

## **Medical legislation.**

### **Contributors**

Simon, Sir John, 1816-1904.  
Royal College of Surgeons of England

### **Publication/Creation**

[London] : [The Times], [1856]

### **Persistent URL**

<https://wellcomecollection.org/works/c4w5nmc8>

### **Provider**

Royal College of Surgeons

### **License and attribution**

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



TO THE EDITOR OF THE TIMES.

There is now before Parliament, to be at the next morning sitting of the House of Commons, a bill which purports to be for the amendment of the laws relating to the medical profession. It is of so much public importance as to deserve consideration in your columns, especially as Mr. Headlam's bill has hitherto attracted no general notice, and its principles (such as they are) contrast with a new and objectionable style of legislation.

The important professed objects of the bill, and the medical reform bills introduced for the last few years, are the following:—1. That within the kingdom the licences and diplomas granted by authorized bodies shall be of universal effect, not, as now, restricted to particular towns or counties. 2. That bodies incompetent to give licences for surgical practice, and that bodies whose privilege shall conform their tests to a standard of qualification, so that one such body may not underbid another, to the harm of the public, by selling its licence to unqualified persons. That a register shall be kept of legally qualified practitioners, so that, for both public and private protection, they may easily be distinguished from false pretenders to medical education. These are excellent objects, which Mr. Headlam proposes to attain by very exceptional means. After taking from the British universities, from the Apothecaries' Company, and, I presume, from the University of Canterbury their present respective rights of giving licences to practice; and after depriving the Corporations of Physicians and Surgeons of England, Scotland, and Ireland of their sole privilege, he would institute a Medical Council as the sole and irresponsible depository of authority for the purposes of the bill, giving it authority to regulate all educational tests and to grant diplomas of admission to the medical profession; giving it entire control over all channels through which the British empire can receive a supply of skilled labour, indispensable for the service of private service.

For the present all reflection on other bills, I beg to offer some criticisms on Mr. Headlam's conception of the council to which these functions may be intrusted.

However, let me observe that the proposal of a Council of Medical Education is in itself not new. Universally it has been felt that, whenever necessary changes should be made in the laws relating to the medical profession, the new system of administration as a difficult matter of administration, requires that competent persons, deserving confidence, should give it their strict attention. Therefore, as long as medical reform has been a subject, every project has tended to the establishment of a council; which (whether finally responsible or not) should at least constitute the immediate authority for that new administration which the reformers inaugurate. Different reformers have planned different functions for such a council; but all have agreed in this view. Mr. Headlam's bill contemplates that the entire system of medical education, the conduct of all licensing corporations, the regulation of all medical schools, should be placed under its supervision and control.

These functions, especially in relation to public health, have often been suggested for such a body as a council; but, without referring to them, I beg only within the narrower limit of their

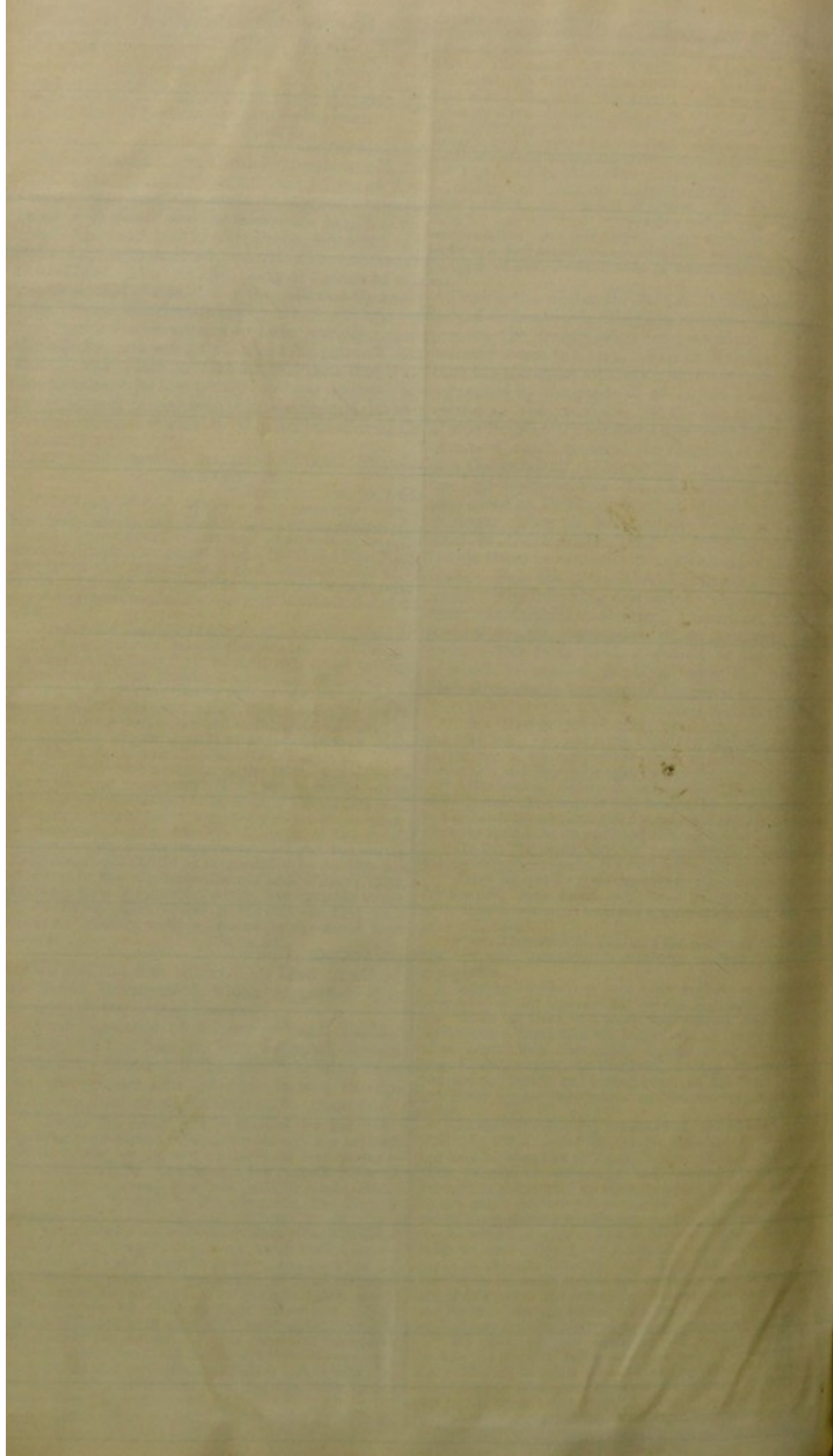
duties, the council would require to be of peculiar material. To decide on the efficiency of schools and examining boards, disregarding their rivalries and jealousies; to regulate medical education; to appreciate the scientific progress of the time, so as to maintain the highest practicable standard of requirements for a professional licence—these would be tasks both difficult and delicate. They would involve knowledge, and more than knowledge. For a proper discharge they must be intrusted to the very best men in the profession—to men of high education, large minded, deliberative, just, and not only incorruptible but unprejudiced. The worst thing that could befall such a council, with its judicial functions, would be that its members should consider themselves as delegates, pledged to the interests of particular institutions, or to the views of particular sections in the profession.

This, however, is the very thing aimed at in Mr. Headlam's bill. His proposed council is to consist of 24 members, of whom 16 are to be delegated by the several corporations interested in medical matters, and eight to be elected by universal professional suffrage. Of the 24 members thus to be appointed, nine are to be representatives for Scotland, nine for England, and six for Ireland.

