consisted entirely of the Professors or their nominees, and by means of the class and school examinations, the students very easily learned to gauge their requirements at the university examinations. However disinterestedly such examinations might be conducted, they could not be so good and fair a test as those of the College of Surgeons and of the London College of Physicians, the examiners in both of which were independently chosen from at least eleven different schools, and were usually unknown to the candidates even by name.

It had been remarked in the *Lancet*, that "inequality of examinations in the different divisions of the United Kingdom combined with equality of privileges, is about as grossly inequitable a state of matters as could be permitted to continue." Surely the converse of this equally held good, and it might be said, that—inequality of privileges in the various divisions, combined with equality of examinations was also grossly inequitable, and should not be permitted to continue.

The M.D. degree now, more than in the past, had its social, professional, and commercial value. Its value had even become enhanced by the public discussions on the new Medical Bill, emphasising as this did the distinction between mere qualifying titles or licences, and the higher titles and honorary distinctions. How the absence of a degree acted to the detriment of English practitioners was well shown by the speeches of Lord Cairns and Lord Balfour of Burleigh in the House of Lords on the introduction of the Medical Bill. Lord Cairns after allowing that nothing could be worse than a system by which there was a competition among various bodies—not to give the best medical education, but to secure the largest number of students, stated that, "Medical education in Scotland and Ireland differed from that in England. In England comparatively few undergraduates entered the medical profession from their universities; but in Ireland and Scotland, of those who were placed on the register during the last five years, 40 or 50 per cent. took their standing from the universities. That was a remarkable and satisfactory fact because it showed that they had not only qualified themselves in medicine, but that they had gone through the curriculum as well (!) Nothing could be worse than to injure so excellent a system."—Thus implying that English practitioners not possessed of an university degree had not only a lower standard of qualification but had not gone through any satisfactory curriculum. Lord Balfour also animadverted upon the fact that whilst, "There were at that moment in Scotch Universities about 3000 students preparing for the medical profession, English Universities only gave degrees to about 50 students a year in medicine."

The English provincial schools of medicine, wise in their generation, were each and all agitating for the establishment of local universities, mainly with the view of granting degrees in medicine and thus attracting students to their classes; the Newcastle-upon-Tyne school had long possessed the

monopoly of Durham University; Manchester had succeeded in founding the Victoria University in connection with its medical school; Birmingham, Leeds, and Sheffield had put forward claims to similar privileges. He had not a word to say against these very legitimate aspirations; but, if degrees were to be the property and monopoly of particular schools, surely some of the London schools—certainly Bartholomew's, Guy's, King's College, and University College were as much entitled to the privilege of conferring degrees on their own students as the schools of Edinburgh, Aberdeen, or Newcastle-upon-Tyne.

He made no apology for having brought this subject forward, otherwise than for the inefficient manner in which he had placed it before the meeting. He was personally unbiassed in the matter not being attached to any of the London schools and not being connected with the London College of Physicians. But he had had opportunities of conversing on the subject with a large number of students and practitioners of every standing (more especially since he had first suggested the union of the Colleges in an address to the Harveian Society of the previous year), and he was convinced that there existed a very wide-spread dissatisfaction with the present state of things and a general desire for a change. He trusted that the resolution would be carried, and he hoped that the Licentiates of the London College of Physicians would take an example from that meeting and would address the Council of their own College to the same effect. There was no doubt that if the Members and Licentiates had any voice in the governing bodies of the two Colleges, such an amalgamation as he recommended would not be long delayed.

The Royal Colleges of Physicians and Surgeons had the choice before them,—of remaining separate and gradually waning in authority, dignity, and influence, or—of uniting in a grand and noble institution representing the whole medical faculty of England, and combining in itself the traditions and memories associated with the brilliant array of illustrious names which had graced the annals of medicine, both in surgery and physic, from Cheselden to Paget, from Linacre to Jenner.

