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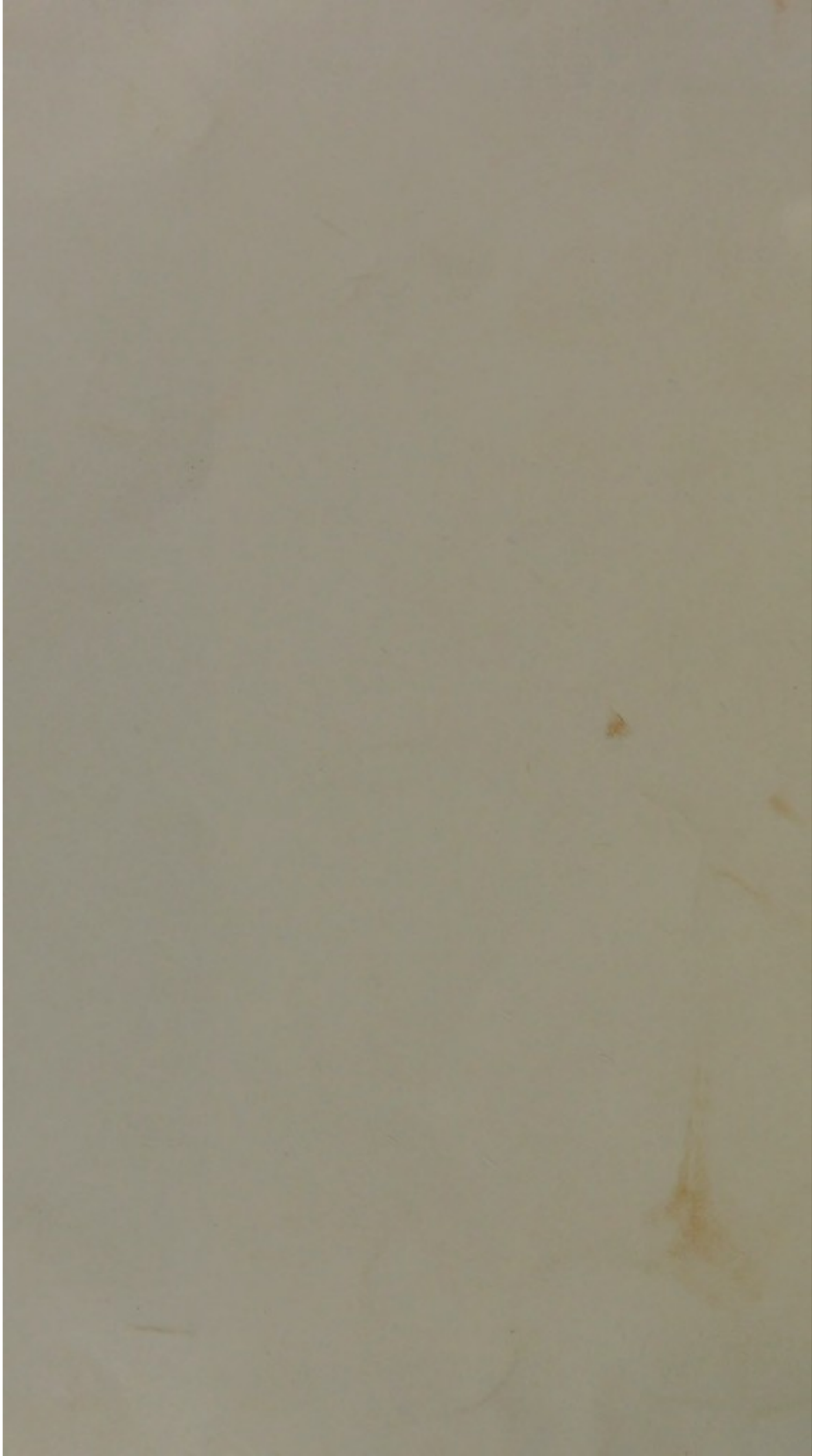
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THE
MEDICAL ACT (1858) AMENDMENT BILL
AND
MEDICAL REFORM.

A Paper read before the Abernethian Society

AT

ST. BARTHOLOMEW'S HOSPITAL

ON

THURSDAY, JANUARY 29th, 1880.

BY

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THE
MEDICAL ACT (1858) AMENDMENT BILL.

Abernethian Society. Session, 1879-80.

MY object in introducing a paper on the present subject is not for the purpose of giving you my own ideas on Medical Reform, nor of what ought or ought not to be done by the Amendment Bill to the Medical Act to be brought before Parliament next Session; but for the purpose of raising a discussion and stimulating your interest in a subject which is of such vital importance to us as members of the medical profession. I cannot omit this opportunity of congratulating and thanking the executive of the Abernethian Society for their liberality in allowing papers on these medico-political subjects to be read. Several attempts have been made in former Sessions to obtain permission to introduce such subjects into the discussions of the Society, but they have been discountenanced as not coming within the scope, or being included in the objects for which the Society was founded, and we have been condemned to hear over and over again papers on rheumatism, phthisis, heart-disease, or scabies; subjects with which we have become thoroughly nauseated by the regular lectures on them, which we are obliged to attend during our curriculum, and which are more ably treated in those lectures than is generally the case before this Society. I do

not deprecate all allusion to what I may call 'shop' in the discussions of the Society; but I think the admission of a few papers on subjects not so purely technical, as has been allowed by the officers of the present year, is calculated to elicit the sympathies and meet with the approbation of the majority of the members of the Society. And let it be borne in mind that there is not another medical society in London at the present time which admits the discussion of such papers as the one I am about to read.

In the preamble to the Medical Act of 1858 occur these words: 'Whereas it is expedient that persons requiring medical aid should be enabled to *distinguish qualified from unqualified practitioners*; be it therefore enacted,' etc.