There are obvious objections to the details of this proposal:—First, in the absurdly disproportionate allotment of representatives to the three divisions of the kingdom. Secondly, in the improbability of obtaining effective co-operation in so numerous a council, with the majority of members likely to reside at least a day's journey from the place of meeting. Thirdly, in the certainty that, while the foremost men in Scotland and Ireland could, of course, only be induced by a sense of public duty to make the sacrifice of convenience and income necessary for such distant attendances, the office of councillor would be of sufficient *éclat*—perhaps even of sufficient emolument—to excite eager competition among men who could bring with them no accession of strength or of public confidence; and, as regards the eight popular members, to be nominated every three years by written and postable voting-papers\*, the Edinburgh College of Surgeons forms a very moderate estimate of the consequences of such a system—remonstrating against it that “it will probably give rise to canvassing, intriguing, and strife, and thereby tend rather to cause disunion than to promote the best interests of the profession and the comfort of its members.” The greater wisdom is not always in the greater number, nor the tenderest conscience in those most solicitous for place. Candidates would be dangerously tempted to bid one against the other, and to flatter the wildest desires of their constituency by promising all sorts of impossible things against druggists, and homœopaths, and corn-cutters, and boards of guardians.

But these are, comparatively speaking, faults of detail. The one insuperable objection is in principle. The clauses of Mr. Headlam's bill which regard this subject imply an entire and radical error as to the proper object and meaning of such a council as is proposed. He plans its construction as if the primary object were to guard certain internal interests of the profession; as if, for instance, some common property had to be administered—some property vested jointly in medical corporations and practitioners, over the application of which they all might rightfully claim to watch—interest against interest—so that none should steal an unfair advantage from the trust. Under this strange misapprehension, it is overlooked by Mr. Headlam that, at least equally with the profession, the public has a claim to be heard. Greatly, no doubt, it would conduce to the rightly-understood interests of the pro-





that a well-chosen council should advise the Government in respect of medical matters; but the Legislature will never concede that professional interests are the only object of medical reform, or that a national council, aspiring to functions of national importance, can be chosen like the board of directors of some proprietary company.

As regards the essential steps of medical reform—somewhat misrepresented though they are in this inconsiderate bill—would any such extravagance be needful. The two parties—public and profession—have almost identical interests. Not only for both it is desirable that the sick should be able to know who are the duly educated medical practitioners of the country, that no others should be eligible for the public service, or capable of receiving charges for alleged medical attendance; but the question of qualification there should be no avoidable sham; that no person should be allowed to imitate those titles or credentials which denote a well-tested professional knowledge; that no person should be able to confer such testimonials, except on sufficient evidence of the candidate's technical attainments; and (this condition secured) that the licentiate's title to practise

as suggested to me that in England alone there would be 1000 voters; among whom some thousands would probably consist of apothecaries' assistants and the keepers of shops,—not the best constituency for electing a scientific council.

be valid through the length and breadth of the land.

an indispensable basis for the attainment of the objects that such visitational power should be exercised over schools and examining bodies as to ensure that their standard of sufficiency shall keep pace with the progress of science, and that all the tests of education shall be effectively and uniformly applied.

in whom, then, is to rest this visitational power? With those who have to be visited? *Quis custodiet custodes?*

According to our practice of legislation under circumstances of equal magnitude, it would be vested in the Crown; in order that always some member of the Government for the time being may be held responsible in Parliament for the exercise of a power so greatly important to the public interests; and, if this responsibility is to have any real meaning, surely the Government must be free to exercise its own discretion as to the persons whom it will appoint to advise or act in the cases in question.

Now, then, I am at issue with the promoters of the bill. For the scientific interests of the profession, no less than for the rights of the public, I stand against the principle. It is "representation without a head."

The large powers asked for are to be given, and must be in harmony with the other institutions of the country; not centralized among the delegates of corporations, or committed to the haphazard sway of professional popularity, or trusted for fair dealing to the balance of conflictive jealousies, or made part of our common Executive.

As for all interests, medical and public, that are so important a branch of Government should not be excluded and irresponsible; that it should be placed on some recognized department of the State, and thus work under constant liability to Parliamentary question; that its responsible head should be in the great national Council, where the interests are discussed, where he may be

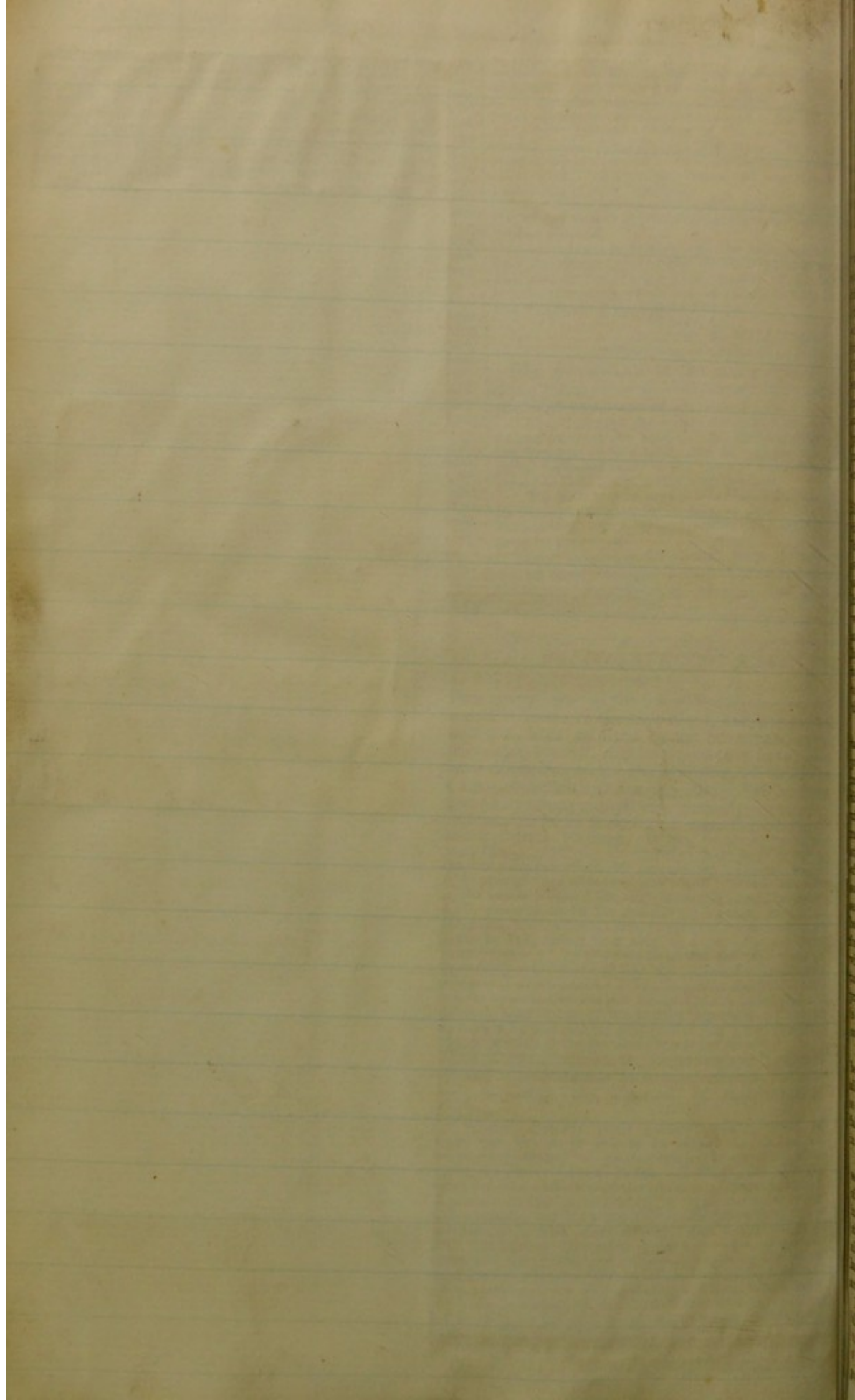
challenged to show that medical legislation is working for the public good, and where, with his better cognizance of medical concerns, he may often find reason to urge their just claims to consideration.