The motion was seconded by Mr. Nelson Hardy, and after having been put to the meeting, was declared by the President to be carried.

From the British Medical Journal, 8th Nov., 1884.]

DEGREES IN MEDICINE: A ROYAL COLLEGE
OF MEDICINE.

To the Editor of THE BRITISH MEDICAL JOURNAL.

SIR,—

“What's in a name? That which we call a rose
By any other name would smell as sweet.”

This may have been true in Shakespeare's time, and with regard to a member of the vegetable kingdom, but it would not hold good in the present day, and in respect of members of the medical profession. A “Doctor of Medicine” is held in better odour with the public than a “Licentiate in Medicine, Surgery, and Midwifery;” and the two letters M.D. command a higher value and greater respect than the eight letters L.R.C.P., M.R.C.S., albeit the latter represent, as they commonly do, an equal amount of learning and skill, and at least an equal expenditure of time and money. Herein, indeed, lies the sting, and herein consists the very natural grievance of the London licentiate and of the great body of English practitioners and students.

For it may be seen by anyone who will take the trouble to compare the regulations of the various licensing bodies, as detailed in your Educational Number of September last, that the requirements and examinations of the English colleges for their licences in medicine and surgery are fully equivalent in extent and severity to those of the Scotch universities for their degrees of M.B. and M.S. (The furthur degree of M.D. is practically, as in most universities, a matter of age and effluxion of time.) The names “university” and “graduate” are supposed to conjure up in the mind the ideas of culture, learning, dignity, and refinement; and during the Parliamentary debates on the late Medical Bill, a superfluity of fine language was indulged in by supporters of the Scotch universities as to the superiority of the Scottish to the English and Irish students of medicine, owing to their having the advantages of an “university training.” We all know very well, however, that a London licentiate will have had precisely the same kind of training, and quite as good opportunities of self-culture, as a Scotch graduate. The standard of the Scotch examinations is indisputably as high as need be required for a pass degree; but, call them by what names you will, the English qualification represents as much as the Scotch, the Scotch qualification signifies nothing more than the English. In truth, as far as medicine is concerned, the universities in Scotland are simply medical schools in connection with hospitals, in no way differing from the like establishments in London, save in the very important particular, that the teachers in each of them have the power and privilege of granting academic titles to their own students. They constitute, in truth, four degree-conferring bodies attached to three hospitals—an instance of protection which might fairly raise a cry for reciprocity—for each of the London medical schools to grant degrees to its students.

It has been suggested that the University of London is to blame in this matter for not opening its portals more widely by lowering the standard of its examinations to the level of the average student. This, however, would have been entering into a competition with the London Colleges, and would have resulted simply in a corresponding degradation of their examinations; it would, moreover, have been quite inconsistent with the object and functions of the University. It is not the object of the London University to define the minimum limit of knowledge which may be safely demanded of an English medical practitioner. Its objects are to promote a liberal and higher education throughout the British possessions, to stimulate the acquisition of knowledge by all classes, to encourage and reward proficiency (not competency) in medicine and all other branches of learning, to raise the standard of education generally, and to maintain its own standard at the highest level reasonably possible of attainment.

A partial remedy has been attempted, by some of the universities admitting practitioners of mature age to their degrees through a special examination; foreign universities are very liberal in this respect. The list of Licentiates of the Royal College of Physicians shows how many men are impelled thus to submit to trouble and expense, and the indignity of a further examination, simply because they have had the misfortune to pursue their medical curriculum at a London hospital and school.

There is an easy and natural solution of the difficulty, which I have, on a former occasion, pointed out. At the Meeting of Fellows and Members of the Royal College of Surgeons on the 24th of March last, I drew attention to this very legitimate grievance of English practitioners and students, and at the same time, I suggested a remedy. I proposed that the two Colleges of Physicians and Surgeons should amalgamate into one grand Royal College of Medicine, to be endowed with authority to examine in and grant licences to practise physic, surgery, and midwifery, and to confer on its Licentiates the degrees or titles of Doctor of Medicine and Master of Surgery.