I propose that we should discuss this evening how far the object of the Medical Act has been attained, and in what way and for what reasons it has failed, and what amendments are necessary.

There have been, since 1858, nine Acts of Parliament passed to amend the Medical Act, besides an Amendment Act in 1874, to the Apothecaries Act; and in 1878 an entirely new Act, the Dentists Act, which was framed upon the same lines as the Medical Act of 1858, was given into the hands of the General Medical Council to administer and carry out, and will most likely prove equally useless with the Medical Act unless some reform takes place in the General Medical Council.

You will see that up to the present time several attempts have been made to tinker up the Medical Act and make it useful, but all these amendments have been of no avail, and there is still a general outcry in the profession and among the public for some measure of Medical Reform. The General Medical Council was established and brought into existence by the Act of 1858, and on their shoulders rests the onus of its failure.

In discussing this question, let the object of the Act be borne clearly in mind : it was for the purpose of enabling the public 'to distinguish qualified from unqualified practitioners,' and this boon to the public was to be given at the expense of the medical practitioners themselves by the fees paid by medical men for registration; and it was thought that the protection thus given to qualified men would repay them for the money so expended. The administration of the Act was given into the hands of the profession itself, in the persons of the members of the General Medical Council, all of whom are members of the profession; and even if they had neglected the interests of the public, it might have been thought that the profession would have received some consideration at their hands.

But it appears that nearly half the yearly receipts of the General Medical Council finds its way into the pockets of its members, and the rest is frittered away in sundry ways—very little indeed expended in attaining the object for which the Medical Act was passed. I will not bother you with an analysis of the yearly returns of receipts and expenditure of the Council; they are published at the commencement of every year, and you can examine them for yourselves in the 'Medical Register.' But the two reports I had before me when writing this paper showed that fees, etc., to the members of the Council absorbed nearly half the receipts; out of £5,340 received in 1873, only £166 8s. 3d. was expended in printing the 'Medical Register,' and £1 0s. 3d. in defraying expenses of prosecution. In 1878, £6,261 5s. 9d. was received and £260 17s. 6d. spent in printing the 'Medical Register,' which appears to be the only endeavour made to enable the public 'to distinguish qualified from unqualified practitioners.' Therefore less than five per cent. of the receipts of the Council is expended in attaining the objects of the Bill; of course, the salaries of clerks and rent of house, etc., would

somewhat raise the per-centage. The members of the profession have fair grounds of complaint when the funds supplied by them are so misused. The grumbling at the Medical Council and at the registration fees would, to a great extent, cease if the provisions of the Medical Act were carried out; and no one would object to the members of the Council receiving a fair remuneration for their services, even at the present rate, did they in any way benefit the State or the profession.

But the Medical Council has failed in its duty, and the Medical Act of 1858 been rendered useless, simply by the Council refusing to enforce the penal clauses of the Act, the only thing which could have made the Act of any benefit. This omission also makes the fees for registration the imposition they have become, by insuring neither the defence of the public nor the profession, but simply putting money into the pockets of the Medical Council, and that money extorted from young men just at their entrance into life, before they have earned a penny, when for four years they have been paying right and left for their education. It is a tax imposed on those least able to pay it, for a body which confers no benefit either on those taxed or on the State, and simply from the neglect of one of its most essential functions. The whole business of the Council becomes a farce, the registration and education insisted on of no advantage to the vast majority of the public, if they are still unable to distinguish or unable to ascertain the educated and registered from those who are neither the one nor the other. It is beside the question altogether for the Council to say that prosecution is not one of its functions, that it is beneath it, and not pleasant work; its whole business is useless without it. What guide to the public is the register if medical men are not obliged to be registered, or if persons not registered, and not even possessing qualifications to register, are

allowed the same immunity to practise as those who are registered? The Council says you cannot sign medical certificates (death certificates) without registration; but it is done, done every day, as we often see reported in the daily press, because there is no one whose business it is to prosecute. A Registrar of Deaths never thinks of refusing a qualified man's certificate because he is not registered, and often receives that of a quack, not knowing whether he is qualified or not. According to a recent report of the Registrar-General, there are at this moment eighteen unqualified men in practice and giving certificates at Chester-le-Street. In the Potteries and the North of England it appears to be a most common occurrence. Sometimes deaths occurring in the practice of unqualified men are returned as uncertified; but the practitioners are not prosecuted, or any assistance given to those requiring medical aid 'to distinguish the qualified from the unqualified.' The Medical Council says you cannot recover fees unless you are registered; but this is nonsense—the general body of medical men don't want to recover fees in a court of law: they are, as a rule, paid without question by their patients, and if not paid, it is generally better to grin and bear it. It often does a practitioner more harm than good to prosecute his patients; but the few who do prosecute are generally registered, and those who are not qualified to register content themselves with fees voluntarily paid by the patients they have imposed upon.

Before the Royal Commission held last summer, most of the witnesses declared that although they thought the Medical Council had failed utterly in carrying out the chief object for which it had been formed, they still thought it had done two good works, the production of a Pharmacopœia and the formation of a Register for the guidance of the public. Of the Pharmacopœia I will say nothing, although I dare say it is open to

