

Remarks by the Medical and Surgical Corporations of the United Kingdom on the reports of the Visitors of Examinations 1881-2.

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Royal College of Surgeons of England

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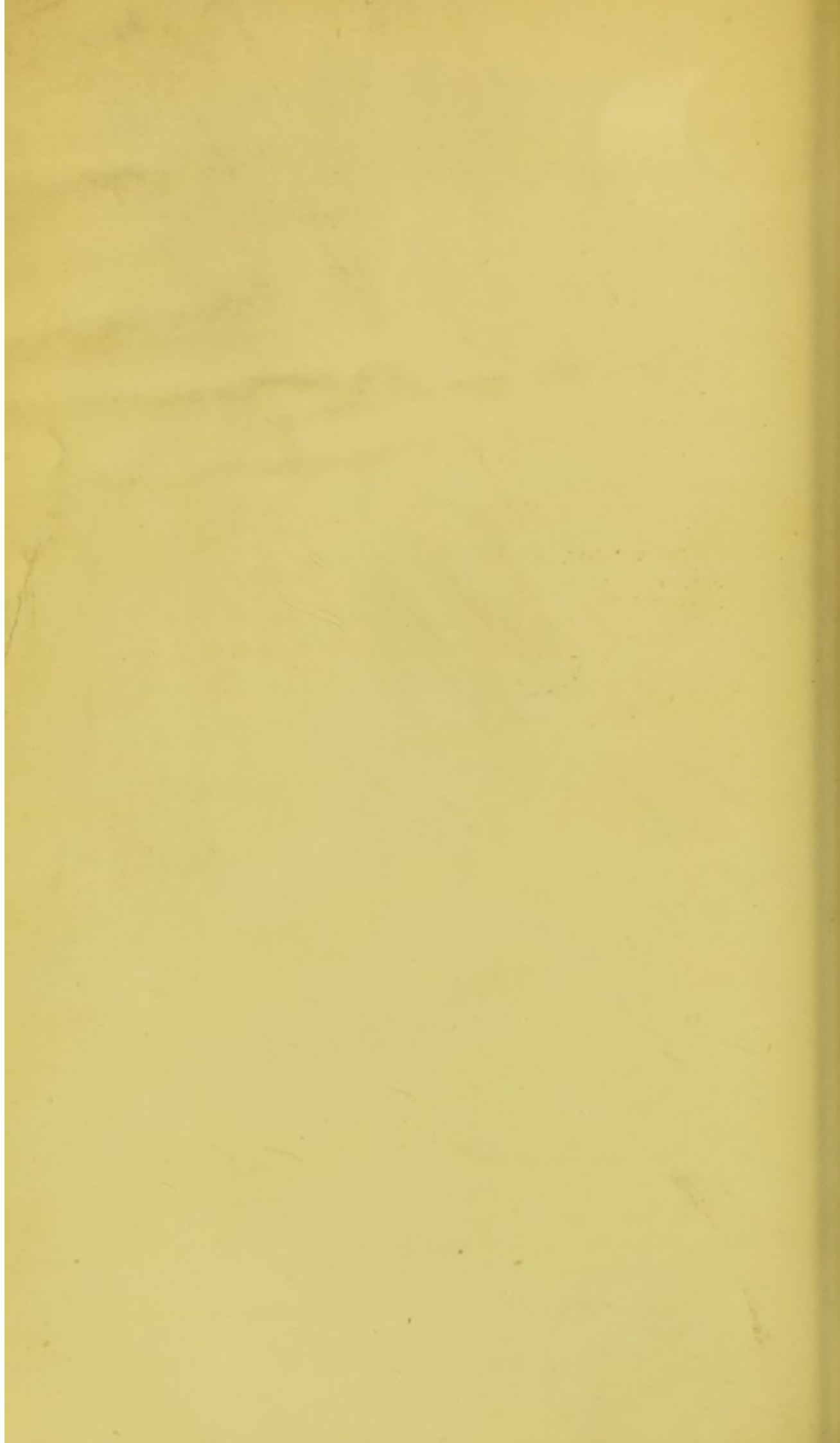
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REMARKS
BY THE
MEDICAL AND SURGICAL CORPORATIONS
OF THE UNITED KINGDOM
ON THE
REPORTS
OF THE
VISITORS OF EXAMINATIONS,
1881-2.

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REMARKS

BY THE

MEDICAL AND SURGICAL CORPORATIONS
OF THE UNITED KINGDOM

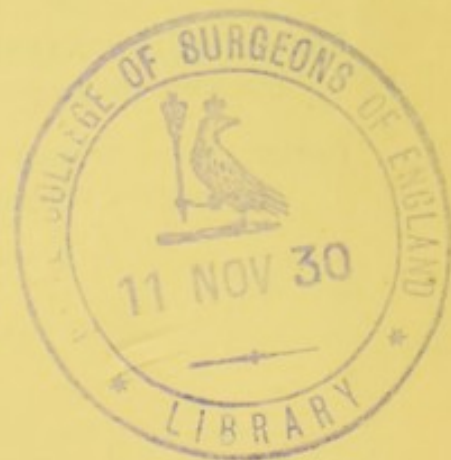
ON THE

REPORTS

OF THE

VISITORS OF EXAMINATIONS,

1881-2.



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* * * The order of the Bodies is the same as that given by
the Visitors in their Report.



REPORT BY THE ROYAL COLLEGE OF SURGEONS
OF ENGLAND ON VISITORS' REPORT.

THE Vice-Presidents, in the absence of the President from illness, in pursuance of the Resolution of the Council of the 13th April, 1882, have requested the Court of Examiners and the Board of Examiners to consider and transmit to them, for their information and guidance, the views of the Examiners on the "Report on the Examinations 1881-2 of the Medical and Surgical Corporations of the United Kingdom by the Visitors appointed by the GENERAL MEDICAL COUNCIL."

R. COLL. SURG.
ENG.

The Court and Board having arrived at certain resolutions expressing their opinions on the questions submitted to them, so far as they relate to the College Examinations for the Diploma of Member, the Vice-Presidents now submit the following as the form of reply of the Council of the College to the GENERAL MEDICAL COUNCIL:—

The examinations of the several Corporate Bodies referred to in the Visitors' Report being so different in character, and being conducted on such varying methods, the Council do not consider that it comes within their province to offer any remarks upon the Examinations of any other Corporation than those of the College.

I. PRIMARY EXAMINATION.

With reference to the Primary Examination for the Membership, the following are the subjects treated of in the Visitors' Report, viz. :—

1. The nature and extent of the Physiological Examination.
2. The introduction of Comparative Anatomy into the Primary Examination.

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 ENG.

3. The testing of candidates by the performance of Dissections in the Primary Examination.
4. The effects of limitation of time in the Oral Examination, and the method of Marking, as being, in the view of the Visitors, possibly prejudicial to the success of "a candidate knowing his work fairly."
5. The desirability of excluding candidates who have failed in the Written part from proceeding to the Oral part of the Examination.

The Council offer the following observations and remarks under each of the foregoing heads:—

1. *The nature and extent of the Physiological Examination.*

The Council agree with the Visitors in their statement that "Physiology has recently been made the subject of a separate Paper and questions, and has been assigned to separate Examiners; and in consequence the standard of requirement has been materially changed." And, in this respect, the Council are of opinion that the Examination has also been "materially" improved. But, as regards the conclusion of the Visitors, that this part of the Examination is too advanced, and excludes a proper attention to the more elementary and fundamental principles of the Science, the Council desire to point out that the Visitors make no mention of the questions put in the Written Examination, which it will be found treat both of the elementary and fundamental parts of Physiology. Moreover, the questions asked, *vivá voce*, in this subject are generally of a rudimentary and simple character, and easy to be answered by the well-informed student; and it is only in cases of candidates who have exhibited more than usual intelligence that the questions assume a more advanced character.

The Council believe that the Physiological Examination is in accordance with the method of teaching Physiology now adopted in the Medical Schools, and is therefore a fair test of the acquirements of students.

It may here be observed that the Visitors (at p. 16) appear almost to complain of the introduction of "stained microscopic preparations," and of "manipulations of microscopic tissues into the Physiological Examinations;" whereas, in their 9th conclusion (p. 56), they assert that "a practical knowledge of the

histology of tissues and chief organs" should be required of all candidates.

R. COLL. SURG.
ENG.

2. The introduction of Comparative Anatomy into the Primary Examination.

The Council admit the accuracy of the statement of the Visitors (p. 20) as to the exclusion of Comparative Anatomy, under the heads of "Homology" and "Morphology," as a necessary part of the Primary Examination; and have adopted this course, chiefly on the ground that a student who has had only eighteen months' instruction in Anatomy and Physiology could not reasonably be expected to have acquired such an adequate knowledge of Comparative Anatomy as to justify the introduction of that subject into the Examination.

The object of the Council, in view of the fact that the Examinations are instituted expressly for the purpose of testing the knowledge of persons desirous of practising Surgery, has always been, as correctly stated by the Visitors (p. 20), "to secure that the attention of students, so far as their examination was concerned, should be concentrated on Human Anatomy and Physiology, with the view of securing greater thoroughness of preparation;" whilst the Council feel that the proposed extension of the questions to an ill-defined and defective modicum of Comparative Anatomy would frustrate this intention.

Neither in regard to this question of adding Comparative Anatomy to the purely Anatomical part of the Examination, nor to the subject of Physiology as a whole, do the Council see their way to adopt any useful form of schedule, feeling more disposed to trust to the discretion of Examiners than to rely upon a restricted basis of examination manifestly open to many objections.