This proposal was very favourably received and commented on at the time by the medical press and the profession generally: but the uncertain prospects of the Medical Bill, then under debate in Parliament, prevented any further action being taken; the moment is now, however, very opportune for its discussion, and for urging its acceptance on the authorities; and there is reason to believe that, with a fair show of outside support, the scheme has a good prospect of being carried out. The two Colleges have very wisely at last conjoined for examination purposes; we ask them to go boldly a step further, and to enter into a complete and permanent union. The arguments I adduced at the time have been unanswered, and there have been no really serious objections put forward; difficulties as to details have been foreshadowed, but the principle once admitted, all details could be easily and quickly arranged by a committee from both Colleges, assisted by official arbitrators.

The scheme should not meet with any objection from the other licensing bodies, as it takes away no rights, and can deprive none of any genuine *prestige*. It might be thought that the universities, and especially that the University of London, would oppose such a change; but the number of degree-conferring bodies is already so great (eleven British, and about

an equal number of colonial and foreign, of more or less repute), that none of the higher universities are likely to object to the addition of one more. Their graduates will continue to distinguish themselves as they do now, by adding the name of their university after their M.D. initials, and all other university graduates can, by the same method, avoid being confounded with the graduate of the new college, the M.D. Roy. Coll. Med. The London University degree would probably be even more aspired after than at present, as its value and *prestige* would be enhanced rather than otherwise by the co-existence of another London degree admittedly inferior to itself.

It is, of course, possible that some of those who have suffered from this grievance, and have been compelled to seek another school than the one of their choice, or been driven to seek abroad the title denied them at home, —it is possible that some of these may weakly begrudge the path being smoothed for those who come after them; but I trust it is unnecessary to anticipate any such ungenerous opposition, we may rather hope that the large majority will sympathise with, and be the firmest supporters of such a movement as the present.

Under such a scheme as I have suggested, there would be little necessity for any new medical Bill. As far as England at least is concerned, there would practically be one portal and one title; each licensing body would stand on its own merits, and there would be no object in men seeking a further qualification, except on account of its much higher standard and greater repute.

This new title for the English general physician will be but one of the smaller results of such an amalgamation. English students will be retained at their native schools, and a fair share of their Indian and colonial brethren will be attracted to the medical schools of London, acknowledged equal to any in the capabilities of their teachers, in the efficiency and success of their teaching, superior to most in the amount and variety of their clinical material. In the united colleges, English practitioners would, for the first time, possess a bond of union and an institution entirely devoted to their interests. Instead of rival colleges speaking with partial and divided authority to the Government and the public, the Royal College of Medicine will be a court of appeal, whose opinion and advice will not only be sought for and valued, but will be regarded as indispensable in every great question relating to the health and education of the community, and the sanitary condition of the country.

This college will be one worthy of the great medical profession of this country. It will be no new institution, but one rich in museums and libraries, glorious in its associations, venerable in its antiquity, to which it will be a pride, and an honour, and an object of ambition to belong.

I am, Sir, yours obediently,

1, Dorset Square.

WILLIAM HICKMAN.

From the Lancet, 29th Nov., 1884.]

ENGLISH DEGREES FOR ENGLISH STUDENTS.

To the Editor of THE LANCET.

SIR,—Not only practitioners and students, but all patriotic Englishmen, must agree with the remarks in your leading article of November 1st on the continuous exodus of English medical students from their native schools. This is a matter with which pecuniary considerations have absolutely nothing to do, as at the present day the necessary expenses of medical education vary little on either side of the Tweed, and the fee for the double degree of M.D., M.S., in the North is about the same as that for the usual double qualification in London. I brought this subject forward at the meeting of the Royal College of Surgeons in March last, and then drew attention to the rapid decadence of the English schools of medicine. There is no doubt whatever as to the cause of this. The real explanation, as I then pointed out, is the fact to which you allude, that "no more learning is needed and no greater effort demanded to obtain a diploma of doctor of medicine in other places than is required in London and most of the English schools to obtain a mere licence to practise." This is, indeed, an understatement of the facts, for in all that concerns medical knowledge and experience much more is demanded of a candidate for the English licence than of a candidate for a Scotch degree, as may be seen by anyone who will compare the regulations of the examining bodies.