many objections and is not perfect, as we may hear this evening. But the Register is almost useless ; it is incomplete, incorrect, and insufficient in the information it gives. No one thinks of consulting the Register if any information is required about a medical man, no one thinks of looking there for his address, no one thinks of buying the book. In a business house or office which has any dealings with the medical profession, the book referred to is Churchill's ' Medical Directory ;' even in Government Offices you may find the Register, because it is given them, but you also find the ' Medical Directory.' A member of the Council himself, in bringing forward some statistics before the late Royal Commission, said he used ' Churchill's Directory' in preference to the ' Medical Register' for their compilation, ' because the " Medical Register" would not be so exact a guide ; and that the Directory more correctly shows the men who are in practice at the time.' The Registrar of the General Medical Council was advertising for several weeks at the end of last year IMPORTANT NOTICES to the effect that Medical Practitioners should at once send notice of their change of residence to him, otherwise, by Sect. 14 of the Medical Act (1878), such practitioners are liable to have their names erased from the ' Medical Register.' But this conveys a wrong impression. Medical Practitioners who have changed their addresses need take no notice of the alarming advertisement, for their names cannot be erased from the Register unless the Registrar has written a letter to the registered person, addressed to his address on the Register, making inquiries, and a period of six months has elapsed without an answer being returned : then, and only then, can a name be erased ; and such letters of inquiry from the Registrar are very rare. The ' Medical Register' is so imperfect and unreliable as a book of reference for that reason. No form is sent by the Registrar year by year to be filled up by

medical men, which would include any change of address, as is the case with the 'Medical Directory'; and I have no doubt that in hundreds of cases the addresses in the Register are not correct.

But the great failure of the Medical Act and the Council is due to the Council refusing to prosecute. The 'British Medical Journal' of last August, when writing on this subject, says the uselessness of the Act depends upon 'the failure of the Council to put into force those clauses which arm it with the power of protecting the public and the profession against unqualified persons assuming medical titles. From the first the Council chose to declare that this function was not incumbent on it, and that it would not carry it out because "its funds were inadequate." It assumed that it had a legal justification for this, which was especially strong in Scotland, because there there was a Public Prosecutor. Very early in its history it became aware that this was a mistaken view of the facts; and the Procurator-Fiscal informed the Council that in administering an Act of Parliament which created special pains and penalties, and which gave to the body charged with carrying out the Act the fines inflicted for infringement of it, the duty of conducting prosecutions was incumbent upon them, and not on the Procurator-Fiscal. This does not appear ever to have been seriously debated in the Council. It does not appear ever to have caused it to reconsider the abandonment of duty which it based on such slender grounds. It continued to desert its duty, apparently in virtue of its other declaration that its funds were inadequate, a declaration not very creditable, seeing the way in which the funds are expended, and in a great measure inaccurate.'

A Medical Defence Association has been formed for enforcing the Act, but the unpleasant work which has been declined by those whose duty it is to undertake it ought not

to be forced upon private members of the profession. The Medical Council ought either to enforce the penal clauses of the Medical Act, or be abolished, and then the Treasury ought to prosecute, or Public Prosecutors be appointed.

Another solution of the difficulty has been proposed. An agitation has been set on foot for direct representation of the medical profession on the Council, thinking that by this means provision would be made for insuring the protection of the interests of the profession; but the Council is already composed of medical men. By direct representation is meant four or six additional members to the Medical Council, elected by the general body of medical practitioners. For my own part, nothing would please me more than to be a representative of the profession, and with St. Bartholomew's Hospital and the Cambridge graduates at my back, I should have a very good chance of being returned, that is, if you chose me as your candidate. But direct representation would really result in the return of nominees of the medical press. With a constituency so extensive and dispersed, it would be impossible for a candidate to become personally known to even a fair proportion of the profession, and his merits and opinions could only be ascertained through the medium of the press. The greater number of medical men are only associated with their fellows to any large extent during the four years of their student life; and although you may think that Jones now studying here would be a very good man to represent you at some future period, the next generation of students won't know anything about Jones, or which Jones you mean. The whole machinery for insuring direct representation would be so cumbersome and intricate that I am afraid it could not be carried out satisfactorily. Nor do I think direct representation necessary. The Medical Council, with additional powers, if they were enforced to use those powers, would soon be

reinstated in the confidence of the profession and be rendered a useful body.

Such men as the late Sir Dominic Corrigan and Sergeant Simon think that quacks ought to be allowed to practise, that there ought to be 'free trade' in the art of healing as in other things. But the calling of a medical man is not a trade, but a profession. And the doctrine of free trade is applicable in very few things which are not trades. Even in the trade of a chemist and druggist free trade is not admissible in the sense of anyone selling drugs without the slightest knowledge of their power or properties. The safety of the public demands protection in this case, and the requirements of the public carry with them the protection of the trade of the druggist.

But when a profession has so many restrictions and conditions imposed upon it for the protection of the public as is the case with the medical profession, it has a right to expect from the hands of the public, from the Legislature who represent the public, some amount of reciprocity in the shape of enactments which will protect the profession, and insure that its members shall have a fair remuneration for their services, and a return for the time, money and anxiety they have expended, and have been compelled to expend, in qualifying themselves for, and in carrying out, their most important professional duties.

And when considering the subject of Medical Reform, besides the Conjoint Scheme and the Reconstruction of the Medical Council, there are other subjects for which the profession is crying out for justice. Such are a definition of the province and duties of chemists, and the prevention of their encroaching on the functions of medical men in the matter of prescribing, and the relief of medical men, if they so wish it, from the necessity of dispensing their own medicines, which they are now obliged to do in self-defence. Also

the relations of medical men to the Coroner's Court, and their duties to the State in the matter of persons found dead, or when called upon by the police or other administrators of the law for assistance or scientific evidence. And also in the matter of Poor Law Medical Relief. In fact, the whole medico-legal relations of the profession are unsatisfactory and in need of reform.

When discussing the Medical Bill, the question of medical education must be considered. The regulation enforcing or encouraging one year's apprenticeship is almost certain to be revived. The simple hospital curriculum has not been found sufficient to fit men for general practice. This complaint among general practitioners is universal. The recently qualified men may know more than their employers of the newest theories and discoveries in medicine, but they are totally ignorant of the routine of private practice. The evil does not end with the loss of the first year's help of an assistant or junior partner during the time he is acquiring the knowledge of private practice, but when young doctors are qualified they won't be taught—they think they have finished their education.