3. The testing of candidates by the performance of Dissections in the Primary Examination.

As regards the requirement of actual dissections by candidates in the Primary Examination, the Council have to observe that this question has been for many years past repeatedly under their consideration, both before and since the receipt of any Reports made to, or any Recommendations emanating from, the
GENERAL MEDICAL COUNCIL.

R. COLL. SURG.
 ENG.

The Council have arrived at the conclusion that any advantage which might be gained by insisting on dissections would not be commensurate with the practical difficulty as to space, time, and supply of subjects which would attend their introduction as a distinct element of the Examination, if made *compulsory*, in the case of every candidate. This objection becomes practically insuperable in the case of the College Examinations during the months of April and May, when more than 600 candidates are examined.

It must not be forgotten that every candidate is required to produce positive evidence that he has actually dissected, indeed, diligently and to the satisfaction of his teacher; and that candidates are examined on recently dissected parts.

4. *The effects of limitation of time in the Oral Examination, and the method of Marking, as being, in the view of the Visitors, possibly prejudicial to the success of "a candidate knowing his work fairly."*

The serious strictures and unfavourable "*general impression*" of the Visitors on this subject (p. 27) appear to the Council hardly justifiable, and may possibly be explained by their necessarily brief acquaintance with the Examinations of the College and the mode in which they are conducted.

The Visitors observe (p. 27) that at the Primary Examination "there is great risk that a candidate knowing his work fairly may be rejected;" and the causes they "assign for this are twofold—the strict limitation of time for each department of the *vivá voce*, and the method of marking."

The Council must point out, first, that in dealing with large numbers of candidates, coming from all parts, a strict limitation of time becomes an absolute necessity for the regular and systematic conduct of the Examinations; secondly, that in the experience of the College Examiners, both past and present, it has rarely happened that any doubt has arisen as to the *sufficiency* of a candidate's knowledge, after an examination of a quarter of an hour's duration; and that, in any such doubtful case, it has been and is the practice in the Primary Examination to give the candidate an opportunity of a further examination in that part in which any doubt concerning him may have arisen.

The Visitors further remark, as one cause of possible risk of

rejection of a candidate, that, "judging from their experience," the system of marking is "much too arbitrary, and presents too little elasticity to meet the case of the various aptitudes requiring to be discriminated in an Examination." Upon this point the Council are compelled to observe, first, that although at p. 156 the mode of marking in the College Examinations is fully set out, the Report of the Visitors at pp. 27-28 is somewhat ambiguous, as not distinguishing sufficiently clearly between the methods of marking in the Primary and in the Pass Examinations; secondly, that the Visitors appear to have lost sight of the object of the Examinations, which are not Competitive but Pass Examinations, and, consequently, are not designed to test by a nice *discrimination* the "*various aptitudes*" of the candidates; thirdly, that rejecting numbers are never given in either the Primary or Pass Examination unless a candidate exhibits such ignorance as to justify his rejection; and, lastly, that in the Primary Examination, which would appear to be more particularly referred to by the Visitors, it has been the custom for some years to reconsider the case of a candidate whose total number of marks, either in Anatomy or Physiology, is just below the required standard, and, if the Examiners in that subject concur, to allow him to pass, by raising his total number by one mark.

R. COLL. SURG.
ENG.

5. *The desirability of excluding candidates who have failed in the Written part from admission to the Oral part of the Examination.*

In regard to this question the Council do not agree with the suggestion of the Visitors, but propose to maintain the present system. It is recommended by the Visitors chiefly on the score of "economy of time of the Examiners," p. 57, par. 11; but the experience at the College Examinations is that, at least at the Pass Examination, not more than 5 per cent. of the candidates fail to reach the minimum mark for the written paper.

II. PASS EXAMINATION.

With reference to the Pass Examination for the Membership, the points specially alluded to by the Visitors are as follow:—

1. The requirement of the performance of operations on the dead body by every candidate.

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ENG.

2. The application of bandages and splints to be required of every candidate.
3. The examination of normal and morbid urine by every candidate in the Medical Examination.
4. The limitation of time in the Oral Examination, and the method of marking.
5. The economy of time to be obtained by excluding candidates rejected in the Written from appearing at the Oral Examination.

1. *The requirement of the performance of operations on the dead body by every candidate.*

This subject, like the question of dissections in the Primary Examination, has repeatedly occupied the attention of the Court of Examiners and the Council, long before any representations or recommendations relating to it had proceeded from the GENERAL MEDICAL COUNCIL.

For reasons similar to those applicable to the introduction of dissections into the Primary Examination, the Council are of opinion that it is not desirable to make the performance of operations on the dead body a *necessary* part of the Pass Examination at the College.

The Council desire to point out that they expressly encourage in the curriculum the performance of operations on the dead body; that, in the practical part of the Pass Examination, candidates are required to explain, by the aid of instruments of various kinds, surgical operations, as described on page 65 of the Visitors' Report, which method of testing the knowledge of candidates is found to be sufficient. The Council are of opinion, as Surgeons, that to attempt to give value to so uncertain a test as the capability of a candidate to acquit himself satisfactorily in any actual operation on the dead body, under the peculiar conditions incidental to an Examination, might frequently tend to unjust conclusions as regards his knowledge and merits. The Council believe that any attempt to introduce this test on a large scale, and for every candidate, would end in its becoming either a manifest hardship to students, or a delusion.

Even if desirable, the Council would indicate that the time, space, material, and outlay, both on the part of the College, the

Examiners, and the examinees, necessary for the due and efficient performance of operations on the dead body, by a large number of candidates, render its adoption practically impossible in existing circumstances.

R. COLL. SURG.
ENG.

2. *The application of bandages and splints to be required of every candidate.*

The curriculum of the College distinctly requires, in the course of "Practical Surgery," evidence of instruction in the application of splints and bandages, besides an evidence of dressership. In the Pass Examination, moreover, candidates are liable to be, and many are, called upon to display competency in the use of such apparatus.

3. *The examination of normal and morbid urine by every candidate in the Medical Examination.*

In the Medical Examination at the College, in its present extended form, including a Clinical Examination of patients, every candidate is liable to be called upon to test healthy and morbid urine.

4. *The limitation of time in the Oral Examination and the method of marking.*

5. *The economy of time to be obtained by excluding candidates rejected in the Written from appearing at the Oral Examination.*

These questions have been dealt with under the same heads relating to the Primary Examination.

In conclusion, the Council think it desirable to point out to the GENERAL MEDICAL COUNCIL that a slight inaccuracy occurs in the description given by the Visitors of the constitution of the College, so far as concerns the appointment of the Members of the Court of Examiners. In the last column, at the top of page 55, for the words "Final, not limited," the words, "Final, limited to 5 years, but re-eligible," should be substituted.

T. SPENCER WELLS, }
JOHN MARSHALL, } *Vice-Presidents.*

May 11th, 1882.

OBSERVATIONS BY THE ROYAL COLLEGE OF
SURGEONS IN IRELAND ON VISITORS' REPORT.

R. COLL.
SURG. IREL.

THE Council having considered the Visitors' Report, came to the conclusion that the observations which specially demand a reply from them are :—

- (1) The remarks upon Clinical Examinations (as contained in pages 11, 12, 23, and 24) ;
- (2) The remarks upon the Examination in Physiology (page 18) ;
- (3) The remarks upon the Examination in Chemistry and Materia Medica (page 73).

Under the head of Clinical Examinations, the Visitors conclude their remarks by recommending the plan pursued by the Royal College of Surgeons in England, for adoption by other Licensing Bodies ; which consists in bringing to the College such patients as can be safely removed from hospital, to be there submitted to the candidates. Upon this subject the Council cannot agree with the recommendation of the Visitors. They are strongly of opinion that there should be a sufficient variety of cases, and that the Examiners should be instructed to select them previous to the arrival of the candidates at the hospital ; that the Clinical Examination should be conducted within the walls of the hospitals, both in the theatre or other separate room, and in the wards—in the former, cases from the extern department, and patients who can be safely brought from the wards may be advantageously examined, while in the latter a number of important cases, such as erysipelas, extravasation of urine, acute orchitis, synovitis, &c., could be seen, which would altogether be excluded from the examination if the candidates were not brought into the wards and placed by the patient's bed-side.

It appears, further, to the Council that a grave objection to the method of examining in a place removed from the hospital

is the likelihood of the same cases being repeatedly selected, owing to their being more easily procurable—a forcible commentary upon this is contained at pages 130–31 of the Report of the Visitors. The Council may add that the plan of bringing patients from the hospitals to the College has been already tried by this College, and was discontinued, in consequence of its inefficiency.

In reply to the remarks of the Visitors upon the Examination in Physiology as conducted in this College, the Council is of opinion that it is not expedient to enforce on candidates intended, as a rule, for the general practice of the Profession, too extended a study of the more abstruse departments of Physiological Science—on this point coinciding in the doubts expressed at page 21 of the Report of the Visitors.

In reference to the remarks of the Visitors on the Examinations in Chemistry and Materia Medica, the Council is of opinion that, for the College of Surgeons to require proofs of “*a thorough knowledge of Chemistry*” in its Examinations for Letters Testimonial, would be neither advisable nor, indeed, practicable. Such knowledge could not possibly be obtained by the student during the term which he can devote to the subject. They beg, however, to call the attention of the GENERAL MEDICAL COUNCIL to the fact, that in their New Scheme of Education, which has now come into force, the subject of Chemistry will be examined upon on two separate occasions, viz., at the termination of the first year, and again at the end of the second, by which means the study of this subject will, the Council think, be sufficiently encouraged, and a competent knowledge of it secured.