A glance at the Medical Directory will show that about 2,000 practitioners suffice for the medical requirements of the whole of Scotland, whilst there are more than twice that number in active practice in London alone, and six times the number in addition in the English provinces. But at the medical schools in Scotland there are probably twice as many students as at all the medical schools in London; a considerable proportion moreover of those entering at the London Schools find out afterwards the mistake they have made, and go off after one, two, or three years to other schools where their labours will be more fitly rewarded. The result is that the English licentiate is everywhere thrust aside by the Scotch graduate, and elbowed out of office, employment, and profit; every honorary medical appointment is closed to him by the universal rule admitting only graduates, and he is necessarily relegated to a secondary rank, and is thus and thus only prevented from rising to such a professional position as he might otherwise attain, and to which his qualifications and abilities would give him an indisputable right. There is an easy and natural remedy for this state of things without calling upon the London or any of the other universities to lower its standard, and without adding to the excessive number of licensing bodies already existing. At the meeting to which I have referred, I proposed that the two Royal Colleges of Physicians and Surgeons should be amalgamated into one great Royal College of Medicine, to be endowed with the power of granting the degrees of M.D. and M.S. To the title "Royal College of Medicine," the words

“and of Physicians and Surgeons of England” could be added as a secondary title if thought desirable, to satisfy the scruples of some who might regret to part with these time-honoured designations. There is no need to call the united College a University, nor would there be any advantage in doing so. There is nothing either novel or incongruous in a college granting degrees; various instances might be cited from both ancient and modern times, but it will suffice to mention the University of Edinburgh, which was only spoken of as a college for more than a century after its foundation, and which, as Sir Alexander Grant says, “never did and never could become a university in the mediæval sense of the term.” Oxford, and Trinity College Dublin, are now the only universities requiring the B.A. to be taken previously to the M.D., so that as far as medicine is concerned the College of Physicians is practically on exactly the same footing as any of the other universities—it prescribes a curriculum, conducts an examination in, and grants a diploma for medicine, which is a licence to practise. The moment a university medical degree is dissociated from an Arts degree, and allowed to become a licence to practise, it ceases as such to be anything more, and the whole of its value as a higher title will depend on the character and standard of the particular curriculum and examinations of which it is the end and aim. It cannot surely be difficult for a committee of both Colleges to prepare a scheme of complete union which shall be satisfactory to the English profession. The mere conjunction of the Colleges for examination purposes will not retain students at the London Schools nor make the London qualification more attractive; and if the fees remain exactly as in the separated Colleges, there can be no conceivable advantage to the English student in a mere conjoint board at all. Although the question of expense enters very little into this question of the driving away of students from the London schools, yet so large fees being charged for primary examinations must rather deter than attract students, and one sees no reason why either College should now charge ten guineas for exactly the same examination for which each previously charged five guineas; it would have been far better to continue to charge five guineas for each primary examination and twenty-five guineas for the double pass examination; but a little more liberality in this matter of fees would disarm much opposition to the scheme, and would probably result rather in a gain than a loss in a pecuniary sense.

The present is a great opportunity. On the boldness or hesitation of those who influence the affairs of our two Royal Colleges depends the continuance of the success of our English Schools of Medicine—depends probably the future existence of the Colleges themselves.

I am, Sir, yours obediently,

WILLIAM HICKMAN.

1, Dorset Square, Nov. 10th, 1884.

From the British Medical Journal, 20th December, 1884.]