It has been suggested that the medical corporations should give up their right of conducting preliminary examinations, and that the Previous Examination at Cambridge, Responsions at Oxford, or the Matriculation at the London University, should be accepted as a sufficient preliminary examination for all or any of the medical degrees or diplomas. In place of the examinations now held by the medical corporations, an examination should be held by the College of Preceptors in each of the three divisions of the kingdom for those intending to enter the fourth or third grades of the profession; in lieu of which the Oxford and Cambridge Local Examination (senior) might be accepted. For those wishing to enter the first

or second grades, who had not already passed an Arts examination at an university, an examination of a higher standard should be instituted by the College of Preceptors, to be held in Dublin, Edinburgh, and London.

The scientific branches of medical education ought to be mastered and the first examination passed (what corresponds to the first college) before a man enters at a hospital. That is, the botany, mechanics, physics, chemistry, anatomy, and physiology, both human and comparative. These subjects should be taught by the universities or some scientific schools or colleges, the hospitals confining themselves more strictly to technical education. They are now seriously overcrowded, and the time devoted to the attainment of a practical knowledge of the profession curtailed even to what it was in my time.

In the majority of cases nowadays, three months dressing in the wards, and three months clerking, is all the opportunity a man can obtain for the clinical study of medicine and surgery. Whereas two years ought to be spent in the wards of a hospital, and that time not commenced until the primary scientific education and examination are over. Two years might be spent *now* in the wards, but what with the test examinations and the refusal of the demonstrators to allow a man to go up for his primary examination at the first opportunity, the chances of being referred for six months, illness and other accidental causes, the time is often encroached upon. The four years of medical study are not prolonged, but the time which ought to be devoted to learning the practical details of the profession is sacrificed to the subjects forming its scientific basis.

The evils of having the scientific and practical parts of medicine both taught in the same school are many. An endeavour is being made to do two things at the same time,

with the usual result. The operating theatre and the wards are crowded with first and second years' men, who ought to be in the dissecting-room and chemical laboratory; and the chemical laboratory and dissecting-room contain third and fourth years' men, who are necessarily filching days from the time when they ought to be learning their practical work in the wards.

The scientific colleges, if established, would be amply supplied with teachers by men who devote themselves to science, and the subjects would be more thoroughly taught than at present. Now, in our medical schools, the scientific branches are taught by physicians and surgeons, who increase the paltry sums paid for their professional services by trying to add on to the rôle of a medical man that of a scientific teacher. They might as reasonably be asked to teach the other subjects, such as Latin, Greek, and mathematics, which they themselves have learnt, and which it is necessary for every medical student to acquire somewhere or other.

The physicians and surgeons of a hospital would find plenty to do if they confined themselves to imparting their practical knowledge of medicine and surgery only. And if the remuneration derived from this source was not sufficient to tempt the most eminent of our profession to take hospital appointments, their professional salaries would have to be increased, and this alone would be an advantage, as the class of men who govern most of our hospitals value a commodity only by the amount paid for it, and the services rendered to the hospitals and patients would rise proportionately in their esteem. The amount of gratuitous work done by the medical profession in no way tends to elevate it in the social scale, as might be thought, but has rather the reverse effect. The two extremes of society who honour and respect our calling, those who flock in crowds to our out-patient departments, and those

who belong to the highest ranks, consider that the hospital physicians and surgeons receive enormous salaries with their appointments, salaries which would compare favourably with those paid to the leaders in the other professions of law and divinity. But the Governors of Hospitals, Guardians of the Poor, and gentlemen of that class, who can obtain our services at such a cheap rate as at present, argue, in consequence, that our assistance is not of particular value, and respect and treat us accordingly.

In answer to a series of questions issued by the Metropolitan Counties Branch of the British Medical Association, on the subject of what reforms were necessary in medical education, seventy per cent. of the answers to the question on pupilage were in favour of its re-establishment. And it appears that this period of pupilage would be most advantageously fixed after the primary examination in botany, chemistry, physics, and the elements of general anatomy and physiology, and before admission to a medical school, and that the time should be for one year. I am aware that objections will be raised here to this suggestion, and that the residence of one year with a general practitioner will be stigmatised by many as a sheer waste of time. And perhaps, for those with an university degree, who have already spent more time in their education than the general run of students, who are aiming at the higher walks of the profession, and to whom a knowledge of the routine of general practice is not so essential, six months' pupilage might be deemed sufficient. But a knowledge of 'the petty details of bone-mending and pill-making,' and of the difficulties experienced in a general practice, would be of great value to consulting physicians and surgeons, and prevent their making many of the mistakes they do at present, and teach them to view with more leniency the shortcomings of general practitioners.

The two professional examinations, as I may call them, would be conducted by a State Board, possibly under the control and management of a reformed General Medical Council. The examiners for the first or primary examination would be selected from scientific men not necessarily doctors; those for the pass examinations would all have to be possessed of some medical qualification. The examinations would be held simultaneously in the three divisions of the kingdom, and the same standard of proficiency demanded in each. All candidates for the medical profession would have to pass these two examinations. This is essentially what has been called the Conjoint Scheme. But by some the Conjoint Scheme is understood to mean a combination of the present licensing bodies, who shall have proportionately the selection of examiners, and division among themselves of the fees paid for examination. But the best plan seems to me to be that the examiners should be appointed and the examinations carried on by some independent central body as the General Medical Council, and the fees for examination go to them, and that no further fee should be demanded for registration.