The Council cannot conclude their observations without expressing their admiration for the care and general accuracy with which the report has been drawn up.

S. CHAPLIN,

President.

R. COLL.
SURG. IREL.

REMARKS BY THE ROYAL COLLEGE OF PHYSICIANS
OF LONDON ON VISITORS' REPORT.

London, S.W., *May* 30, 1882.

R. COLL.
PHYS. LOND.

DEAR SIR,—I am desired by the College to acknowledge the receipt of the Visitors' Report on the Examinations (1881-2) of the Medical and Surgical Corporations, and to state that the College will continue, as it has hitherto, to use every means at its command for securing the completeness and efficiency of its examinations, in both their scientific and practical aspects.

I am, dear Sir, yours faithfully,

HENRY A. PITMAN,

W. J. C. MILLER, Esq.,

Registrar.

Registrar of the General Medical Council.

REMARKS BY THE KING AND QUEEN'S COLLEGE
OF PHYSICIANS IN IRELAND ON VISITORS'
REPORT.

K. Q. COLL.
PHYS. IREL.

In reply to the request contained in the letter of the PRESIDENT of the GENERAL MEDICAL COUNCIL of 22nd of March, 1882, the King and Queen's College of Physicians beg to submit the following remarks upon the "Report on the Examinations, 1881-82, of the Medical and Surgical Corporations of the United Kingdom":—

The College observe that the report is divided into a Preface and into three Parts. Some portions of the report deal with matters of general interest to all Medical Authorities and Teaching Bodies; others have special reference to the particular

examinations reported upon by the Visitors, including the examinations of this College.

K. Q. COLL.
PHYS. IREL.

The College wish, in the first place, to consider those matters of general interest, and later on to deal with those specially relating to their own examinations.

PREFACE.

In the Preface (p. 7) the College notice that the Visitors have not printed the answers at the Written Examinations. The College are of opinion that the MEDICAL COUNCIL will be unable to judge of the relative merits of the various examinations unless they have specimens of the answers of "Passed" and "Rejected" candidates before them; as a careful scrutiny of these, with the marks awarded to each answer, is necessary to enable anyone to arrive at a fair estimate of the "Passing" standard of each Corporation.

On page 8 of the Preface the College note a remark—"The Visitors have refrained from expressing opinions as to the judgment formed by the Examiners in passing or rejecting candidates, feeling that such judgment ought to rest solely with those who are responsible for the examination, and, moreover, that the standard of any examination cannot be fairly taken from the individual judgment of the Examiner, especially when given in the presence of Visitors who have to report critically on the examinations." As the Visitors have refrained from expressing an opinion as to the judgment of the Examiners, it is the more necessary to print specimen answers in conjunction with the questions. Further, the College can assure the COUNCIL that the presence of the Visitors would have no influence in affecting the individual judgment of any of their Examiners.

PART I.

Regarding the conclusions arrived at by the Visitors, as set out on page 56 of Part I. of the Report, the College beg to express the following opinions:—

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PHYS. IREL.

1. "That every 'primary' or 'first part' examination should include dissections by every candidate."

The College concur with the Visitors as to this opinion, which has been the practice of the College for some years past.

2. "That, having regard to the great and increasing range of chemical and physiological science, candidates should be apprised beforehand of the limits of the examination in these subjects."

The College consider that there are serious objections to definite limits of the examination in the subjects of Chemistry and Physiology, and believe that these are sufficiently defined by the scope of the lectures required by the Medical Authorities. In fact the College have never received any remonstrance from teachers or candidates regarding the indefinite character of the information demanded on these subjects; and such remonstrance would be almost impossible in consequence of the strictly practical nature of their examinations.

3. "That at the final examination, candidates should be examined orally or practically on strictly regional anatomy, that is on the parts of anatomy which illustrate surgery and medical diagnosis, and not on purely descriptive anatomy."

The College concur in this conclusion.

4. "That in every final examination for a surgical diploma, candidates should be required to perform operations on the dead subject."

The College concur in this conclusion.

5. "That for every 'minimum' qualification the examination in operative surgery should be confined to emergency operations, such as any practitioner may suddenly be called upon to perform, *e.g.*, amputation, deligation of arteries, catheterism, urethrotomy, tracheotomy, &c., and should for the most part exclude complicated operations, not of sudden urgency, such as ovariectomy, excisions of joints, plastic operations, lithotomy, lithotrity."

The College do not understand the exact meaning of the term "minimum" as applied to a Surgical Examination in this conclusion; and if par. 5 refers to actual operations performed by the candidate on the dead body, the College concur in this suggestion.

6. "That the application of bandages and splints should be required in every surgical clinical examination."

The College are of opinion that all candidates should be liable to examination in the application of bandages and splints, but do not consider that it should be required at "every" examination in Surgery from every candidate.

K. Q. COLL.
PHYS. IREL.

7. "That the examination of normal and morbid urine should be an essential part of every clinical examination in medicine."

The College, while attaching due importance to the knowledge of the condition of the urine in health and disease, are of opinion that it is not advisable to introduce this subject as "an essential part of every Clinical Examination." Every Candidate should be liable to examination on the urine; but it appears to the College that a specific rule of the kind suggested by the Visitors would give undue importance to the study of this particular excretion. Further, the College consider that the subject of healthy urine would be more appropriately dealt with in the physiological and chemical departments of the Examination than in the clinical branch.

8. "That the practical examinations in chemistry should, when feasible, be conducted in a laboratory."

The College concur in the principle of this recommendation, but consider that the words "when feasible" should be omitted, as every medical authority can make a practical Examination in Chemistry "feasible" if they wish to do so.

9. "That a practical knowledge of the histology of tissues and chief organs should be required of all candidates for medical or surgical diplomas."

The College concur in this opinion.

10. "That in oral examinations, where the time allotted is strictly limited, for instance, to ten minutes or a quarter of an hour, there is a serious risk that candidates of average ability who have been conscientiously taught and fairly prepared in their work may be rejected owing to misunderstanding or nervousness, and this is a hazard which, reacting as it does injuriously upon study and teaching, ought to be, if possible, avoided by allowing a margin of additional time for satisfying the examiners in all such cases. The actual practice of certain Boards, and especially of the Colleges of Physicians, shows that this suggestion is not impracticable, although it may be more or less difficult to carry out where the numbers are very large. The Visitors think that no mere difficulty of mechanism should be allowed to interfere with its being adopted as a measure of justice to candidates."

The College concur in this recommendation.

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PHYS. IREL.

11. "That with a view to economy of the time of the Examiners, it is desirable that when a candidate has obtained rejecting marks in the written portions of an examination, he should not be required to proceed to the oral."

The College concur in this opinion, but consider it should be equally applied to the other parts of the examination, viz., the Clinical, Practical, and Oral.

12. "In any future revision of the curriculum, the subjects of hygiene, ophthalmology, and mental disease will demand serious consideration, and perhaps admission, under careful limitation, as distinct elements of examination."

The College approve of the principle of requiring knowledge of Ophthalmology, Hygiene, and Mental Disease, and have for some time included Hygiene in the subjects of examination for the license. They think Ophthalmology should be included in the Surgical Examination.

13. "SUGGESTION by Dr. GAIRDNER and Mr. STOKES:—That considering the great importance of preventive medicine and hygiene to the general practitioner, these subjects ought to form a more independent part than they do of the Examinations of all Corporations. . . ."

The College concur in the suggestions of Dr. GAIRDNER and Mr. STOKES, and have long since acted on this principle, and included Hygiene in the subjects of Examination. Further arrangements are in progress for conferring a Special Certificate of competence in Hygiene on such licentiates of the College as may desire it, and shall have passed a special examination in subjects connected with sanitary science. Therefore the College propose to treat this subject in a manner similar to that in which they deal with Obstetrical Science. The College grant a special "Diploma in Midwifery," but also require a knowledge of Midwifery from all candidates for the license in medicine. So in future it is intended that, while demanding evidence of knowledge of Hygiene from all candidates for the license, they will also grant a special certificate in the same subject.

Besides the matters above referred to, which are categorically set out in the Report, the Visitors refer to others which demand notice by the College.

The Visitors remark (at p. 9) "That it may be doubted whether, up to a certain point, the differences between the

Examinations are not in reality an advantage." In this the College concur, but consider that this "point" should be so defined as to secure a uniform standard of passing.

K. Q. COLL.
PHYS. IREL.

The Visitors remark (p. 10) on the dangers likely to arise from the "stringency as to minute detail" in Anatomical Examination. The College concur in the opinion of the Visitors upon this subject.

The Visitors (on p. 10) quote an opinion of Professor HUMPHRY, to which they again refer on p. 58, to the effect that examinations "should not be considered merely as tests of fitness for certain positions and rewards, but even more as educational agents, as the guides of teaching and study" and go on to say—"in this spirit, it is the desire of the Visitors to compare and estimate the various examinations which it has been their privilege to inspect."

The College have the highest possible respect for the opinion of Professor HUMPHRY upon Medical Education, but differ from the Visitors, as they consider that the curriculum is the chief guide to study, whereas the examination is merely a test as to how far the curriculum has been fulfilled and taken advantage of by the candidate.

PART II.