I have the honour to be, Sir,  
Your obedient servant,  
S. T. H.

" S. T. H. "

1856.







TO THE EDITOR OF THE TIMES.

Sir,—If the letter which you lately did me the honour of publishing in your columns has induced any member of the legislature to reflect on the so-called representative principle of Mr. Headlam's medical council, I cannot doubt that at the proper time some voice will be raised in the House of Commons against the proposed committal of the Medical Bill.

It has a dear sound to Englishmen—that word “representative;” and so may it ever have! But it is curious to observe, in many political movements of this not profound age, how artfully the name is applied to that very thing which it least of all fits. When some job has to be done of a more than usually centralizing kind, when something of national interest has to be smuggled from under parliamentary control, when some monopoly has to be established at the cost of an unsuspicious public, let only the magic and popular word be enough sounded! Our sentinels are at once justified in yielding to sleep. The British lion purrs in feline complacency, and soon rolls before its mesmerist in ecstasies of pleasure, like its humbler domestic cousin in beds of valerian.

There is an element of sadness in this tomfoolery. It illustrates something cynical or cowardly in our public life, that, when once this cry of self-government is seized upon by the promoters of any cause—however fraudulent may be such seizure—men who could expose the misappropriation shrug their shoulders and are silent. It may be the sheerest humbug and claptrap; it may cover the very opposite to what it professes; it may (as in Mr. Headlam's bill) mean an irresponsible centralization of public functions in private hands;—but what of that! Who shall be so impractical as to care for an abstract principle? or who so paradoxical as to affirm that the sacred word is profaned by the priests of the people?

Heaven avert from the medical sciences that misrepresentation which Mr. Headlam designs! He would cut the profession off from that higher representation to which it may fairly aspire. Instead of joining it on to the State, as the church and the law are joined, and thus giving it an utterance in Parliament and in the Cabinet for its legitimate complaints or desires, he would leave it with the constitution—and therefore with the political insignificance—of a club. Lodges of Freemasons and all sorts of benefit societies may indeed claim an absolute right to fix by representative councils the terms of admission to their several lodges. For therein the State has no interest. They are for mutual, not for public, good. But is this the theory on which the medical profession should ask for its new constitution? Can some shallow demagogue persuade the medical practitioners and corporations of Great Britain that such is a true exposition of their social state, and such their course to better appreciation in the country?

I have insisted on this radical error in Mr. Headlam's bill, because it is not of a technical kind. It can be estimated alike by doctor and patient, by learned and unlearned. And no great an error in the proposed machinery could hardly fail to frustrate admirable enactments, if such were promised in the other—more exclusively medical—clauses of the bill.

But, in fact, throughout these other clauses Mr. Headlam seems to be legislating with an equally imperfect knowledge of the case. It would be unreasonable, Sir, to ask for space in your columns to set forth a complete justification of this statement; yet I hope you will allow me, as briefly as possible, to show that some of the errors into which Mr. Headlam has fallen, though of most interest within the profession, are of a kind to be understood by the laity.

For some reason best known to the promoters of the bill, Mr. Headlam appears not to recognize the well-known existing division of the profession into three classes—namely, of physicians, of surgeons, and of surgeon-apothecaries or general practitioners. Every person, moderately cognizant

of common things, knows that, except among the wealthiest classes of society, the so-called general practitioner performs almost exclusively the mixed duties of ordinary attendance on the sick; but that in cases of a certain gravity it is frequent, if the patient's circumstances allow, to call in for consultation some second person, who in one class of illness is a physician, and in another class of illness is—not a second surgeon-apothecary or general practitioner, but simply—a surgeon. For although among the general practitioners there are not a few instances of high conjoint attainment in medicine and surgery, yet (as would seem inseparable from the more compound occupation) they are on the average much less advanced in medicine than the consulting physician, and much less advanced in surgery than the consulting surgeon. The public recognizes this fact in the use which it makes of the three classes respectively; calling in the two consulting practitioners, each in his department, with a view to assist the general practitioner; and this use of consulting practitioners is by no means confined to the well-off classes of society, since even the poorest profit by the same professional arrangement and are constantly transferred from their own attending general practitioner (often at his wish) to the more special treatment of a hospital physician or a hospital surgeon.

All this is unrecognized by Mr. Headlam. He insists on dividing the profession into physicians and surgeons; and the proposed register of legally qualified practitioners—a most essential part of his scheme—is constructed on this principle.

Now, Sir, supposing you had to direct a census of Worcester, what would you think of a proposal to enumerate all its inhabitants under the two heads of a class which eats bread, and a class which eats butter? Would it seem a far-fetched objection that, though some may have bread without butter and some may have butter with only potatoes, yet Worcester, perhaps, contains some poor creatures with neither bread nor butter, as well as many happier persons with both, and that these two sets of persons would be lost from your enumeration? This does not seem abstruse, and would probably not strike Mr. Headlam at first sight as illustrating his classification of the medical profession. He insists on ranging every member of the profession under one of two heads; forgetting apparently that many of such members may claim to be under both heads, while some cannot claim to be under either. And, to get over the self-imposed difficulty implied in these last words, he actually proposes to enter as “surgeons” in his register the names of certain apothecaries, who, for ought that appears, may even not have received the rudiments of surgical education.\*