The Conjoint Scheme examination having been passed, each medical man, before he is allowed to practise, or to be registered, should be obliged to become incorporated with one or other of the now existing medical corporations, for the purpose of indicating to some extent the description of practice he means to engage in, and for the purpose of insuring some professional government and control; that different regulations and restrictions in the shape of bye-laws should be imposed on members of different corporations, as at present, for the purpose of defining and limiting to a certain extent their grade in the profession, and for the purpose of upholding the honour and dignity of the particular corporation to which they belong; and that persons guilty of unprofessional con-

duct should be brought to book and reprimanded by bodies less universal and inclusive than the General Medical Council. And any person whose name is removed from the roll of any corporate body should also have his name removed from the 'Medical Register' by the General Council, and *vice versâ*.

The space of two years and a half or three years, should elapse after the primary examination before a candidate should be admitted to the final, to afford opportunity for one year or six months' pupilage and two years at a recognized hospital; and evidence of pupilage and satisfactory medical study and instruction should be produced at the time of the examination. In the answers to the questions, before referred to, issued by the Metropolitan Counties Branch of the British Medical Association, a large majority of answers were received favourable to fixing the minimum age at which a man might become qualified at twenty-two. But there seems to be no reason why the time should be thus lengthened if a man has conformed to all the regulations of the Conjoint Board at the age of twenty-one. But it seems, considering the number of subjects to be learned, and the prescribed time to be spent in the acquirement of technical knowledge, very few candidates would be ready to present themselves for the final examination before the age of twenty-two. There should be no regulation time imposed during which men should be studying for the primary examination, but they should be allowed to present themselves for it as soon after their preliminary examination as they should think fit.

Candidates having passed the final Conjoint Board examination should be required to become incorporated with only one recognized medical body, and should then, in the eyes of the law, be capable of holding any medical appointment. It should be made illegal for any governing body having medical appointments in its gift, to restrict them in any way to the

holders of certain qualifications. Such advertisements as we now sometimes see, *e.g.*, 'All Candidates must be Graduates of an University and Members or Fellows of the Royal College of Physicians of London, or undertake to become such within a period of six months ;' or, 'Candidates must be Fellows of the Royal College of Surgeons of England ;' or, 'Candidates must be possessed of a qualification in both medicine and surgery'—all such advertisements should be illegal. A man having passed the Conjoint Board examination, and being a member of any recognized corporate body, should be considered eligible for any medical post. This would be practically the abolition of the tests which at present exist in the profession. Of course, the bodies in whose gifts appointments are could elect men to fill them holding whatever additional qualifications they liked, and they would generally elect those holding what were considered the best qualifications. But this abolition of the right to impose restrictions would remove the tendency which now exists for inducing men to multiply their qualifications, thereby adding enormously to the expense of their education. Under the new Act, it should be necessary for a man to hold only one qualification (he having been examined in all branches of the profession by the Conjoint Board), and if a man went in for any additional qualifications it should be at his own option and choice. A practitioner who had proved himself to be a thoroughly efficient medical man should not be debarred from holding any post because he did not happen to have any particular diploma or degree.

The table of grades in the profession which I have passed round and exhibited on the Society's boards has reference to the incorporation of every medical man subsequently to his passing the Conjoint Board examination. There are at present 57 or 58 different qualifications for practising medicine, surgery, or midwifery in the United Kingdom ; and

possibly five more will be created by the Bachelorship of Surgery at Cambridge, and two degrees each in medicine and surgery in the new Victoria University. I have attempted to tabulate these according to grades in the profession. But I will not trouble you by recounting these 57 different titles. I have arranged them in the table I have passed round, and will only allude to the main features of my scheme, and explain the classification adopted.

It is no use ignoring the fact that the holders of these several degrees and diplomas have a different status in the profession ; and different grades in the profession are necessary to meet the various demands of the public. It would be as well for us to acknowledge this necessity, instead of trying to level up the whole profession, as has been attempted of late years. In a work recently published, referring to medical fees, I noticed this amusing paragraph : ‘ All men engaged in the medical profession are supposed to be equal in point of skill, and, therefore entitled to charge alike.’ This statement I entirely deny.

There is a demand for men who will do cheap practice, and the demand ought to be supplied. It is ungenerous of those in a better position to run down a medical men for seeing and prescribing for a patient for one shilling, when the patient perhaps cannot pay more ; and such practices in which shilling visits are made are remunerative when they are situated in the midst of densely populated but poor neighbourhoods. And ten-and-sixpenny midwifery is not derogatory to the profession when practised among poor people who cannot pay more. Our false pride in this respect is what we have chiefly to thank for driving the multitudes to the chemists and the out-patient departments of our hospitals.

The fourth grade of the profession, those electing to practise as apothecaries, should be admitted by the Society of

Apothecaries, and become incorporated with that body without any further examination; and the Society of Apothecaries should become responsible for their professional conduct.

The apothecaries should be encouraged to keep open surgeries, as their brethren at present do in Ireland, and supply that want to the lower classes which is now so much met by chemists and other unqualified persons.

The old class of apothecaries, which is now so fast dying out in the south of England, were a most useful body of men. To quote from a very able paper on Medical Reform, by Mr. John Wood: he says: 'The number of medical practitioners must be kept up to the public demand, or an increase in the counter-practice of chemists and the competition of quacks and unlicensed practitioners will inevitably ensue.' And to quote from another gentleman who has written on the subject: he says: 'It is quite clear that our highly educated and aspiring young practitioners, who have had the means of spending five or six years at the hospitals and schools in acquiring their medical knowledge, will not descend to accept such fees as these classes'—he is speaking of the lower classes—'are able to afford; and consequently they will be driven to consult quacks and prescribing chemists, or to sacrifice their independence by availing themselves of medical charity. Now, to drive such a large section of the community to spend their money outside the pale of the profession is simply to deprive the profession of a very large amount of income, which would, if we gave the opportunity, flow naturally into its coffers.'