Referring to that portion of Part II. (p. 98) of the Report which deals with the examinations of the King and Queen's College of Physicians, the College have to remark—

1. With regard to the appointment of Examiners, the Visitors have omitted to state that "additional Examiners" are appointed in each subject to take the place of absent Censors or Examiners. The Visitors are in error in stating that the names of the candidates for election as Examiners are printed "a month before." This is not so: the names are usually, but not necessarily, proposed a month before, but are only printed on the notice paper for the meeting at which the election takes place. A candidate may even be nominated on the day of election, but this seldom occurs. The King's Professors are not "ineligible," as stated by the Visitors, but as a matter of fact seldom are

K. Q. COLL.
PHYS. IREL.

candidates, although recently the King's Professor of Midwifery was an Examiner, and at present the King's Professors of Institutes of Medicine and of Materia Medica are Examiners.

2. Regarding the Clinical Examination, the Visitors refer to the examination of the 6th of July, 1881, at the Whitworth Hospital, and remark upon the absence of the Physicians whose patients were the subjects of the examination. The absence of the Physicians on this occasion was exceptional, as usually one or more of the Hospital Physicians meet the Examiners, and point out the particular cases most suitable for examination, and assist the Examiners in determining the nature of the cases.

The Visitors are in error if they think that there is usually "no intercommunication" between the Examiners as to the nature of the cases. The custom is to have such intercommunication, and arrange that the same candidate shall be examined on different forms of disease by each Examiner. Generally, a rough classification of the diseases is made; one Examiner dealing with acute, the other with chronic, diseases.

The College wish to point out that, in their opinion, it would be impracticable and not advisable to adopt the suggested plan of having as one at least of the Examiners in Clinical Medicine the Physician responsible for the treatment of the cases employed in the examination (*see* page 15). As the Court of Examiners of the College is at present constituted, two of the Censors are appointed to examine in Clinical Medicine for at least one year; so that, if the suggestion of the Visitors were carried out, the candidates would be brought on every occasion to one or other of the hospitals to which the Examiners happened to be Physicians, and not, as at present, to an hospital selected by ballot out of a list of nine Clinical Hospitals in Dublin. The result would be that the candidates, knowing beforehand that they would be examined at one or other of the hospitals, would visit those hospitals before the examination, in order to make up the cases.

The Visitors apparently recognised this difficulty, for they further suggested that if it were not feasible in all cases to select as Examiners the Physicians responsible for the treatment they should at least be associated with the Examiners as Assessors. But to this plan, also, there are grave objections. In the first place, the College would experience much difficulty in securing the services of independent Hospital Physicians as Assessors,

unless the College were prepared to incur a very heavy expense. Again, it would tend to lessen the interest felt by the Clinical Examiners at present in investigating new cases with the candidates—an interest which leads the Examiners to put new and searching questions at each step of the physical examination of a patient.

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With the Visitors, the College believe that in a Clinical Examination it is most desirable that the candidate should be required not only to write out the details of the case of the patient whom he is told off to examine, but also to answer questions put to him by the Examiner while actually engaged in investigating the case. The Clinical Examiners of the College endeavour to ascertain how far the candidate has been trained to carry out a careful Physical Examination, and, as a result of such an examination, to arrive at a correct opinion as to the diagnosis, prognosis, and treatment of the case.

The Visitors criticize the final Examination of the College in two particulars. First, they consider that too little use was made of the microscope. At the same time, they admit that at the single examination inspected by them, one of the Examiners in Medicine submitted a number of microscopical objects to *all* the candidates, who were asked to say what the different objects were, and questioned about them and their pathological significance. The College are of opinion that this was all that was required; and it may be stated that every candidate is liable to be subjected to a similar test of his knowledge of microscopy at any examination for which he may chance to present himself. At page 19 the Visitors institute an unfavourable contrast between the care taken to test the candidates' knowledge of the use of instruments in 1874 and the neglect in 1881. This imputed neglect, however, is only apparent, as successive Examiners since 1874 have frequently examined the candidates with regard to the use of instruments; and the omission to do so at the recent visitation was attributable to the varying conditions of the examination, which the College consider to be a merit in their system as carried out by their Censors and Examiners. The College do not wish their Examiners to examine on exactly similar lines on all occasions.

Commenting on the Primary or First Professional Examination, the Visitors note that reciprocity in recognising this

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examination is not shown by the Royal College of Surgeons towards the King and Queen's College of Physicians. It is not easy to understand why this should be so, for the standard of examination adopted by the latter college is quite as high as that of the sister corporation.

The College cannot agree with the proposal (p. 58), that our Written Examination should be carried out at the several educational centres, in the same manner as in the Oxford and Cambridge Local Examinations, &c., among other reasons, because the examinations being held monthly, the number of candidates at each examination is comparatively small, and therefore no delay takes place between the Written and Oral Examinations.

PART III.

With regard to Part III. of the Report, the College have only to remark with regret the absence of specimens of the answers given by the candidates to the questions printed with the other examination documents of the College.

In conclusion, the College express their gratification at the very favourable tone of the Visitors' Report, and thank the Visitors for the courteous manner in which they have offered certain suggestions for the consideration of the College.

Signed on behalf of the College,

J. MAGEE FINNY, M.D.,

June 10th, 1882.

Fellow and Registrar.

OBSERVATIONS BY THE ROYAL COLLEGES OF
PHYSICIANS AND SURGEONS OF EDINBURGH
ON VISITORS' REPORT.

IN compliance with the request of the PRESIDENT of the GENERAL MEDICAL COUNCIL, the Royal Colleges of Physicians and Surgeons of Edinburgh have the honour to lay before the Council the Observations which have occurred to them on perusing the Report of the Visitors with regard to their Examinations. The following Report is a joint one from the two Colleges, because the Visitors have confined their remarks to the Examinations for the Double Qualification, and have not alluded to those held by each College for its single licence. The Colleges do not restrict their comments to the remarks made as to their own examinations, but in compliance with the invitation of the President of the Council propose to make some Observations upon the more general questions which are incidentally, as well as directly, raised by the Visitors.

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The Colleges would begin by observing that the present Visitors have in the plan of their Report departed somewhat from that of their predecessors. To use their own words,

“They have not printed any of the written answers of candidates, not feeling that a commensurate advantage would be likely to result from the publication of such a large mass of manuscript; but they have collected the actual answers, or accurate copies of them, selected from the Examinations of each body, and these may at any time be printed if the Medical Council should consider their publication desirable. In the meantime, the answers are placed in sealed packets among the archives of the GENERAL MEDICAL COUNCIL. In another respect, also, the Visitors have not followed the precedent of former Visitations. They have refrained from expressing opinions as to the judgment formed by the Examiners in passing or rejecting candidates, feeling that such judgment ought to rest solely with those who are responsible for the examination; and, moreover, that the standard of any examination cannot be fairly taken from the individual judgment of the Examiner, especially when given in the presence of Visitors who have to report critically upon the examinations.”

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In making these changes the Colleges cannot help thinking that the Visitors have acted injudiciously. In regard to printing the written answers, it would of course have been unnecessary to print the whole of them; but a carefully prepared selection, including some of the best, the medium, and the worst of the answers, would have put the GENERAL MEDICAL COUNCIL in a far better position for judging of the quality of the candidates than any mere description could possibly do. What object can be served by the answers being "placed in sealed packets among the archives of the GENERAL MEDICAL COUNCIL," it is difficult to conjecture.

The Colleges consider that the determination of the Visitors to refrain from expressing any opinion as to the judgment formed by the Examiners in passing or rejecting a candidate is still more unfortunate, and it is the more remarkable as being in direct opposition to a special recommendation of the EXECUTIVE COMMITTEE. This Resolution, of date March 23, 1876, is to the effect that "The duties of the Visitors shall be to inquire into and report to the Council as to the sufficiency of the examinations conducted by the several Licensing Bodies as tests of the candidate's fitness to obtain the respective qualifications." This surely implies that the Visitors shall report to the Council their own opinion as to the judgment formed by the Examiners in passing or rejecting candidates, and if such judgment is to rest solely with those who are responsible for the examinations, it is difficult to see what is the use of visitation.

The first part of the Visitors' Report is of a general character, and includes what are called "General Impressions," a comparison between the Clinical Examinations of the three Colleges of Physicians, some Observations on the Physiological Examinations, remarks on the examinations of the various Licensing Bodies visited, and certain conclusions arrived at, and recommendations suggested, by the Visitors. The second part contains a detailed description of the examinations, and the third consists of Documents relating to the examinations, including the printed questions. This arrangement seems to the Colleges decidedly unsatisfactory. The most natural method would have been to have given a description of the examinations visited; to have expressed an opinion on the merits or demerits of each;

and finally, if considered advisable, to have instituted a comparison between the systems of the different bodies. This order is absolutely reversed, the comparison coming first, the remarks on examinations second, and the detailed description of examinations last.

The Colleges will defer their remarks regarding their examinations until they have considered the other subjects included in the first part.

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CAUSES OF REJECTIONS.

One of the special instructions given to the Visitors was to "inquire into the causes of rejections that appear in the annual returns." They have not been able to form any precise conclusions upon this point, but attribute the large number of rejections to the action of the following causes:—

"(1) In some cases, to the unsatisfactory method of marking adopted, whereby failure to get a certain number of marks may procure a candidate's rejection, without expressing the judgment of the whole Court of Examiners, that he ought to be rejected.

"(2) The minute requirements of details in anatomy, and the uncertainty on the part of the student as to the area over which the examination in physiology will range.