MEDICAL DEGREES AND THE UNIVERSITY OF LONDON.

To the Editor of THE BRITISH MEDICAL JOURNAL.

SIR,—The facts and figures relating to the University of London, published in your leading article in the *JOURNAL* of November 22nd, are of great interest to both graduates and non-graduates; but I think they by no means bear out the interpretation you put upon them, of a failure on the part of the University. They seem to me to prove rather that the University is doing very successfully the work for which it was designed. It is not in accordance with, indeed it is quite contrary to, the objects of the London University, to give a mere qualifying title, or to accommodate the standard of its degrees to the average level of the whole body of students. A London medical degree is not a simple licence to practise, but is the highest title recognised in the profession; were it otherwise, it would cease to be the distinction and honour which it now is; and to regard it in any other light will put an erroneous interpretation on any facts connected with it.

That the number of aspirants for a London degree has been twenty-five per cent., and has increased to as high as thirty-two per cent. of the whole number of London students, is a fact greatly to the credit of the students, who are well aware of the exacting nature of its curriculum and examinations, and is an evidence of the increasingly high value attached to the degree. And the increase, from ten to sixteen and a half per cent., in the numbers passing through the preliminary scientific examination, not only shows how much the University has stimulated scientific teaching in the metropolis, but how well, also, the London teachers have responded to the demand made upon them. Your estimate of the percentage of men taking the degree is obviously too low, being based on a four-year curriculum, whereas the majority of men take five or even six years; but to make it a fault of the London University that every practitioner cannot become one of its graduates, is as unreasonable as to complain of the College of Surgeons because every member does not become a Fellow. There can be no real comparison between the London degree and the membership of the Royal College of Surgeons,—between a higher title and a mere qualifying title; but if we compare the statistics of the two higher titles,—the London degree and the Fellowship of the Royal College of Surgeons—we find that twelve and a half per cent. obtain the former to about six per cent. who obtain the latter, whilst the proportion of passes to rejections is about the same in each case.

Objections may be easily raised to small details of the regulations, and the passing caprice of some dyspeptic examiner will occasionally provoke an outcry against a particular examination; but on the whole the University of London has been a great and popular success. By its influence and example it has raised the standard of all the other examining bodies, and brought about and extended the practical character of all their examinations; it has raised the reputation of medical degrees generally, and it now gives a value to

those of other universities which they would not intrinsically possess. That its own tests are not fallacious, is proved by the acknowledged eminence attained by so many of its graduates, and by the positions occupied by them in every large hospital and school.

The English practitioner does not ask for the standard of any existing board to be lowered; the London student has no need of better teaching than that now within his reach; both, however, demand that their education and training, whilst as rigorously tested, should be as fitly recognised, in one division of the kingdom as in another. I have before indicated how this can be effected without adding to the already excessive number of both examining and teaching bodies, and will now only note that the formation of any new institution would not affect the position of the present licentiates of the Royal College of Physicians of London, who justly consider that practically and morally they are quite as much entitled to a degree as the majority of university graduates now practising in their midst.

I am, Sir, yours faithfully,

1, Dorset Square.

WILLIAM HICKMAN.

From the British Medical Journal, 14th March, 1885.]

M E E T I N G
OF THE METROPOLITAN COUNTIES' BRANCH
OF THE
British Medical Association,
6TH MARCH, 1885.

Dr. BRISTOWE proposed, and Mr. RIVINGTON seconded a resolution:—

“That the report of the Council of the Branch on University Degrees for London Medical Students be adopted; and that the Council be directed to petition the Senate of the University of London to receive a deputation of Members of the Branch in support of the objects aimed at in the report.”

After a discussion, the resolution was agreed to nem. con.

Dr. BARNES proposed:—

“That, failing to obtain concessions from the Senate of the University of London, the Council be empowered to take, in conjunction with the Royal College of Physicians of London and the Royal College of Surgeons of England, such steps as they may deem necessary to facilitate the obtaining of degrees in medicine by London medical students.”