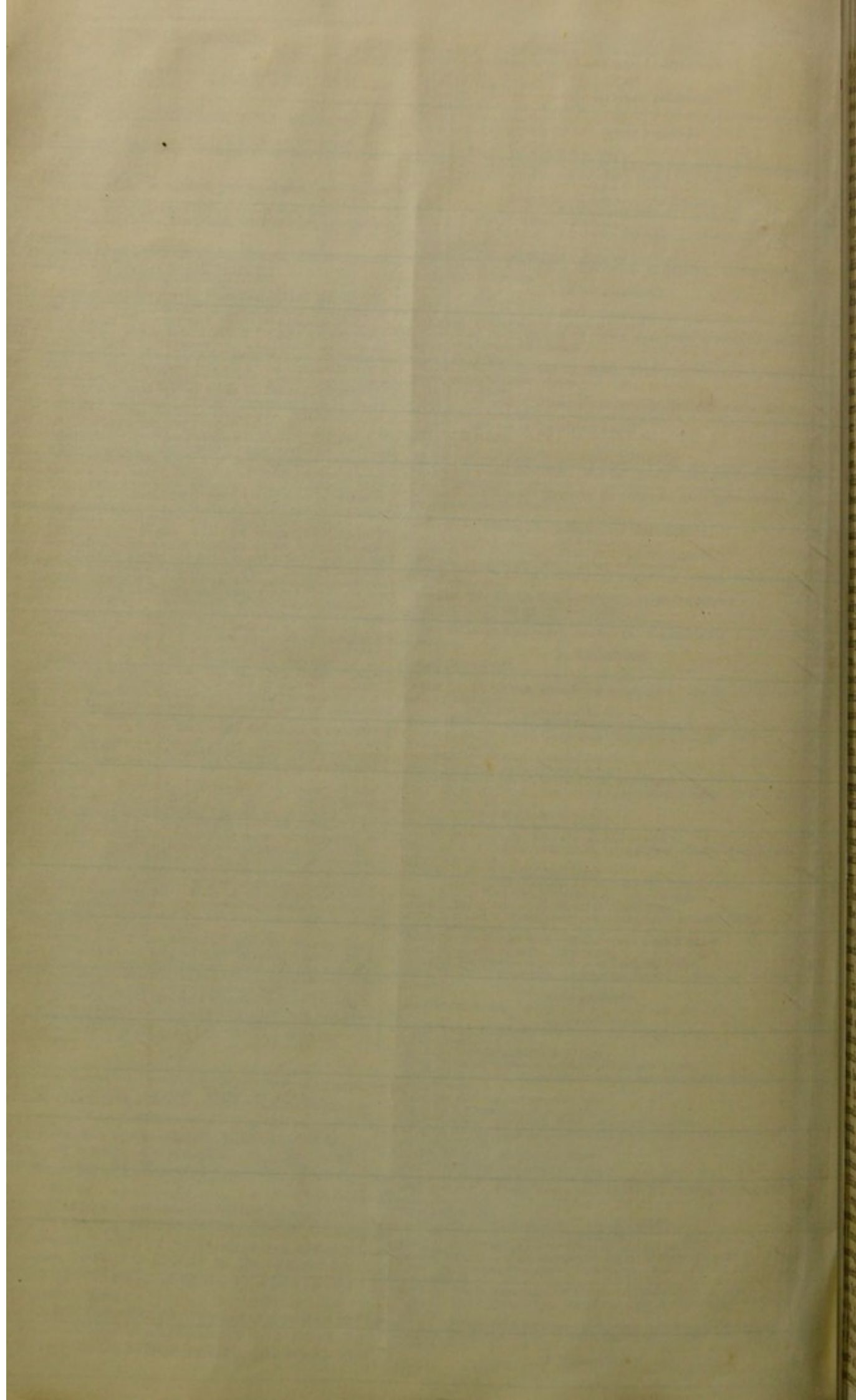
I speak of this difficulty as self-imposed, because it arises in that forced classification on which Mr. Headlam insists, and which he might easily have avoided by adhering to the plan of a single alphabetical register, so constructed as to

\* This is so astounding a fact, that I must refer to the words “surgeon or apothecary,” as they stand in clause xxi., page 7, line 6.

set opposite the name of each legally qualified practitioner a specification of his medical titles.

Mr. Headlam's same inapplicable register occasions in his bill a very serious flaw in what relates to surgery; for the higher developments of this branch are completely ignored in the bill, and the full title of “surgeon” is bespoken for those whose professional position might be much better marked by some different appellation. The future commencing general practitioner under this bill, if it should become law, will have been examined equally by physicians and surgeons, and will virtually be a licentiate of both their colleges. Why then should one college only contribute to his title? and why contribute so liberally as at once to raise him to professional equality with its president? He will be no nearer to the type of a full surgeon than to that of a full physician. He will have shown a passable proficiency—and no more—both in medicine and in surgery.







science (like the corresponding diplomas of the present) will attest merely that least amount of medico-chirurgical knowledge with which it is considered safe to let a man on the sick public. Now, if in each department there be recognized some higher grade for those who educate themselves beyond the mere legal qualification of sufficiency for practice (and such recognition has generally been advocated as desirable), surely it would be well to reserve the full distinction of "physician" and "surgeon" for those developments, and to provide that new members of the profession, till after some second test, should be registered under the generic description of "Licentiates in medicine and surgery."

Again, among topics of professional discipline there are probably no propositions which receive more universal sanction than these;—that the primary medical education should be without special distinctions; that for entrance to the profession (whatever path of practice may be a man's prior destination) there should be one portal only; that no one should be allowed to enter on branch-practice by the way out of branch-education; that every candidate (whatever his future intentions) should be required to possess at least a certain proficiency in all the departments of medicine, and to pass through a primary examination in which no distinction would be recognized between men meaning to be physicians and men meaning to be surgeons. Having passed such an examination shown that his general professional attainments are not below the *minimum* of qualification required, for public protection, as the condition of legal entrance to practice, let him subsequently be as special as he likes. Let him properly extend his means of observation and study, let him become a fellow of a College of Physicians or a fellow of a College of Surgeons; in the one case specially a physician, in the other case specially a surgeon; or let him, by gaining both fellowships, fulfil the highest type of a general practitioner. But, at all events, let him begin immediately. Though he is to be a physician, let him know anatomy. Though he is to be a surgeon, let him have resources beyond his hand.

All this I doubt if there be any difference of opinion among competent persons; and I am therefore the more surprised that Mr. Headlam, while affecting to legislate on medical examinations, should have ignored so important a principle. For in his bill it is, to say the least, not secured by any direct provision. On the contrary, while persons intending to be either surgeons or general practitioners are properly destined to pass before examiners representing the branches of professional knowledge, persons intending to be physicians are to be examined solely by representatives of that one branch which the candidate purposes to practise. It is not difficult to foresee the evil to which this of Mr. Headlam's plan would inevitably tend. So far as it might not be inoperative, it must revive a nearly obsolete school, very self-satisfied and very ill-informed; and even though it should bring back powder and pumps, I doubt if these renewed embellishments of the physician could compensate us for having given a legal sanction to being the least educated member of his profession.

I have now glanced at three important features of Mr. Headlam's measure—features which represent its main objects. For constructive purposes, indeed, they are the whole bill; but two other parts require a few words of notice.

This council in the first year of its existence is to receive registration-fees somewhere about 30,000*l.*; and in after years somewhere about 15,000*l.* This is a good deal of money to be taxed out of the medical profession; and though it might not be grudged for great professional objects, I question if it will readily flow for the purposes of this bill. The destination of this large amount is left uncertain; but it seems mainly a provision against the great cost of that impracticable council itself. And no wonder! Some of the English members may be supposed to dine at home; but all others of the 24 will be, for bed and board, the pensionaries of that fund. Their cost will not be trifling. Nine

lamps of "northern light" to be fed in London, and six "other wandering fires" from injured Erin, besides our own provincial lustres! Yet 15,000*l.* is a large income; and I have speculated whether there may be any secret intention that this new body should replace the expiring Common Council of the city of London, should entertain triumphant Royalty, or assuage the griefs of Poland.

Further, this bill proposes to extinguish many existing powers of medical licentiation. It proposes thus to deal with all universities of the united kingdom and with the Apothecaries Company of England. Now, it may be necessary, or at least highly desirable, that in each division of the kingdom there should be but one licensing tribunal—that the others should all serve as mere granters of titular distinction. This may be necessary; and in order thereto it may be inevitable that certain privileges should be withdrawn even from the universities of Edinburgh and London and from the Apothecaries Company. But it deserves notice that the medical profession is under obligation to these institutions; they may at least claim not to be set aside without consideration; and Mr. Headlam's summary plan for abrogating their privileges is certainly not to be adopted on the ground of its forming part of a well deliberated system of medical reform.

In conclusion, I would venture on one other topic. It has been greatly vaunted that this bill receives the assent of the "medical profession;" by which term the promoters are supposed especially to denote the general practitioners of the country. If this were ever so true, I am not sure that it need preclude a rational discussion of the bill, for the primary object of medical reform is, not so much to please an existing race of practitioners as prospectively to secure great public interests.