"(3) The very strict limitation of time in the oral-examination of some Bodies, which bears unfairly on doubtful and nervous candidates.

"(4) The inadequate preparation of candidates who present themselves at some of the Bodies, supposed to give an easy examination, resulting in a large proportion of rejections in these examinations."

The Colleges can of course only speak in regard to the candidates who come under their own observation; but of them they can say without hesitation, that the first three causes assigned by the Visitors have little, if any, influence, while the great majority of rejections are due to insufficient preparation on the part of the candidates.

THE SYSTEM OF MARKING AND SCHEME OF NUMBERS recommended by the Visitors are essentially the same as those which have for some time been followed by the Colleges, and which have been found to work satisfactorily.

With the recommendations of the Visitors as to THE APPOINTMENT OF EXAMINERS, the Colleges on the whole concur, though

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they are scarcely prepared to recommend that no Examiner should act for a longer period than five years without a break.

There is an inaccuracy in the Table concerning the appointment of Examiners on p. 54, in regard to the practice of the College of Physicians of Edinburgh. The answer given by the Visitors to the question whether "Examiners are elected to examine in certain subjects" in reference to that College is—"To a certain extent—*i.e.*, after election are assigned to special groups of subjects." The real fact is, that every Examiner is elected on account of his special knowledge of the subjects in which he is to examine, and that none are assigned after election to special groups of subjects.

CONCLUSIONS.

"1. That every 'primary' or 'first part' examination should include dissections by every candidate."

The strenuous commendation of dissections, introduced repeatedly in the course of the Report, as the best means of testing anatomical knowledge, is hardly consistent with experience. Few anatomists would consider that such dissections as could be made in half an hour by nervous and anxious candidates would be a fair test of their manual dexterity or anatomical knowledge, whilst it would be an enormous waste of time which could be better spent in testing their real knowledge. But even admitting the advantage of dissection as part of the anatomical examination, it is difficult to see how, in all cases, it could be applied. The absence of any dissection test in the examination of the Royal Colleges in Edinburgh is not a matter of choice but of necessity; there is a lack of supply of the necessary material. Years ago the question was carefully considered; the Examiners had suggested that both dissections and operations on the dead body should form a part of the examination, and the matter was brought by the Colleges under the notice of the Inspector of Anatomy. That official replied, that no material was available for the purpose, as the unclaimed bodies obtainable in Edinburgh were quite insufficient for the requirements of the dissecting-rooms. In these circumstances the

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Colleges approached the Lord Advocate and the Home Secretary with the view of having the large amount of unused anatomical material in Glasgow and other towns of Scotland, made available for the examinations in Edinburgh. These representations ended in the request of the Colleges being refused, the transmission of bodies from Glasgow and elsewhere being regarded as inexpedient, if not actually opposed to the recognised working of the Anatomy Act. While, then, the anatomical supply in Edinburgh is barely sufficient to afford material for practical instruction in the dissecting-rooms, it is out of the question to propose to divert any portion of it to the purposes of Examination. During last April nearly 300 students were examined in anatomy before the University and the Colleges, and to obtain material for dissection for all of these candidates would have been simply impossible.

“ 2. That, having regard to the great and increasing range of chemical and physiological science, candidates should be apprised beforehand of the limits of the examination in these subjects.”

Though it is no doubt desirable to limit the range of systematic subjects required for Examination, it is very difficult to do so in the case of physiology, as enough must be required to ensure the candidate's knowledge of as much of it as bears on Medicine, Surgery, and Hygiene.

“ 3. That at the final examination candidates should be examined orally or practically on strictly regional anatomy, that is, on the parts of anatomy which illustrate surgery and medical diagnosis, and not on purely descriptive anatomy.”

This is an essentially vicious recommendation. The Colleges have yet to learn that surgical diseases and injuries, or their diagnosis, are confined to certain special regions of the body, and the best teachers have always striven to disabuse the mind of the student of the miserably narrow view that regional and surgical anatomy were synonymous. All anatomy, if properly studied and applied, is necessary to diagnosis and treatment. Anything less is to give an imperfect idea of anatomy in relation to surgery.

“ 4. That in every final examination for a surgical diploma, candidates should be required to perform operations on the dead subject.”

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The Colleges would again ask—Is this at present practicable? At all events, when the Visitors made such a recommendation, they were bound to show from whence the supply of subjects was to be obtained. In certain localities there is, no doubt, a sufficient, or even an abundant supply. But if this recommendation is to be made an absolute rule, Government must sanction a more equal supply to the different Schools, so that they may be supplied with material both for educational as well as examination purposes, in some proportion to the number of students. In such Schools as London and Edinburgh, as the Anatomy Act is at present interpreted, it seems to be impossible to carry out the proposal either efficiently or fairly.

“5. That for every ‘minimum’ qualification the examination in operative surgery should be confined to emergency operations, such as any practitioner may suddenly be called upon to perform, *e.g.*, amputation, deligation of arteries, catheterism, urethrotomy, tracheotomy, &c., and should for the most part exclude complicated operations, not of sudden urgency, such as ovariectomy, excisions of joints, plastic operations, lithotomy, lithotrity.”

The intention here seems good, but the estimate of the importance and difficulties of different operations is peculiar. Is ovariectomy more difficult than amputation at the hip or shoulder-joints, or than deligation of the femoral or subclavian arteries? Are excisions of joints never called for by sudden emergencies? Every surgeon of experience must have performed primary excision, and thereby saved a useful limb. Is the “minimum” qualification man never to venture on the higher region of excision as above his position, but to limit himself to lopping off the limb?

“6. That the application of bandages and splints should be required in every surgical clinical examination.”

The Colleges consider that this should form a part of every practical examination in surgery, general or clinical. They therefore cordially agree with the recommendation, with this proviso, that the candidate shall not be supplied with padded splints or other prepared apparatus, but shall show that he knows what he requires in order to adjust the splint or other apparatus to be applied.

With the five following conclusions (7, 8, 9, 10, 11) the

Colleges on the whole agree ; and 12 and 13 refer to a subject, the propriety of constituting hygiene, ophthalmology, and mental disease, distinct subjects of examination, which is certain to come under the careful consideration of the GENERAL MEDICAL COUNCIL, and of the Licensing Bodies.

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The concluding recommendation of the Visitors the Colleges can only characterise as extraordinary.

“A change in the existing practice in medical and surgical examinations has suggested itself to the Visitors as likely to help the solution of many difficulties which at present exist, and of others which might arise to bar the way to the introduction of any general improvement in the mechanism of examinations.

“They consider that the written portion of the examinations might with much advantage be carried out at the several educational centres, medical schools, &c., thus following the example set in the Oxford and Cambridge Local Examinations, in the Matriculations of the University of London, and the Royal University of Ireland, as well as in the Science and Art Examinations, South Kensington ; and in the Intermediate Education Examinations, Ireland. By the adoption of such a plan much would be gained and some of the defects remedied.

“In the first place, time, trouble, and expense would be saved to those candidates who, residing at a distance, have to come up to the examination centre for the written portion, and then have to wait for their turn in the oral examination.

“In the second place, the supposed necessity for commencing the oral immediately after the written examinations, and the *consequently hurried consideration of the papers*, would disappear.

“In the third place, by rendering it possible to have an ample interval between the written and the oral portions of the examination, the written portion might become more thoroughly than at present a means of sifting out inadequately-prepared candidates. Again, by rejecting them at this stage, valuable time would be gained for the oral and practical portions of the examinations.

“In the fourth place, the greater the aggregate number of candidates at an examination, the more conspicuous would be the saving of time, and the greater the economy of expense in conducting the examination.

“In the fifth place, the rejection of a candidate on his written examination alone could be more carefully managed than at present, while the candidate, in the event of failure at this stage, would be saved much personal mortification, and, in any event, would be put to no expense beyond the mere fee for the examination.”

The number of candidates who appear for examination is often small, and to establish written examinations at all the educational centres would involve an extensive and complicated

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mechanism. The Visitors seem to have a very exaggerated idea of the difficulty of judging the merits of written papers, and of the time required for doing so. No such difficulties are experienced by the Examiners of the Colleges, for it is to be borne in mind that the examination is not a competitive one, but merely a test as to whether the candidate is to be admitted to the oral examination or not, and in doubtful cases it is usual at this stage to give the candidate the benefit of any reasonable doubt. It is also very doubtful whether the interposition of "an ample interval between the written and the oral portions of the examination" would be hailed as a boon either by the candidates or their friends.

It now becomes the duty of the Colleges to make some Observations on the descriptions which the Visitors give of their Examinations.

In the first place, the Colleges consider that the Visitors have failed in their duty in not describing the single examination of each College, and in not pointing out the peculiarities which distinguish it from the Examination for the Double Qualification. The subject of Conjoint Examination has been constantly before the profession since the passing of the Medical Act (1858), and is certain soon to become an important topic of consideration. The system has been in successful operation among the Scottish corporations for more than twenty years, and surely the way in which it is conducted was worthy of being fully explained by the Visitors; yet in the descriptions given of the Examinations for the Double Qualification granted by the College of Physicians with the College of Surgeons of Edinburgh, and with the Faculty of Physicians and Surgeons of Glasgow, there is almost nothing to show that there is any difference between the Examination for the Double and for the Single Qualification; whereas in point of fact, in the case of the former, the physicians undertake the whole examinations in medicine, the surgeons in that of surgery, while the other subjects are examined upon equally by the physician and surgeon. As an instance of the little care taken by the Visitors in differentiating the examinations, a very serious misstatement may be alluded to which occurs in the remarks regarding the Double Qualification of Edinburgh and Glasgow, where the following passage occurs:—

“The Examination for the Double Qualification of the Glasgow Faculty pertains also to that of the College of Physicians of Edinburgh, but of this examination the primary witnessed by the Visitors was conducted almost exclusively by the Glasgow Examiners, those from Edinburgh acting merely *pro forma*, while, at the final, the Edinburgh examiners took fully an equal part in the examination; and, indeed, performed exclusively the part of it relating to medicine, the examiners of the Glasgow Faculty taking the part relating to surgery.”—P. 40.