For these reasons I should deprecate the standard of the Conjoint Board examination being raised too high; it should be the minimum examination on which an apothecary might practise, men who would keep open surgeries where 'a tooth

would be pulled out for a shilling, or a splinter removed or an abscess opened for an appropriate fee, or where a mother might have some teething powders for her baby,' or a mixture for the diarrhœa, 'where, in short, all people might have their petty ailments dealt with in a satisfactory manner, and in the cheapest and readiest method.' 'These surgeries would be similar to the out-patient room of the hospital or dispensary, only the patients retaining their independence on retiring, and leaving something behind them for the doctor to live upon.' The apothecary would be capable of treating all ordinary ailments, and would have those in the higher grades of the profession to fall back upon in case of need, calling them into consultation when their patients could pay the fee for such attendance, and in default could recommend them for admission into the hospitals. In the above paragraph, I have quoted largely from a paper read by Dr. Bowles before the South Eastern Branch of the British Medical Association.

The class of practitioners who elected to practise immediately on passing the Conjoint Board examination as apothecaries, without any further examination, should not be recognized as practitioners with whom pupils might be placed.

In the second grade are included those holding licenses to practise medicine, surgery, or midwifery. There should be some additional examination imposed before a practitioner was made a licentiate of any of these bodies—not an examination of a very high standard, but about the same as at present. The licentiates should not be encouraged to keep open surgeries, but might do so if they practised in a locality which required it. Licentiates keeping open surgeries should not be recognized for pupilage. All licentiates with whom a year or six months' pupilage were recognized should dispense their own medicines, for the purpose of enabling their pupils to

learn dispensing and pharmacy. This class of practitioners would be the most numerous. I have included members of the College of Surgeons among their number, as a large proportion of them carry on this kind of practice at present, and are a most practical body of men, and with whom pupils would obtain the greatest advantage. But those members of the College who did not do dispensing practice would be classed with the second grade, and therefore charge higher fees, their class of patients being generally able to pay them; but the great body of the middle class like to have both their medicine and attendance from the doctor.

Bachelors and Doctors of Medicine of Oxford, Cambridge, and London, at the present time, can only prescribe medicines; they cannot practise surgery, pharmacy, or midwifery, without holding some other registrable qualification which entitles them to do so. Members of the Royal College of Physicians of London cannot compound medicines for their own patients, or enter into partnership, whatever other qualifications they may hold. Certain provisions of my scheme are therefore already acknowledged. The holders of these degrees and diplomas I have included in the second and first grades.

Such diplomas as the F.F.P.S. Glas., and F.K.Q.C.P. Irel., want materially to be raised in standard before their holders can be classed in the first grade. But the public in the long run will be the arbiters of the grade in which a man is to be placed—they will not call a Fellow of the Faculty of Physicians and Surgeons of Glasgow into consultation at a fee of two guineas, when they can get a Fellow of the Royal College of Surgeons of England or an M.D. of Oxford for the same money; but the grade accorded to any practitioner by the profession will be some guide to the public in forming their decision. As in the case of the legal profession, where some barristers are called Queen's Counsel. It

has been proposed more than once that a distinguishing mark in the medical profession should be instituted by the appointment of Queen's Physicians and Queen's Surgeons; and that a medical man raised to that position should append Q.P. or Q.S. after his name.

But, you may ask, if the public are ultimately to decide a man's position in the profession, as they substantially do to some extent at present, what is the use of all this elaborate classification and discussion with which I have favoured you? I do not propose that this division into grades should in any way be made compulsory, but that in any measure for Medical Reform which may be brought in by Parliament, the regulations which are made should recognise the necessity of some such distinctions, and provide means by which they could be retained and acknowledged.

Such divisions of the profession into apothecaries, licentiates, and physicians, have existed in former times and been useful; their members have afforded medical aid to different sections of the public, according to their position in society, and a recognition of such degrees among medical men, however informal it may be, would tend to counteract the present tendency of endeavouring to level up the whole profession, thereby removing the services of qualified men far beyond the reach of a large number of the public, who can in consequence only obtain such assistance gratuitously by means of some charity. Such a classification as I have proposed would assist in defining the class of practice taken up by certain members of the profession, and tend to prevent their encroaching upon the province assumed by others, thereby reducing the amount of professional jealousy and bickering now so abundant. It would also justify and afford an additional reason for our objecting to unscrupulous men who only hold licenses to practise passing themselves off as medical graduates by the

assumption of the title of 'Dr.,' thereby misleading the public. If certain grades and corresponding appropriate scales of fees were to some extent recognised by the profession, it would help its members in deciding the charges they might claim, and the amount to be awarded in cases brought forward for decision in courts of law. It would also act as a guide to County Court Judges in arriving at a decision as to the justice of charges claimed by a medical man holding a certain qualification. In fact, it would afford a sort of basis, both to the public and the profession, for forming a conclusion as to a medical man's position *in* the profession. In the amended Act it should be illegal for any practitioner to assume the title of 'Dr.' without an university degree, as is often done now by licentiates. The General Medical Council in these cases should be obliged to prosecute, as it is an attempt to mislead the public. The Bachelors of Medicine of the two older universities of Oxford and Cambridge have acquired a customary right to the title of 'Dr.,' allowed to them by courtesy since the time of Queen Elizabeth, but it is not permitted within the university bounds, as explained in a note appended to all reprints of the Elizabethan Statutes.

An agitation has existed, and been revived from time to time, to increase the facilities by which English medical students might obtain the M.D. degree. At present the *British Medical Journal*, or I might more properly say Mr. Ernest Hart, is engaged in an attack upon the University of London because it does not popularise its degree of M.D.; the title of 'Dr.' being so coveted by medical men.