But is it true? Among the texts which medical agitators have lately made most conspicuous in their programmes of professional reform has been a dogma, that the profession should be protected by penal enactments against the competition of unlicensed, or even of heretical, practitioners. This, no doubt, has been an acceptable doctrine to the mass of medical men; they have seen before them the fulfilment of an impossible dream—a land of milk and honey, with no herbalists, no hydropathists, no bone-setters, to mar its joy; and I believe that such support as Mr. Headlam's bill has received has been almost entirely due to an impression that it would compass so desired an end.

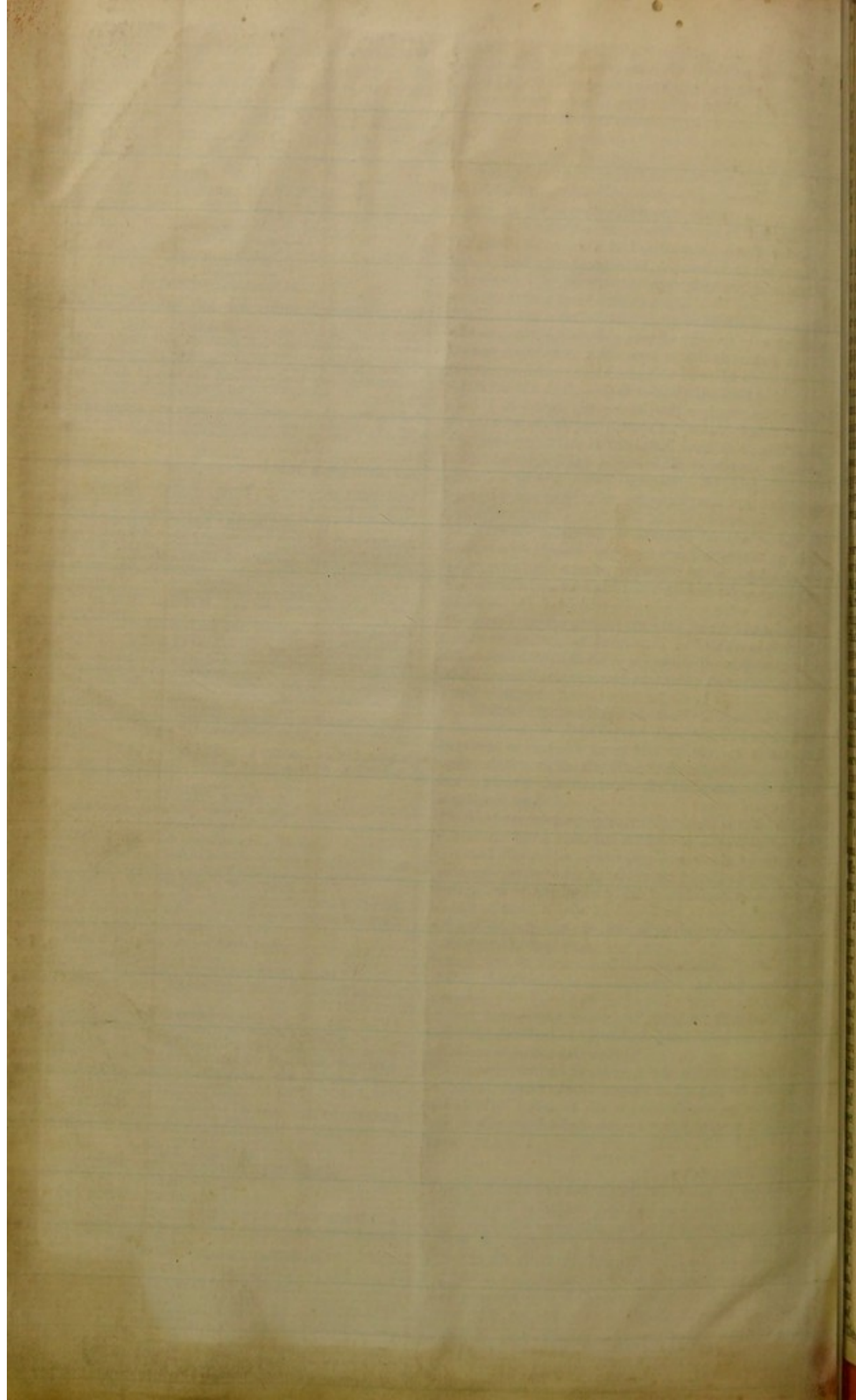
This fond imagination was dissipated on a first perusal of the bill. Not only had Mr. Headlam refrained from attempting any so impracticable enactment, but he had even withdrawn (perhaps inadvertently) such little protection as general practitioners now enjoy under the Apothecaries Act of 1815. A glance at the medical journals for the past few weeks will show the full significance of that omission, for the promoters have been obliged to promise that stringent clauses against unlicensed practice shall be pressed at some future stage of the bill.

About the other parts of the measure, the mass of the medical profession has probably given very little thought. I can easily conceive that many practitioners would feel tenderly towards a bill which offers them at least the new power of electing to a medical council. It would imply virtue beyond one's expectation of human nature, if, in some future re-arrangement of the legal profession, attorneys should be the first to protest against a proposal to form them into a constituency for the election of judges.

Some institutions also would derive such great pecuniary advantage from Mr. Headlam's proposed change, that they can hardly be expected to regard it with disfavour.

THE CATHARINE, from London for Madras, Feb. 2, in lat. 4 N., long. 1 W.  
THE PENANG, of Liverpool, from Java, Jan. 2, off Cape Horn.  
THE HEART OF OAK, from Calicut, Jan. 3, in lat. 54 S., long. 76 W.  
THE AMBOYNE, from Sydney for London, Feb. 23, in lat. 54 S., long. 1 W.  
A large three-masted steamer, painted black, two funnels, white funnel-head, white figure on the quarter, and a star on the paddle-box, sailing S.W., March 11, in lat. 54 N., long. 58 W.  
THE WALLACE, from Calicut for Queenstown, in lat. 51 N., long. 13 W.  
THE LADY STANLEY, from Gibraltar for the Mauritius, March 28, in lat. 3 S., long. 27 E.







TO THE EDITOR OF THE TIMES.

Sir,—There is now before Parliament, to be committed at the next morning sitting of the House of Commons, a bill which purports to be for the reform of the laws relating to the medical profession. The matter is of so much public importance as to deserve consideration in your columns, especially as Mr. Headlam's bill has hitherto attracted no general attention, and its principles (such as they are) threaten us with a new and objectionable style of class-legislation.

The more important professed objects of the bill, as of all medical reform bills introduced for the last 20 years, are the following:—1. That within the united kingdom the licences and diplomas granted by duly authorized bodies shall be of universal currency, not, as now, restricted to particular towns or particular counties. 2. That bodies incompetent for the purpose shall not continue to give licences for medical or surgical practice, and that bodies retaining this privilege shall conform their tests to a uniform standard of qualification, so that one such institution may not underbid another, to the harm of the public, by selling its licence to unqualified persons. 3. That a register shall be kept of legally qualified practitioners, so that, for both public and professional protection, they may easily be distinguished from false pretenders to medical education.

These are excellent objects, which Mr. Headlam proposes to attain by very exceptional means. After withdrawing from the British universities, from the Apothecaries' Company, and, I presume, from the Archbishop of Canterbury their present respective rights of giving licences to practice; and after providing that the Corporations of Physicians and Surgeons in England, Scotland, and Ireland shall alone exercise that privilege, he would institute a Medical Council, as the sole and irresponsible depositary of all power for the purposes of the bill, giving it absolute authority to regulate all educational tests and all payments for diplomas of admission to the medical profession; giving it entire control over all channels through which the British empire can receive a warranted supply of skilled labour, indispensable for public and private service.