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That the statement contained in the first half of this sentence is incorrect is shown by the Visitors' own description of the examination alluded to (pp. 118, 119, 120), and it may here be said, that in the primary as well as in the final examination, an equal part is taken by the Examiners of each Corporation. The Visitors had manifestly confounded the Single Examination of the Glasgow Faculty with that for the Double Qualification, which usually immediately follows it.

The Colleges would next refer to a passage contained in the Remarks on Examinations.

“At the Royal Colleges of Physicians and Surgeons, Edinburgh, the very questionable practice still prevails of framing at the beginning of the year the questions for the written part of the several series of Examinations, while in the arrangements for each examination the written answers are read and decided upon by examiners who may not have been responsible for the questions put, and the *vivâ voce* part is conducted by different examiners who may, and often do, ask the same questions as have been already given in writing. In order to secure co-operation it is obviously desirable, as the Visitors in 1873 observed, that the same examiners should conduct the whole of the examination.”—P. 19.

The statement of the Visitors gives a very imperfect impression as to the manner in which the questions are prepared, and a very little inquiry would have made them aware of this. The written questions are never set by single examiners: they are prepared by the examiners in sections, and are only decided upon when they have been submitted to careful consideration by the whole Court. It is also quite erroneous to say that the examiners at the *vivâ voce* part “may and often do ask the same questions as have been already given in writing:” this is rendered impossible by the fact that the written questions are always laid on the table for the information of the examiners. A comparison, moreover, of the written questions printed in the third part of the Report, with the outline of questions proposed at

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the Oral Examination (*see* pp. 107 to 115), will show that there is no evidence that such repetition of questions occurred at the two parts of the examination.

It is somewhat remarkable, that while the Edinburgh Colleges are blamed for persisting in the practice of having the results of the written and oral examinations decided upon by different Examiners, the same practice, when carried out by the Royal College of Surgeons of England, seems to meet with the commendation of the Visitors. On page 64 the following passage occurs :—

“At the close of the written examination the papers are divided among the examiners, and it is so arranged that the examiners who read over and adjudicate upon them do not examine the candidates *vivâ voce*. Thus each candidate, in his written papers, comes under one set of four Examiners, and in his *vivâ voce* comes before the other four Examiners. The object of this, and other arrangements indicated, seems to be to secure, as far as possible, absolute impartiality, and to prevent even the appearance of undue favour being shown to the pupils of one or another school at the examination.”

The Colleges will now briefly refer to a few of the special subjects of examination referred to by the Visitors.

As to the examination in anatomy for the Double Qualification, the Visitors observe :—

“The major part of the anatomical examination consisted of questions which, in the opinion of the Visitors, were of too elementary a character for an examination for this Qualification. When considered in reference to the time bestowed on the examination of each candidate, the range of topics was so wide as to preclude anything like a searching inquiry into the knowledge of the candidate as regards any particular topic. This, of course, was the more marked, inasmuch as the questions were in reference to technical memory, rather than to any objects put before the candidate.”—P. 35.

Again, at page 109 :—

“In this examination no fresh dissections were prepared, nor were the candidates themselves required to dissect, while the range of subjects over which the examination was conducted was so extensive as to preclude the examiners, having regard to the limited time at their disposal, from asking more than the elementary questions.”

These remarks harmonise strangely with the following clauses in the General Observations of the Visitors :—

"The stringency as to minute detail in examination is undoubtedly having an injurious reflex effect upon philosophical anatomical teaching. The result is that teaching is becoming more and more bound by the requirements of the examining bodies which demand such minute knowledge."—P. 10.

"It is obvious that the assumption of a perfect knowledge all round, even of human anatomy, is far too great a strain for the average candidate aspiring to the practice of medicine and surgery."—P. 22.

And, again, with a passage quoted with the highest approval from Professor HUMPHRY'S "Hunterian Oration":—

"We should strive for good, clear, solid, intelligent, producible, and available knowledge, *of the kind that will be useful in after life*—not so much the refinements of chemistry, anatomy, and physiology, which, in their aggregate, are likely to perplex, encumber, stupify, and then pass away like chaff before the wind, but the essential, fundamental facts and principles welded together, and so woven into the student's mind that he can hold them firmly and wield them effectually."—P. 17.

It may farther be observed, that the depreciatory remarks by the Visitors upon the anatomical examinations of the Colleges are not borne out by any facts stated, as may be readily seen by referring to the details of the examinations at which the Visitors were present (pp. 107, 108), as well as to the written questions (p. 187), and by comparing the Reports, as given by the Visitors themselves, of the Examinations of the Colleges of Surgeons of England and Ireland. From these sources of information the Colleges cannot discover the slightest difference in the essential character and quality of the examinations, except in the application of the dissection test, and the presence of freshly-dissected material upon which the examination may be based.

Very little is said of the Examination in CHEMISTRY; but the Visitors have fallen into a strange mistake, which says little for the care with which their Report was drawn up. In the "Remarks on Examinations" on page 35, the Visitors say, "There were no arrangements for testing the practical knowledge of the candidates by actual experiment." This is quite erroneous; at every examination sets of unnamed substances, reagents, and chemical apparatus are invariably laid out, and every candidate is required to show his knowledge by actual testing. The Visitors must have forgotten, when they made the above state-

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ment, that in the description of the chemical examination, they had used these words:—

“He (the candidate) was then given a blue solution, which he successfully tested for sulphate of copper.”—P. 108.

No remarks seem called from the Colleges on the other subjects of Examination, with the exception of Clinical Surgery, for in general the notices are extremely brief, and any critical observations are usually of a laudatory nature.

The Visitors express a decidedly unfavourable opinion as to the Clinical Examination in Surgery; and as this is a subject of much importance, the Colleges think it right to quote their remarks nearly in full.

In the “Remarks on Examinations” the following passage occurs:—

“The Clinical Examination in Surgery seems open to considerable improvement, and to show certain weak points which are instructive. In the first place, the examination is limited to the cases in the wards of the examiners, and when there are many candidates, must be carried out upon many cases that are not the best for such an examination. That such cases are hardly suitable will appear from the fact, that candidates were examined on cancer of the lip recently operated on, an excised shoulder, excision of the os calcis, excision of the elbow, and lastly, on a badly-formed stump. These cases might bring out certain points on a question of treatment, but they do not bring out the essentials of a surgical clinical examination—the question of diagnosis aided by the manipulations of the candidate. Moreover, the Visitors observed, on the second day of the clinical examination, that some of the cases that had been used the previous day were again employed. The objections to this course are obvious. In all these instances the questioning was conducted carefully in the surgeon’s room, and was carried on in collateral subjects, but the range of questions was more suitable to an oral than to a clinical examination. Questions were also asked upon various instruments displayed on a table. This, good as far as it goes, only comes out in contrast as defective when compared with the performance of actual operations on the dead body, and the far better testing of knowledge of instruments which the selection for use by the candidate implies. The Visitors observe, that in this examination there is no testing of the candidates in actual operations. Another weak point was, that there was no systematic provision of padded splints for the candidates to select from, as was the case at the Glasgow hospitals; but each candidate had to apply to the ward nurse for the materials he needed, and to make the best of what the nurse chose to supply. The Glasgow plan not only economises time, but appears to be a more adequate test of the efficiency of the candidate. On the oral examination, the Visitors have not much to remark, further than it was fully and carefully carried out as far as it went.”—Pp. 36, 37.

The following is the detailed description of the clinical examination in surgery :—

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“ The Visitors attended the surgical examination, which began at eleven o'clock, the same candidates being similarly examined by two sets of Examiners, with Assessors. Each candidate was given two cases in the ward to examine by himself, and was then called into the surgeon's room, and questioned on those cases.

“ The first candidate was questioned on a case in which an extensive epithelioma of the lower lip had already been excised, and in which the wound made was closed by a plastic operation. He was asked how he thought such an operation might be accomplished. No questions were given upon the history of the case or the pathology of the disease. The second case was one of hip disease, and a few leading questions were asked as to the signs of the ailment and the appropriate treatment. The candidate was then required to select the instruments for deligation of the femoral artery, to adjust a Petit's tourniquet ; and, lastly, he was sent into the ward to apply a bandage, the result of which was, at the end of the examination, criticised by the surgical examiner.

“ The next candidate was required to recognise a case of lingual epithelioma, and a few questions were asked in reference to the methods of operating in such cases. A second case was one in which the head of the humerus had been previously excised, and one or two questions were asked in reference to the operation. The candidate was then required to recognise the smaller constricting bands of an Esmarch's bandage ; to recognise and name an aneurism needle and a Syme's staff. The third candidate also had a case which had been previously operated upon, excision of the os calcis having been performed subperiosteally, but the disease had returned in the new bone. His second case was one of callous ulcer. As in the former cases, a few simple, practical questions were put in reference to it. The candidate was then required to recognise a tonsillotome, an aneurism needle, a nævus needle, a lion forceps ; and, finally, he was required to apply a divergent spica bandage to a knee-joint.