But now the title of 'Dr.' is so coveted because it still sometimes means something; to popularise it would reduce its value, and it would cease to be coveted. The University of London is doing the best it can, or at any rate doing something, to keep up the honour and reputation of the degree.

Mr. Ernest Hart says the London students labour under a disadvantage as compared with their Scotch and Irish brethren, who, by a course of study no more prolonged or difficult, can obtain the title of 'Dr.' at Belfast, Cork, Aberdeen, Glasgow, or Edinburgh. But the fault is the other way; the Irish and Scotch students ought not to be able to get the degree on such easy terms, and by future legislation this ought to be remedied. The M.D. degrees of Glasgow, the Queen's University of Ireland and Dublin suffer in prestige proportionately to the facility with which they are obtained. They are not considered of much value in this country; and their influence in elevating their holders in the social scale can be ascertained by anyone who has friends in the army. The title of Doctor of Medicine ought to mean that its holder is a man of culture, who has devoted more time to his professional studies than the general practitioner has been able to do, and has passed more stringent examinations, and is therefore competent to give an opinion on difficult or uncommon cases, and to assist his more constantly employed brother practitioner, and therefore entitled to charge higher fees. But if every medical man can obtain the degree of M.D., or pretend that he has such degree, the distinctive mark will be of no value, and some other means of distinguishing the more highly educated members of the profession will have to be adopted.

The profession at large views with disfavour the holders of foreign degrees, and rightly so. It is another attempt to impose upon the public. The foreign M.D.s trade upon the reputation the title of 'Dr.' has acquired in this country, not the reputation the foreign university has acquired, for they seldom append the source of their degree; and many of these foreign universities have here no reputation at all. The whole object of the impending legislation in medical matters would

be frustrated if foreign degrees were made registrable, as no Conjoint Board or General Medical Council could have the slightest control or influence over the foreign examinations, and it would be manifestly unjust if a certain standard were imposed and recognised for British University degrees, and persons allowed at the same time to obtain foreign titles on perhaps much easier terms. The complaint at present, and one of the objects for the new bill, is that persons are able to become medical men at some places on easier terms than is thought expedient.

The excuses brought forward for those who take foreign degrees is generally as follows : A young medical man, after he has qualified, finds or thinks that his position in the profession would be much improved if he could call himself ' Dr.' For the London University degree he has to pass the Matriculation and Preliminary Scientific examinations, both including non-professional subjects—subjects he has cast aside for some years ; most of the other universities require a certain residence in addition to more or less stringent examinations ; he has not the time or money to devote to either, so he decides that he is debarred from obtaining the degree in his own country, and therefore follows the example of other men before him, and seeks the degree from a foreign university.

There must be hundreds of men in the profession, general practitioners, who, from their culture and knowledge, or who, under different circumstances, could have obtained a British M.D. degree, and have conferred lustre and honour upon the university granting it. But circumstances ordained it otherwise, and they conscientiously fill the posts and perform the duties which devolve upon them, and do not seek a fictitious title from a foreign source.

The title of ' Dr.' improves a man's position in the medical profession, because its acquisition is supposed to entail the

conditions under which it is granted in this country—the extra time spent in study, the social advantages of a university training, and the harder examinations passed. But the holder of a foreign degree obtains the title without conforming to the conditions which has made it valuable, and in my opinion he is therefore sailing under false colours. If the distinction he gained by passing an examination at a foreign university was called by some other name, he would not seek it. It may be very hard that a man whose abilities are equal and perhaps superior to many graduates, should be debarred by circumstances from obtaining an M.D. degree in an honourable manner; but it is his circumstances of which he has to complain.

He may think he is possessed of the requisite professional knowledge for the degree, and if only allowed to go in for the professional examinations he could pass them; but here, again, a man's own opinion of himself cannot be accepted. We might, many of us, think we are qualified for the peerage; but that would be no excuse for our buying foreign titles and flaunting them in this country. There is no doubt that the examinations imposed by some of the foreign universities are most searching; but we have no guarantee that they will remain so, and some, we know, are notoriously superficial. But, of course, when a medical man has taken the false step of obtaining a foreign degree, he loses no opportunity of informing the world of the stringent character of the examination he has passed.

But there are other subjects which must be dealt with before medical legislation can be deemed complete or satisfactory. Medical advice and prescribing by chemists and druggists must be made illegal, and conditions imposed upon them as in other countries. In America, I am told, no chemist can use a doctor's prescription a second time without

an order from him. Chemists should be allowed to sell drugs to the public when asked for by name (of course poisons subject to the present enactments) ; but they should not be allowed to suggest a drug as suitable for any particular malady.

The employment of unqualified assistants should also be rendered illegal, and a medical man employing one liable to prosecution. The present regulations as to ships' surgeons ought to be strenuously enforced by the Board of Trade, and on no account should unqualified persons be allowed to undertake their duties, which is now so constantly the case.

The Poor Law Medical Service has never been satisfactory, and many suggestions have been made for its reform. There is a Poor Law Medical Officers' Association, which is more competent to deal with the question than I am, and is taking steps to bring its complaints before Parliament. The great objection to the present system appears to be the varying amount of the salaries paid by the different unions to their medical officers. There seems to be no rule by which Guardians of the Poor estimate the amounts which should be paid, and no restriction placed upon the number of orders issued by the Relieving Officer.

Lately, in Bradford and some of the counties in the south of England, what is called ' Medical Relief on a System of Loan ' has been tried, and in Bradford it is said to have had the effect of reducing the applications for medical relief ninety per cent. Another alternative for reducing the [number of orders granted for medical relief would be the payment of the Medical Officer according to the work he had to do, and the abolition of payment by salary. Every visit to a pauper ought to be paid for by the minimum fee of one shilling, including the extra fees now allowed by the Local Government Board. Were this reform insisted on by the Poor Law Medical Officers, their appointments would still be of as much value as at

present, in many cases increased, and the amount of work they have to do materially diminished.