Omitting for the present all reflection on other parts of the bill, I beg to offer some criticisms on Mr. Headlam's conception of the council to which such functions may be intrusted.

First, however, let me observe that the proposal of a Council of Medical Education is in itself not new. Universally it has been felt that, whenever certain necessary changes should be made in the laws relating to the medical profession, the new system would begin as a difficult matter of administration, and would require that competent persons, deserving public confidence, should give it their strict attention. Therefore, as long as medical reform has been talked of, every project has tended to the establishment of a council; which (whether finally responsible or not) should at least constitute the immediate agency for that new administration which the reform would inaugurate. Different reformers have planned different functions for such a council; but all have agreed—and in this view Mr. Headlam's bill continues—that the entire system of medical education, including the conduct of all licensing corporations, and indirectly of all medical schools, should be subject to its supervision and control.

Other functions, especially in relation to public health, have often been suggested for such a body as that in question; but, without referring to them, and looking only within the narrower limit of their duties, the council would require to be of peculiar

material. To decide on the efficiency of schools and examining boards, disregarding their rivalries and jealousies; to regulate medical education; to appreciate the scientific progress of the time, so as to maintain the highest practicable standard of requirements for a professional licence—these would be tasks both difficult and delicate. They would involve knowledge, and more than knowledge. For a proper discharge they must be intrusted to the very best men in the profession—to men of high education, large minded, deliberative, just, and not only incorruptible but unprejudiced. The worst thing that could befall such a council, with its judicial functions, would be that its members should consider themselves as delegates, pledged to the interests of particular institutions, or to the views of particular sections in the profession.

This, however, is the very thing aimed at in Mr. Headlam's bill. His proposed council is to consist of 24 members, of whom 16 are to be delegated by the several corporations interested in medical matters, and eight to be elected by universal professional suffrage. Of the 24 members thus to be appointed, nine are to be representatives for Scotland, nine for England, and six for Ireland.

There are obvious objections to the details of this proposal:—First, in the absurdly disproportionate allotment of representatives to the three divisions of the kingdom. Secondly, in the improbability of obtaining effective co-operation in so numerous a council, with the majority of members likely to reside at least a day's journey from the place of meeting. Thirdly, in the certainty that, while the foremost men in Scotland and Ireland could, of course, only be induced by a sense of public duty to make the sacrifice of convenience and income necessary for such distant attendances, the office of councillor would be of sufficient *éclat*—perhaps even of sufficient emolument—to excite eager competition among men who could bring with them no accession of strength or of public confidence; and, as regards the eight popular members, to be nominated every three years by written and postable voting-papers\*, the Edinburgh College of Surgeons forms a very moderate estimate of the consequences of such a system—remonstrating against it that “it will probably give rise to canvassing, intriguing, and strife, and thereby tend rather to cause disunion than to promote the best interests of the profession and the comfort of its members.” The greater wisdom is not always in the greater number, nor the tenderest conscience in those most solicitous for place. Candidates would be dangerously tempted to bid one against the other, and to flatter the wildest desires of their constituency by promising all sorts of impossible things against druggists, and homœopaths, and corn-cutters, and boards of guardians.

But these are, comparatively speaking, faults of detail. The one insuperable objection is in principle. The clauses of Mr. Headlam's bill which regard this subject imply an entire and radical error as to the proper object and meaning of such a council as is proposed. He plans its construction as if the primary object were to guard certain internal interests of the profession; as if, for instance, some common property had to be administered—some property vested jointly in medical corporations and practitioners, over the application of which they all might rightfully claim to watch—interest against interest—so that none should steal an unfair advantage from the trust. Under this strange misapprehension, it is overlooked by Mr. Headlam that, at least equally with the profession, the public has a claim to be heard. Greatly, no doubt, it would conduce to the rightly-understood interests of the profession that a well-chosen council should advise the State in respect of medical matters; but the Legis-







lature will never concede that professional interests are the only object of medical reform, or that a medical council, aspiring to functions of national government, can be chosen like the board of directors of some proprietary company.

Nor, as regards the essential steps of medical reform—somewhat misrepresented though they are in this inconsiderate bill—would any such extravagance be needful. The two parties—public and profession—have almost identical interests. Equally for both it is desirable that the sick should be able to know who are the duly educated medical practitioners of the country, that no others should be eligible for the public service, or capable of recovering charges for alleged medical attendance; that in the question of qualification there should be no avoidable sham; that no person should be allowed to imitate those titles or credentials which imply a well-tested professional knowledge; that no institution should be able to confer such testimonials, except on sufficient evidence of the candidate's technical attainments; and (this condition being secured) that the licentiate's title to practise should be valid through the length and breadth of the land.

It is an indispensable basis for the attainment of these objects that such visitational power should be exercised over schools and examining bodies as may insure that their standard of sufficiency shall rise with the progress of science, and that all required tests of education shall be effectively and honestly applied.

With whom, then, is to rest this visitational power? With those who have to be visited? *Quis custodiet custodes?*

According to our practice of legislation under circumstances of equal magnitude, it would be vested in the Crown; in order that always some member of the Government for the time being may be held responsible in Parliament for the exercise of authority so greatly important to the public interests; and, if this responsibility is to have any truth or meaning, surely the Government must be left free to exercise its own discretion as to the persons whom it will appoint to advise or act in the matters in question.

Here, then, I am at issue with the promoters of the bill. For the scientific interests of the profession, no less than for the rights of the public, I protest against the principle. It is "representation run mad."

If the large powers asked for are to be given, they must be in harmony with the other institutions of the country; not centralized among the delegates of corporations, or committed to the haphazard results of professional popularity, or trusted for fair working to the balance of conflictive jealousies, but made part of our common Executive.