Dr. HICKMAN: I second the resolution proposed by Dr. Barnes, and, as one who has taken considerable interest in this question, and has been somewhat prominent in bringing it publicly before the profession, I may be allowed to say a few words. In the first place, I desire to thank the

members of the Committee for the great and evident pains they have taken in considering this subject, and for the very full and valuable report they have presented to us. It is in no carping spirit, therefore, but with an honest desire to help towards a practical and permanent solution of this great question, that I submit to this meeting a few remarks and criticisms on the report and on the recommendations of the Committee.

It is a curious fact, whether accidental or so arranged I know not, that nearly every member of the Committee is a graduate of some University, one English, one Irish, and three Scotch Universities being represented on it. Considering the nature of the report, I am inclined to think that this fact rather adds to its value, and gives it a disinterestedness which otherwise might have been, however unjustly, suspected. It leaves room, however, for the facts to be viewed from another standpoint, and for different, whilst equally reasonable, inferences to be drawn from them; and it may account for the much greater prominence given to some aspects of the question than to others which a non-graduate would consider of more importance. But a perusal of the statements and facts the Committee have brought together, and of the remarkable and interesting tables they have compiled, must convince anyone of the great disadvantages under which English schools of medicine, English students, and English practitioners labour, as compared with those of other parts of the United Kingdom, and more especially of Scotland.

Three great facts are brought out by the report: 1, the gradually increasing exodus of English students to the medical schools of Scotland, and not only of English but of Irish, and also of the Indian, colonial, and foreign students, who find their way to our shores in search of a medical education: 2, the consequent decline in prosperity of the English schools of medicine: 3, the gradual displacement amongst English practitioners, of English by Scotch qualifications. These facts are really much understated in the report. Table 11, for instance, proves clearly enough the gradual increase in the numbers of medical students at the Scotch schools, with the corresponding decrease in the numbers at the English and Irish schools; but a careful analysis of the *Medical Students' Register*, from which this table is taken, shows that, in the year 1883, for instance, instead of 817 entries at English schools of medicine, there were but 623 (377 in London, and 246 in provincial schools); the balance, 194, is made up of Indian and foreign students, and of English students registering the commencement of their studies by "pupilage at a dispensary," or "with a registered medical practitioner." The majority of these would eventually find their way to Scotland, and have to be added to the number (596) of entries at the Scotch schools. There is no doubt that the actual number of students at the medical schools attached to the three Royal Infirmaries of Aberdeen, Glasgow, and Edinburgh, is fully equal to the number at the medical schools in connection with the twenty large hospitals in London and the provinces. I could easily corroborate this by other figures if the time would allow; but I will only now add that, if the number of students for the year 1883 had been equitably divided between the three divisions of the United Kingdom on the basis of the proportionate number of practitioners in each, the numbers would have been, for England 1,380; Ireland, 191; and Scotland, 189. Parallel to and consequent on this invasion of Scotland by English students, is the

return raid on England by Scotch graduates. We find that, of the total number of 5,219 graduates in all England, the degrees of no fewer than 3,274, or 63 per cent., are of Scotch origin, and this proportion, or rather disproportion, is annually very rapidly increasing; 20 per cent. are of English origin, and this proportion is as rapidly decreasing. The proportion of graduates to practitioners in Scotland is 70 per cent., and the average annual number of degrees conferred is 14 per cent., exactly enough to supply the whole country every seven years. In England the proportion of graduates to practitioners is 32 per cent., two-thirds of whom, of course, are Scotch, and the average number of degrees conferred is half an one *per annum*. If the proportion and average were the same in England as in Scotland, there should be in England at least 11,416 graduates, instead of 5,219; and no fewer than 2,240 degrees would be annually conferred, instead of 80, as at present.