Sir, I feel that my paper has already been too long. The number and importance of the subjects I have touched upon are too great to be thoroughly discussed in one evening. Several of them might almost claim that a separate evening should be devoted to their consideration; such as 'the Conjoint Scheme,' 'Foreign Degrees,' or, 'The General Medical Council.' But what I have written I offer for your friendly criticism, hoping that you will not deal too harshly with me for venturing to grapple with a subject of such acknowledged difficulty and in such an imperfect manner.

GRADES IN THE MEDICAL PROFESSION.

All hereafter to pass the Conjoint Scheme Examination, and become incorporated with some recognized Medical Body.

Present rights and powers of Corporations and Universities to be maintained as to expulsion of Licentiates, Members, etc. Name of any person erased from register by the General Medical Council also to be erased from list of Licentiates, Members, etc., of Corporations or Universities, and *vice versâ*.

FOURTH GRADE, APOTHECARIES.

OPEN SURGERIES.

No further examination required. Incorporation fee, £6 6s.

Lic. Soc. Apoth. Lond.	}	Charges : Visits, 1s. and 2s. 6d. No clubs to be attended under 4s. a head for each member. Midwifery, 10s. 6d. In consultation, 10s. 6d.
Lic. Apoth. Hall, Dubl.		

Not recognized for Pupilage or Apprenticeship.

THIRD GRADE, LICENTIATES.

GENERAL PRACTITIONERS DISPENSING THEIR OWN MEDICINES.

Extra examinations to be instituted by these Corporations.
Incorporation fees various.

Lic. R. Coll. Phys. Lond.	}	Charges : Visits, 2s. 6d., 5s., 7s. 6d., 10s. 6d. Except when holding union appointments, visits to paupers, 1s. each. No clubs to be attended under 4s. a head for each member. Midwifery, 10s. 6d., 15s., £1 1s., £2 2s. In consultation, £1 1s. Practitioners in Grade 3 may keep open surgeries, but should be dissuaded from doing so. Pupilage or apprenticeship only recognized with general practitioners of this grade dispensing their own medicines. M.R.C.S. Eng. is the most popular medical qualification, and held by a much larger number of practitioners than any other medical diploma, and by medical men doing very different classes of practice ; it has therefore been included in both the 3rd and 2nd Grade.
Ext. Lic. R. Coll. Phys. Lond.		
Lic. R. Coll. Phys. Edin.		
Lic. K. Q. Coll. Phys. Irel.		
Lic. Midwif. K. Q. Coll. Phys. Irel.		
Lic. Midwif. R. Coll. Surg. Eng.		
Lic. R. Coll. Surg. Edin.		
Lic. Fac. Phys. Surg. Glasg.		
Lic. R. Coll. Surg. Irel.		
Lic. Midwif. R. Coll. Surg. Irel.		
Lic. Med. Univ. Oxfd.		
Lic. Med. Univ. Durh.		
Lic. Med. Univ. Dubl.		
Lic. Surg. Univ. Dubl.		
Lic. Surg. Qu. Univ. Irel.		
Mem. R. Coll. Surg. Eng. (Surgeon).		

SECOND GRADE, PHYSICIANS OR SURGEONS.

NON-DISPENSING GENERAL PRACTITIONERS.

By examination. Incorporation fees various.

Mem. R. Coll. Surg. Eng.	Charges : Visits, 5s., 7s. 6d., 10s. 6d., £1 1s.	
Mem. R. Coll. Phys. Lond.		
Mem. R. Coll. Phys. Edin.	Midwifery, £1 1s., £2 2s., £5 5s. In	
B. S. Univs. (Camb.), Lond. (Vic.).	consultation, £1 1s., £2 2s.	
Bac. Surg. Univ. Dubl.		
M. B. Univs. Oxf., Camb., Durh.,		
Lond., Edin., Aberd.,		
Glasg., St. And., Dubl. (Vic.).		
Fell. K. Q. Coll. Phys. Irel.	} These corporations grant no diploma of	
Fell. Fac. Phys. Surg. Glasg.		membership. Fellows of these corpora-
Fell. R. Coll. Surg. Edin.		tions might be recognized as in the 1st
Fell. R. Coll. Surg. Irel.		Grade, if their standard of professional
	education were materially raised.	

FIRST GRADE, PHYSICIANS OR SURGEONS.

CONSULTANTS.

By examination, election, or otherwise. Incorporation fees
various.

<i>Fell. R. Coll. Surg. Edin.</i>	
(not to be bought).	
<i>Fell. R. Coll. Surg. Irel.</i>	Charges : £1 1s., £2 2s., £5 5s.
Fell. R. Coll. Phys. Lond.	
Fell. R. Coll. Phys. Edin.	May do non-dispensing general practice,
Fell. R. Coll. Surg. Eng.	and charge accordingly.
Mast. Surg. Univs. Camb., Durh., Lond.	
Edin., Aberd., Glasg.	
St. And., Dubl., Qu. Univ. Irel. (Vic).	
M.D. Univs. Oxf., Camb., Durh.	
Lond., Edin., Aberd.,	
Glasg., St. And., Dubl.	
Qu. Univ. Irel. (Vic).	
M.D. Lamb. (granted prior	
to Aug. 1, 1858).	

SECOND GRADE, PHYSICIAN'S OF HUNTER

PHYSICIAN'S OF HUNTER

PHYSICIAN'S OF HUNTER

PHYSICIAN'S OF HUNTER

PHYSICIAN'S OF HUNTER

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