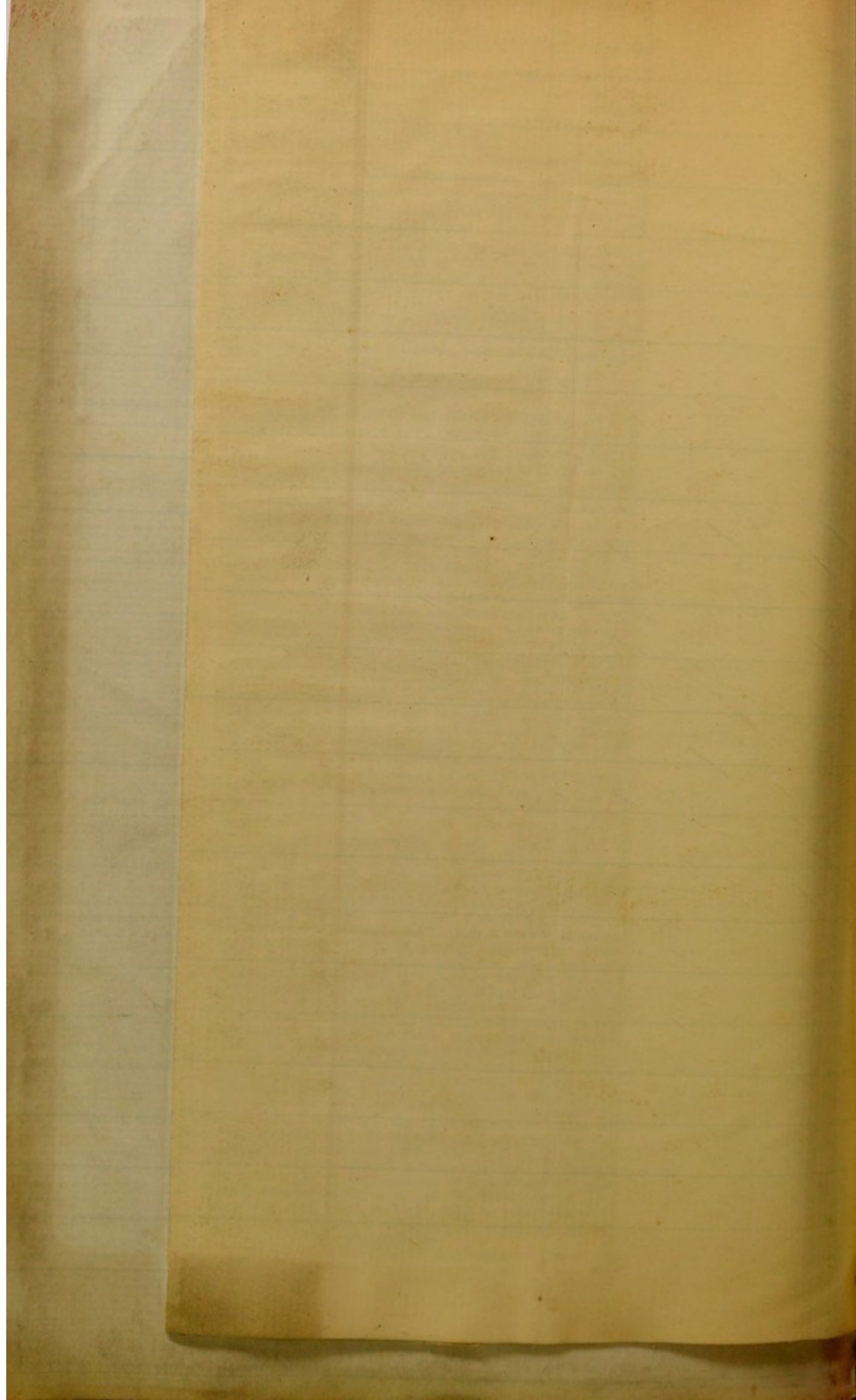
It is for all interests, medical and public, that so important a branch of Government should not be self-included and irresponsible; that it should depend on some recognized department of the State, and thus work under constant liability to Parliamentary question; that its responsible head should be in the great national Council, where other interests are discussed, where he may be challenged to show that medical legislation is working for the public good, and where, with his better cognizance of medical concerns, he may often find reason to urge their just claims to consideration.

I have the honour to be, Sir,

Your obedient servant,

S. T. H.







Sir,—If the letter which you lately did me the honour of publishing in your columns has induced any member of the Legislature to reflect on the so-called representative principle of Mr. Headlam's medical council, I cannot doubt that at the proper time some voice will be raised in the House of Commons against the proposed committal of the Medical Bill.

It has a dear sound to Englishmen—that word “representative;” and so may it ever have! But it is curious to observe, in many political movements of this not profound age, how artfully the name is applied to that very thing which it least of all fits. When some job has to be done of a more than usually centralizing kind, when something of national interest has to be smuggled from under Parliamentary control, when some monopoly has to be established at the cost of an unsuspecting public, let only the magic and popular word be enough sounded! Our sentinels are at once justified in yielding to sleep. The British lion purrs in feline complacency, and soon rolls before its mesmerist in ecstasies of pleasure, like its humbler domestic cousin in beds of valerian.

There is an element of sadness in this tomfoolery. It illustrates something cynical or cowardly in our public life, that, when once this cry of self-government is seized upon by the promoters of any cause—however fraudulent may be such seizure—men who could expose the misappropriation shrug their shoulders and are silent. It may be the sheerest humbug and claptrap; it may cover the very opposite to what it professes; it may (as in Mr. Headlam's bill) mean an irresponsible centralization of public functions in private hands;—but what of that! Who shall be so impractical as to care for an abstract principle? or who so paradoxical as to affirm that the sacred word is profaned by the priests of the people?

Heaven avert from the medical sciences that misrepresentation which Mr. Headlam designs! He would cut the profession off from that higher representation to which it may fairly aspire. Instead of joining it on to the State, as the church and the law are joined, and thus giving it an utterance in Parliament and in the Cabinet for its legitimate complaints or desires, he would leave it with the constitution—and therefore with the political insignificance—of a club. Lodges of Freemasons and all sorts of benefit societies may indeed claim an absolute right to fix by representative councils the terms of admission to their several bodies. For therein the State has no interest. They are for mutual, not for public, good. But is this the theory on which the medical profession should ask for its new constitution? Can some shallow demagogue persuade the medical practitioners and corporations of Great Britain that such is a true exposition of their social state, and such their course to better appreciation in the country?

I have insisted on this radical error in Mr. Headlam's bill, because it is not of a technical kind. It can be estimated alike by doctor and patient, by learned and unlearned. And so great an error in the proposed machinery could hardly fail to frustrate admirable enactments, if such were promised in the other—more exclusively medical—clauses of the bill.

But, in fact, throughout these other clauses Mr. Headlam seems to be legislating with an equally imperfect knowledge of the case. It would be unreasonable, Sir, to ask for space in your columns to set forth a complete justification of this statement; yet I hope you will allow me, as briefly as possible, to show that some of the errors into which Mr. Headlam has fallen, though of most interest within the profession, are of a kind to be understood by the laity.

For some reason best known to the promoters of the bill, Mr. Headlam appears not to recognize the well-known existing division of the profession into three classes—namely, of physicians, of surgeons, and of surgeon-apothecaries or general practitioners. Every person, moderately cognizant of common things, knows that, except among the wealthiest classes of society, the so-called general practitioner performs almost exclusively the mixed duties of ordinary attend-

ance on the sick; but even in cases of a certain gravity it is frequent, if the patient's circumstances allow, to call in for consultation some second person, who in one class of illness is a physician, and in another class of illness is—not a second surgeon-apothecary or general practitioner, but simply—a surgeon. For although among the general practitioners there are not a few instances of high conjoint attainment in medicine and surgery, yet (as would seem inseparable from the more compound occupation) they are on the average much less advanced in medicine than the consulting physician, and much less advanced in surgery than the consulting surgeon. The public recognizes this fact in the use which it makes of the three classes respectively; calling in the two consulting practitioners, each in his department, with a view to assist the general practitioner; and this use of consulting practitioners is by no means confined to the well-off classes of society, since even the poorest profit by the same professional arrangement and are constantly transferred from their own attending general practitioner (often at his wish) to the more special treatment of a hospital physician or a hospital surgeon.

All this is unrecognized by Mr. Headlam. He insists on dividing the profession into physicians and surgeons; and the proposed register of legally qualified practitioners—a most essential part of his scheme—is constructed on this principle.

Now, Sir, supposing you had to direct a census of Worcester, what would you think of a proposal to enumerate all its inhabitants under the two heads of a class which eats bread, and a class which eats butter? Would it seem a far-fetched objection that, though some may have bread without butter and some may have butter with only potatoes, yet Worcester, perhaps, contains some poor creatures with neither bread nor butter, as well as many happier persons with both, and that these two sets of persons would be lost from your enumeration? This does not seem abstruse, and would probably not strike Mr. Headlam at first sight a; illustrating his classification of the medical profession. He insists on ranging every member of the profession under one of two heads; forgetting apparently that many of such members may claim to be under both heads, while some cannot claim to be under either. And, to get over the self-imposed difficulty implied in these last words, he actually proposes to enter as “surgeons” in his register the names of certain apothecaries, who, for ought that appears, may even not have received the rudiments of surgical education.\*

I speak of this difficulty as self-imposed, because it arises in that forced classification on which Mr. Headlam insists, and which he might easily have avoided by adhering to the plan of a single alphabetical register, so constructed as to set opposite the name of each legally qualified practitioner a specification of his medical titles.