“ The fourth candidate got a remarkable case of rupial excrecence on the lower lip of a young girl. The case was apparently syphilitic, and was recognised by the candidate as such. There was considerable glandular enlargement in the submaxillary region, and a roseolar eruption over the front of the chest which the candidate had not observed, probably because he supposed he was not to ask questions. The candidate was interrogated briefly on this case, as well as on a case of cicatrising ulcer. The instruments he was required to recognise were a small metallic probe-pointed catheter, an aneurism and nævus needle, a Volkman's scoop, a lever for necrosis, and probangs. Lastly, he was required to apply a bandage to the hand and fore-arm.

“ Another candidate was questioned on a case of necrosis, also on a bad stump, and how he would deal with it. He said he would dissect the skin back and cut off an inch of bone. He was then questioned upon instruments, Esmarch's bandage, œsophagus forceps, Volkman's scoop, aneurism needle, hæmorrhoidal needle, &c.—Pp. 110-112.

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"Another candidate was questioned on a case of fractured rib with hæmoptysis; on pneumo-thorax and its symptoms; on a case of chronic disease of the elbow (strumous) in a patient who had had a foot amputated; and on the operation of excision of the elbow. The instruments he was required to identify were Corrigan's cautery, Volkman's spoon, actual cautery, and probang."

On these remarks the Colleges have to observe:—

1. Had the Visitors asked for any explanation as to the mode of conducting the examination, they would have found that their statement, that "the examination is limited to the cases in the wards of the Examiners," is quite incorrect. It is *not* so limited. Many cases, perhaps the majority, are carefully selected from the out-patient department on preceding days, brought into the hospital on the morning of the examination, and placed in bed or on a chair in the ward. When there is the slightest difficulty in obtaining suitable subjects, cases are lent for the occasion by the other surgeons of the Infirmary. It may be mentioned, that of the fifteen cases mentioned or indicated by the Visitors, seven were out-patients, including the so-called "badly formed stump," which had been made in another medical school.

2. Cases are occasionally, but very rarely, used twice, but only when they are thought to be specially suitable. The observation of the Visitors on this point is illustrated by the case of the girl with the sore on her lip. The case, which was not "a rupial excrescence," as the Visitors supposed, but a marked Hunterian chancre with bubo and roseola, was perfectly new to the candidate, and was considered by the Examiner to afford an excellent test of knowledge, as presenting typical appearances on an unusual site.

3. The Colleges entirely disagree with the Visitors that it is expedient to have splints ready padded for the candidates. The selection and padding of splints have always appeared to them an important feature of their examinations. Candidates have at their command all the surgical resources of the Infirmary, and not merely "what the nurse chooses to supply." The Visitors are evidently not aware that in the Edinburgh School Surgeons are not in the habit of specially padding the long splint otherwise than by the sheet.

4. The Colleges hold that it is well that a surgeon should, if possible, know the names and uses of his instruments.

5. The Colleges would be very glad to be able, had they sufficient material at their disposal, to test the operative powers of candidates on the dead subject. There appears to them, however, a certain inappropriateness in introducing remarks on this point in a Report of a Clinical Examination upon the living.

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In bringing these remarks to a conclusion, the Colleges have no hesitation in saying that they do not consider the recent inspection of Examinations as satisfactory, and that they look upon the Report as ill-fitted to satisfy the expectations of the medical profession. The visitations on former occasions were highly appreciated, and had an undoubted effect in raising the standard of Medical Examination, and indirectly of Medical Education. On the present occasion, the Colleges fear that little good will result from the inspections which have taken place. The detailed descriptions of the examinations are on various important subjects, such as midwifery, far too meagre; the opinions expressed are generally too feebly stated to carry much weight; while the conclusions arrived at, and recommendations proposed, do not seem to be of such importance as to justify such an elaborate and expensive inquiry.

The Colleges think that it was a mistake to commit the visitation of the examinations of so many important Bodies to three gentlemen only, who, however well qualified, could not possibly, if engaged in practice, devote to it such an amount of time and care as the Medical Council and the Profession had a right to expect.

D. R. HALDANE,

*President Royal College of Physicians of
Edinburgh.*

FRANCIS BRODIE IMLACH,

*President Royal College of Surgeons of
Edinburgh.*

REMARKS BY THE FACULTY OF PHYSICIANS AND
SURGEONS OF GLASGOW ON VISITORS' REPORT.

FAC. PHYS. &
SURG. GLASG.

IN response to the courteous invitation of the PRESIDENT of the General Medical Council, the Council of the Faculty of Physicians and Surgeons of Glasgow, after conferring with the Board of Examiners, have to submit the following observations on the Report of the Visitors.

The Council have, at the outset, to express their gratification that the general plan and method of the Primary and the Final Examination of the Faculty have met with the approval of the Visitors. In regard to those recommendations of the Visitors which have special reference to the Faculty, these have been carefully considered by the Council and the Examiners. To the suggestion that the dissection should be rather regional than with a view to the exposition of particular structures, the Examiners in anatomy will endeavour to give effect. The advice of the Visitors that the *viva voce* examinations should be conducted on the dissections made by the candidates, rather than on those prepared by the Examiners, will also be adopted as far as it can be done. But it must be kept in view that the dissections made by the candidates do not always present the best field for oral examination; and the Examiners are of opinion that these will not supersede the necessity for prosection. The number of subjects required for the Anatomical Examination will be regulated by the number of candidates; and the Council will take care that the efficiency of the dissection test is not impaired by any lack of examining material. The strain upon the Examiners and candidates to which the Visitors refer will be lessened either by means of extending the period of examination, or, should this prove insufficient, by increasing the number of Examiners. An extension of the period has, in fact, already taken place, this having been rendered necessary by the Examiners resolving to allot a longer time to each candidate for dissection. This step they have taken from a feeling of the great importance of the Examination by Dissection. At the same time they are convinced that as a means of ascertaining a

candidate's knowledge of anatomy, the test is not absolutely crucial. The Examiners know from experience that not a few students can pass muster at dissection who, on examination by other methods, show an inadequate knowledge of the subject. The last of the special recommendations to the Faculty—and which is also embodied in the general "Conclusions" as having reference to all the Surgical Examinations—namely, that Operative Surgery should be added as a test at the Final Examination, is one in the propriety of which the Board of Examiners and the Council entirely concur, and to which they intend to give effect.

In regard to the general "Conclusions" formulated by the Visitors (page 56), the Council believe that most of them are well considered and judicious. The proposal to restrict and define the range of Examination in Physiology is one which the Examiners have more than once considered, without seeing their way to give effect to it. There are doubtless not a few outlying parts of the science of which a medical student, with the limited period devoted to the subject, cannot be expected to have a minute acquaintance. But no judicious examiner would reject a candidate for imperfection of knowledge on such subjects. The Board of Examiners have, therefore, felt that there is no such urgent call for the limitation of the range of Examination in Physiology as there did exist in regard to Chemistry. With the greater part of the other "Conclusions" of the Visitors the Council concur.

To one other matter in the Report the attention of the Board of Examiners was directed by the Council. The Visitors (page 23) institute a very interesting comparison between the merits of the different methods of examining in Clinical Surgery which they witnessed at various places; and they give the preference to the arrangement under which typical cases of sufficient variety are brought to the Examination-room from different hospitals. In the discussion on the subject, at the Board of Examiners, it was pointed out that the method tended in some degree to limit, injuriously, the field of Clinical Examination. But the chief objection to it as regards Glasgow was, that in a city with only two general hospitals there would, under this method, be considerable risk of the candidates being able to ascertain by irregular means the cases to be drafted. After careful consideration, the

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Board of Examiners were of opinion that this method, probably justly preferred in London, with its many hospitals, would not be the best in Glasgow.

In reference to the concluding paragraph (page 40) of the Report of the Visitors, in the Examinations of the Faculty, the Council think it right to state that in all the three subjects of the Primary Examination for the Double Qualification, the Examiners of the Royal College of Physicians of Edinburgh take an equal share in the work with the Glasgow Examiners. The impression to the contrary, which the Visitors received, must have been owing to some purely accidental circumstance.

ALEXANDER DUNCAN, *Secretary.*

GLASGOW, *May 1, 1882.*

REPLY BY THE COURT OF EXAMINERS OF THE
APOTHECARIES' SOCIETY OF LONDON TO VISI-
TORS' REPORT.

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As the Visitors appear from their report to the GENERAL MEDICAL COUNCIL, upon the Examination of the Society of Apothecaries of London, held on December 14 and 15, 1881, to be under misapprehension in several respects, the Court of Examiners beg to submit the following remarks in answer to the following allegations made. Taking first the

CLINICAL EXAMINATION.

I. The Visitors state that all the candidates were not required to test the urine.

Answer. The apparatus for testing is always put out, and arrangements are made for the collection of the urine, when the patient has not brought a bottle of it with him. On the evening of the visit, specimens of the urine had been brought by two of the patients, and were ready for examination. A candidate,

however, is expected to ask for it, and failure to do so would not pass unnoticed. The third patient was a little girl who had not brought any urine with her.

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II. Comment is made upon the recurrence of the *same case* as a subject for examination, and a case of fibroid phthisis is especially referred to at page 131.