There is, however, another great fact and another very great grievance which has been but very lightly touched upon by the Committee. We have to take into account, not only the disadvantages of our present and future English medical students, but also the invidious position of some past generations of English medical students, of a large number of the present general practitioners of England, of some 3,000 or so licentiates of the Royal College of Physicians of London, a body of highly educated gentlemen who have had an education and training, gone through a curriculum, and passed some very stringent and carefully conducted examinations all quite up to the standard required for an ordinary degree, and who must be admitted to be equally worthy of the title of Doctor of Medicine with the 70 per cent. of Scotch practitioners in the towns and villages of Scotland, or with the 63 per cent. of Scotch graduates who compete to such advantage with them in the towns and villages of England.

In endeavouring to find a remedy for the condition of things which has been described, there are the usual three courses open to us: (1) to bring down the standard of the London University degree to the level of an ordinary qualifying licence; (2) to establish a brand new university, which should grant its degrees on such terms as will open them to every industrious and intelligent student; or (3) to confer the power on the Royal Colleges of Physicians and Surgeons to grant the degree of Doctor of Medicine, in lieu of their present licences.

The objections to lowering the standard of the London University are many and various, and generally, it must be considered very impolitic to lower the standard of any educational body which is doing good work. I quite agree with what Dr. Sansom said just now, and I think that the University of London has been very unjustly held responsible for the present state of things. There was a time, well within the memory of many of us, when a medical degree was but very lightly esteemed, and the English practitioner was well content with his medical and surgical licences. The degrees of the London University were little known, and were numbered by units, the undergraduates merely by scores, and Scotch degrees conferred no right to practise in England; but after the Act of 1858 was passed, and Scotch degrees were made legal qualifications in England, London University graduates gradually attained position and eminence, and the University became renowned as a medical university, degrees rose in value, and Scotch

degrees became more and more sought after by those who cared not for the labour and trouble of obtaining the London degree. The country has since become more and more flooded with Scotch degrees, until at last in self-defence, and from the mere instinct of self-preservation, the English student or practitioner is compelled to go anywhere to get a degree, at any expense to his feelings or his patriotism.

The Report throws much blame on the University for not "adapting itself to the requirements of the medical profession." But the London University is not a technical university. It is neither the business nor the object of the London University to adapt itself to the requirements of any particular community, of the medical, legal, or any other profession, but to establish and maintain the highest attainable standard of education and acquirements in each branch of knowledge; and it is the recognition of this fact, both by the public and the profession, which gives to its medical degree the pre-eminence in which it is held. The graduates of the London University, such as the movers of these resolutions, are the Alpine Club men of the profession, to whom its difficult approaches and comparative inaccessibility were the great attractions; and I am quite sure that, if there were the 10,000 medical graduates to which he looks forward, Dr. Bristowe would soon seek another degree at some other university. There may be faults in the University of London, no human institution is without them; but it is acknowledged by all to have raised the standard of medical education, as well as of education generally, and to have elevated the character of medical teaching throughout the country. It will be much better for it to be wound up and extinguished altogether than to be modified out of all recognition, or to be made the *corpus vile* for a series of crotchety experiments. The Senate has always been very favourably disposed towards the Medical Faculty of the University, constituting as this does the great source of its renown; it may be induced to make some slight alterations in the regulations, such as to add to the number of local centres for examination, to arrange that every examination should be held at least twice a year, and perhaps to make some modification in the preliminary scientific examination by introducing alternative subjects; but I trust that there is not the slightest chance of its diminishing the severity of the matriculation, or of its lowering the standard of the professional examinations. Every degree of high standing, such as I hope the London University degree will always remain, should imply the possession of something more than the average of general and scientific culture, as well as a higher than the ordinary standard of technical knowledge and skill. With regard to another suggestion of the Subcommittee, as to increasing the medical element in the Senate, it must be remembered that the London University consists of four faculties; one-third, however of the members of the Senate are medical men, most of them actually or recently distinguished teachers in various London medical schools. But, even if all the suggestions recommended by the Subcommittee to the Senate were carried out, they would be quite inadequate for the end we have in view, of allowing English students to obtain degrees on equal terms with their Scotch brethren, and some other method of bringing this about must be devised.