Mr. Headlam's same inapplicable register occasions in his bill a very serious flaw in what relates to surgery; for the higher developments of this branch are completely ignored in the bill, and the full title of “surgeon” is bespoken for those whose professional position might be much better marked by some different appellation. The future commencing general practitioner under this bill, if it should become law, will have been examined equally by physicians and surgeons, and will virtually be a licentiate of both their colleges. Why then should one college only contribute to his title? and why contribute so liberally as at once to raise him to professional equality with its president? He will be no nearer to the type of a full surgeon than to that of a full physician. He will have shown a passable proficiency—and no more—both in medicine and in surgery. His licence (like the corresponding diplomas of the present day) will attest merely that least amount of medico-surgical knowledge with which it is considered safe to let a man loose on the sick public. Now, if in each department there is to be recognized some higher grade for those who educate themselves beyond the mere legal qualification of sufficiency for practice (and such recognition has generally been advocated as desirable), surely it would be well to reserve the full

\* This is so astounding a fact, that I must refer to the words “surgeon or apothecary,” as they stand in clause xxi., page 7, line 6.







higher developments, and to provide that new members of the profession, till after some second test, should be registered under the generic description of "Licentiates in medicine and surgery."

Again, among topics of professional discipline there are probably no propositions which receive more universal consent than these;—that the primary medical education should be without special distinctions; that for entrance to the profession (whatever path of practice may be a man's ulterior destination) there should be one portal only; that none should be allowed to enter on branch-practice by the short cut of branch-education; that every candidate (whatever his future intentions) should be required to possess at least a certain proficiency in all the departments of medicine, and to pass through a primary examination in which no distinction would be recognized between men meaning to be physicians and men meaning to be surgeons. Having at such an examination shown that his general professional attainments are not below the *minimum* of qualification fixed, for public protection, as the condition of legal entrance on practice, let him subsequently be as special as he likes. After proper extension of his means of observation and study, let him become a fellow of a College of Physicians or a fellow of a College of Surgeons; in the one case specially a physician, in the other case specially a surgeon; or let him, by gaining both fellowships, fulfil the highest type of a general practitioner. But, at all events, let him begin impartially. Though he is to be a physician, let him know anatomy. Though he is to be a surgeon, let him have resources beyond his hand.

In all this I doubt if there be any difference of opinion among competent persons; and I am therefore the more surprised that Mr. Headlam, while affecting to legislate on medical examinations, should have ignored so important a principle. For in his bill it is, to say the least, not secured by any direct provision. On the contrary, while persons intending to be either surgeons or general practitioners are very properly destined to pass before examiners representing all branches of professional knowledge, persons intending to be physicians are to be examined solely by representatives of that one branch which the candidate purposes to practise. It is not difficult to foresee the evil to which this part of Mr. Headlam's plan would inevitably tend. So far as it might not be inoperative, it must revive a nearly obsolete school, very self-satisfied and very ill-informed; and even though it should bring back powder and pumps, I doubt if these renewed embellishments of the physician would compensate us for having given a legal sanction to his being the least educated member of his profession.

I have now glanced at three important features of Mr. Headlam's measure—features which represent its main objects. For constructive purposes, indeed, they are the whole bill; but two other parts require a few words of notice.

His council in the first year of its existence is to receive in registration-fees somewhere about 30,000*l.*; and in after years somewhere about 15,000*l.* This is a good deal of money to be taxed out of the medical profession; and though it might not be grudged for great professional objects, I question if it will readily flow for the purposes of the bill. The destination of this large amount is left uncertain; but it seems mainly a provision against the great cost of that impracticable council itself. And no wonder! Some of the English members may be supposed to dine at home; but all others of the 24 will be, for bed and board, the pensionaries of that fund. Their cost will not be trifling. Nine lamps of "northern light" to be fed in London, and six "other wandering fires" from injured Erin, besides our own provincial lustres! Yet 15,000*l.* is a large income; and I have speculated whether there may be any secret intention that this new body should replace the expiring Common Council of the city of London, should entertain triumphant Royalty, or assuage the griefs of Poland.

Further, this bill proposes to extinguish many existing powers of medical licentiation. It proposes thus to deal with all universities of the united kingdom and with the

array, or at least highly desirable, that in each division of the kingdom there should be but one licensing tribunal—that the others should all serve as mere granters of titular distinction. This may be necessary; and in order thereto it may be inevitable that certain privileges should be withdrawn even from the universities of Edinburgh and London and from the Apothecaries Company. But it deserves notice that the medical profession is under obligation to these institutions; they may at least claim not to be set aside without consideration; and Mr. Headlam's summary plan for abrogating their privileges is certainly not to be adopted on the ground of its forming part of a well deliberated system of medical reform.

In conclusion, I would venture on one other topic. It has been greatly vaunted that this bill receives the assent of the "medical profession;" by which term the promoters are supposed especially to denote the general practitioners of the country. If this were ever so true, I am not sure that it need preclude a rational discussion of the bill, for the primary object of medical reform is, not so much to please an existing race of practitioners as prospectively to secure great public interests.

But is it true? Among the texts which medical agitators have lately made most conspicuous in their programmes of professional reform has been a dogma, that the profession should be protected by penal enactments against the competition of unlicensed, or even of heretical, practitioners. This, no doubt, has been an acceptable doctrine to the mass of medical men; they have seen before them the fulfilment of an impossible dream—a land of milk and honey, with no herbalists, no hydropathists, no bone-setters, to mar its joy; and I believe that such support as Mr. Headlam's bill has received has been almost entirely due to an impression that it would compass so desired an end.

This fond imagination was dissipated on a first perusal of the bill. Not only had Mr. Headlam refrained from attempting any so impracticable enactment, but he had even withdrawn (perhaps inadvertently) such little protection as general practitioners now enjoy under the Apothecaries Act of 1815. A glance at the medical journals for the past few weeks will show the full significance of that omission, for the promoters have been obliged to promise that stringent clauses against unlicensed practice shall be pressed at some future stage of the bill.

About the other parts of the measure, the mass of the medical profession has probably given very little thought. I can easily conceive that many practitioners would feel tenderly towards a bill which offers them at least the new power of electing to a medical council. It would imply virtue beyond one's expectation of human nature, if, in some future re-arrangement of the legal profession, attorneys should be the first to protest against a proposal to form them into a constituency for the election of judges.

Some institutions also would derive such great pecuniary advantage from Mr. Headlam's proposed change, that they can hardly be expected to regard it with disfavour. Especially the London College of Physicians, unless it be inspired with rare disinterestedness, must offer vows (though, I hope, with blushes) for a measure which would so greatly enrich its poor, but once proud establishment.

Setting aside, however, such involuntary bias, personal and corporate, as may affect both sides in this discussion, I believe that the conscientious judgment of the medical profession, as expressed by its acknowledged chiefs and most influential institutions, will be found thoroughly opposed to almost every detail and to every distinctive principle of Mr. Headlam's bill. The measure threatens us with innovations for which there is no precedent. It affects many interests, public and private, scientific and pecuniary. It ought not to slip through Parliament as though it touched but some indifferent question of private legislation.

I am, Sir, your obedient servant,

S. T. H.

*Some minor correspondence followed. There was a letter from Dr. Alderson, ex p. R. Coll. Physicians,*