With regard to a new university, there is no call whatever for one on the part of the faculties of arts and laws. The distinguished legal gentlemen

who have spoken on the subject, have kept very silent about their own faculty, and have contented themselves with urging the advantages of one to the medical profession. A general university has many and diverse interests to consider; not only those of medicine and science, but those of arts and literature, law, pedagogy, and theology; but none of the other professions think of handing over the management and regulation of their affairs to universities or any other bodies. What would the Inns of Court, or the Incorporated Law Society, for instance, say if the London University were to propose to interfere in any way with them, or with their qualifications for practice? Are we absolutely incapable of managing our own affairs, and shall the great ancient profession of medicine be tied to the apron-string of some new corporation, of whose aims and objects every one who supports it has a different idea? As far as medicine is concerned, a new university would have the effect of adding one more to the admittedly far too large a number of qualifying bodies; if it kept up to a high standard, it would compete with the London University, and would necessarily fail; if it adopted an adequately low standard it would come into competition with the Colleges of Physicians and Surgeons, and these would either be destroyed, or would be compelled, as in Scotland, to keep down to a still lower standard, and to degrade the admittedly high reputation of their present licences. Moreover, a new university would not meet the case of the numerous present Licentiates of the London College of Physicians, but would indeed rather add to the hardship of their position.

There is, sir, an easy and simple remedy for all the evils which have been described. Let the two Royal Colleges of Physicians and Surgeons be amalgamated into one great Royal College of Medicine, and obtain a new charter empowering it to grant medical degrees. This will give us at once a complete medical faculty; this will be, in fact, a new medical university, but it will reduce instead of increasing the number of qualifying bodies; and a new body in name only, it will look back to a venerable antiquity associated with the most illustrious names in the history of medicine. The materials and machinery for such a college are ready to our hands, and only require fitting together by skilled and sympathetic workers. It would make no demand on the public purse, and impose no fresh taxes on the profession; comprehending, as it would, every examiner and teacher of eminence, there would be no lack of sympathy between the schools and the College, no want of touch (whatever that may be) between the examiners and the teachers. The requirements of the profession would be satisfied, and the general and scientific culture of its members would be maintained. It should, of course, be retrospective in its action, and admit at once all those who have obtained the double qualification of the two London colleges, a qualification which, as the report declares, implies by its possession a high degree of special education. One of the great advantages of this plan is, that it might be carried out during the present session of Parliament, and might come into operation by next October. If such should be the case, I venture to predict that the entries of London students will be at least doubled, and the London schools will commence an era of prosperity that will enable them to make of still greater value the enormous wealth of clinical material with which this huge city rather too much abounds.

This amalgamation will, moreover, remedy the mistake of centuries, and

put an end to that division of the profession into two ranks, which is so great a puzzle to the public, and the distinction between which is as difficult for them to discriminate as it is for ourselves to define. The whole profession will be raised in political and social influence, and the President of the United College, the future occupant of the double chair of Cheselden and Linacre, of Harvey and Hunter, of Paget and Jenner, the chosen head of the great medical profession of this country, will occupy a position of dignity and brilliancy which a Prime Minister might envy, and to which a peerage could add no lustre. In a degree-conferring Royal College of Medicine, formed by the amalgamation of the two Colleges of Physicians and Surgeons, we have a scheme which can injure no legitimate interest, which will be found most widely acceptable, which can be very easily and quickly carried into execution; we have a cure for our ills which will satisfy the most ancient canons of judicious treatment, complying, as it does, with the well known maxim of Asclepiades, *Curare tuto, cito, et jucunde.*

The resolution was carried unanimously.