Answer. It may be noted that there are intervals of 49, 28, 63, 21, and 63 days respectively between the dates mentioned; the case being in itself a very suitable one.

It is very improbable, and, in fact, impossible, the Examiner being present, that such an occurrence as that suggested by the Visitors could have happened, viz., that a candidate could be informed by a patient as to the nature of the disease under which he was labouring. Supposing, however, the possibility of such an occurrence, simply naming the right diagnosis, without due reasoning and enumeration of the physical signs and symptoms, would not count for much in the report of the case.

With regard to the — cases of diabetes insipidus alluded to by the Visitors, as coming to the Hall for examination on two consecutive weeks, this is an error. There were, in fact, on the dates brought forward two different patients, one having mellitus, the other insipidus. Altogether, in the year 1881, diabetes occurred eight times with four different patients. The case of chronic Bright's disease appeared twice in 1879, four times in 1880, and five times in 1881. As there are fifty-two examinations per annum, this does not seem too frequent. The patient appeared on the 23rd of February, and on the 2nd of March of 1881. With this exception, the interval was never shorter than ten weeks.

III. It is stated that "it did not appear that the Examiners themselves were in any degree responsible for the diagnosis indicated in the book," pages 131 and 132.

Answer. It is the invariable custom of the Examiner to test for himself the correctness of the diagnosis sent with the patient, when the case has not been under his own care. This was done on the night in question before the arrival of the Visitors.

Although the Examiner, who is present at the clinical examination, may not make any remarks to the candidate who is

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investigating the case, yet he is observing the way in which he manipulates and deals with it, and is listening to the mode of questioning the patient.

The evidence thus obtained of the candidate's capability of investigating diseased conditions, assists the Examiner in forming his judgment as to the adjudication of the marking after reading the written report of the case.

This plan meets the criticism of the Visitors on the reports of the clinical cases at page 44.

Although these reports were not quite accurate, yet they indicated, partially at least, the seat of the disease.

In corroboration of this, the Examiner who conducted this part of the examination states that Case I. had evidence of consolidation at both apices. Two candidates recognized this morbid condition on one side of the chest. Another candidate who had examined for phthisis, but failed to find it, got the lowest pass mark; whilst the fourth, who failed to diagnose the diseased condition of the lungs, was rejected.

Case II. had an aortic diastolic and a mitral systolic murmur. Two reports recorded the aortic murmur correctly, but omitted the mitral. The third, which the Visitors remark upon as having a "satis" mark, diagnosed the mitral systolic, but missed the aortic murmur. The fourth candidate alone was quite erroneous, inasmuch as his diagnosis was mitral stenosis.

Case III., a girl aged 11, had mitral regurgitation with some stenosis and bronchitis.

The candidate who was marked "bene," in the opinion of the Examiner, wrote the best paper. The second candidate, whose report the Visitors appear to prefer, missed the bronchitis, and although his paper was good, the Examiner considered it was not entitled to quite so high a mark. The third candidate only recognised the bronchitis. As there was, however, a good deal of the latter, partly masking the heart murmurs, the Examiner, making allowance for nervousness on the part of the candidate, did not reject him on his paper, and he passed, having satisfied the rest of the Examiners at the *vivá voce*.

Further, the Examiners have always acted upon the principle advocated by the Visitors at page 13, namely, that "it is not so much the accuracy of the diagnosis as the mode in which it is arrived at, that ought to influence the Examiner in estimating the position of the candidate."

The Court has not thought it advisable that the candidate should be asked any questions during the Clinical Examination, for such interference may distract his mind, guide him to the detection of the disease, and give him ideas which may influence the character of his paper. Many of the Examining Bodies adopt a similar practice.

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At the time of the Visitors, appointed by the GENERAL MEDICAL COUNCIL, coming to the Hall, the Court of Examiners had in contemplation some new regulations with reference to the Clinical Examination, and they are now acting on the following rule, namely, that "the Examiner conducting the Clinical part shall be allowed to question the candidate upon the case, after reading his Report of the same."

IV. With regard to the *vivâ voce* Examination in Medicine not being objective (p. 137), the Court would remark that plates on skin diseases and other subjects were on the table at the time of the visit, and are constantly used, but individual Examiners exercise their own discretion when to use them. In Pathology, all the morbid preparations were originally brought and used for examination fresh, and preserved for future use when no fresh specimens happen to have been brought. In addition to this, Microscopical Pathology and the Clinical Examination combine to make the examination on medicine an objective one.

THE PRIMARY EXAMINATION.

I. Anatomy.

The Visitors find much fault with the Anatomical Examination. They appear, however, to misunderstand its object, which is mainly to ascertain whether the candidate possesses such a practical knowledge both of visceral and regional anatomy as to enable him in the first place to profit by the clinical instruction imparted to him at the hospital, and in the second place to localise disease when called upon to do so in the practice of his profession. With this view the examination on the living subject was originally established by this Society.

Members of the College of Surgeons and those who have passed the Primary Examination in Anatomy, though exempt

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from the Written Examination, are still examined, both orally and on the living subject, by this Society, instead of being totally exempt as they are at some other Examining Bodies. How necessary this is, is best exemplified by the case mentioned in the Visitors' Report, page 134. A degree of leniency was shown to the candidate because he possessed an English surgical diploma, and the Examiner considered that the responsibility of his want of anatomical knowledge should rest with the College which had granted him his qualification to practice. For this reason the candidate was adjudged a mark only just sufficient to admit him to the Oral Examination.

The Examiners take different views as to the method of conducting the examination on the living body, but the plan recommended by the Visitors is generally adopted.

The candidate is expected to describe accurately the position and size of the organs, and other parts of the body; to map out with precision, on the surface, their situation, and afterwards to correct this by palpation and percussion. Reference is also made to the changes arising from respiration and altered positions of the body. He is moreover required to show that he is acquainted with the changes caused by the several movements of the body, and to explain by what muscles such movements are effected. This system has been approved by both past and present Visitors, and may be quoted to show that the Society is alive to the practical necessities of modern medicine.

The Court has, however, no desire nor intention of remaining stationary. The inadequacy of the material for the Oral Examination in Anatomy has already occupied their attention, but inasmuch as Topographical Examinations are living demonstrations of an essentially practical character, they are probably more efficient in ascertaining whether the candidate possesses safe and useful knowledge, and have brought to light more effectively the weakest points of the student than the system which relies solely on dissected parts, as adopted by other Examining Bodies.

In the words of the Visitors themselves, this plan "brings out in forcible relief what they believe to be a deficiency both in Medical education and Medical examinations" (page 134), and compares favourably "with a large amount of accurate (minute?) anatomy, much of which is, after all, of little perma-

ment use beyond the mere mental training," while "the most important results of anatomical knowledge in reference to practice are not infrequently missed" (page 134).

The value of the examination on the living subject, as a test, is well exemplified by the case quoted by the Visitors, and is brought out also in the Report of the Visitors for 1873. The latter considered that the examination, on the whole, was sufficiently searching to detect the shortcomings of any candidate, and afforded a fair test of his general capacity; and, on the occasion of their visit, four candidates, who had passed the Primary Examination at the College of Surgeons, and were deficient in topographical anatomy on the living subject, were rejected.

This induced them to make the remarks which follow: "Our attention was also unavoidably called to the want of due preparation on the part of some of the candidates. In some cases his knowledge was evidently wholly superficial; in other cases it appeared that the knowledge of Anatomy, and especially of Regional Anatomy, which had been acquired with a view to passing the College of Surgeons, had been in a great measure lost in the few months which had elapsed since that Examination; and on the whole the conclusion was forced on our minds that in many cases the system of instruction had lamentably failed in its main purpose of educating the student for the future practice of his profession." (Page 11.)

Thus the Visitors of 1873 make the same complaints as those of 1881 of the failure from a practical point of view of much of the present anatomical teaching and examination. The Society surely, therefore, deserves credit for bringing to light these defects.

II. *Physiology.*

The Visitors remark that there is a deficiency in the Examination in Physiology, but much of this deficiency is only apparent, as Histology embraces a wide field, and the objects shown to the candidates are amply suggestive of, and naturally call forth, physiological questions.

Justice would dictate that the same remarks should be made in favour of this Examination as those made in approval of the

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Physiological Examination of the Royal College of Physicians and Surgeons of Edinburgh.

“The Physiological Examination was carefully conducted and satisfactory, the candidates being questioned on histological specimens with which any average student should be familiar.” (Page 35.) Nevertheless, this Court recognising the importance of Physiology in practical medicine, proposes to establish in future a separate table for that subject.

III. *Chemistry and Practical Toxicology.*

As the examination is intended for the general practitioner, it appears unnecessary to the Court to adopt an elaborate mode of examining in Chemistry and Toxicology in fully fitted up laboratories. Solutions are present to test for the salts and compounds of every metal, in substance and in solution, as well as for some of the more common organic substances. This part of the examination is carried out at a table (which never has a “green baize” nor any other cloth upon it, as mentioned in the Report) specially kept for the purpose of chemical manipulations.

The examination is intended to ascertain whether candidates possess such sufficient knowledge of the principles and practice of Chemistry and Toxicology as would be required in general practice, and not to ascertain whether they could carry out the researches of a scientific expert, as it is well known that an ordinary practitioner is not expected to take the responsibility of conducting such researches.

IV. *Botany.*

It is usual to put questions bearing on the botanical characters of the various specimens of the *Materia Medica* collections when examining upon them, and if such questions were omitted on the evening the Visitors were present, it must have been accidental.

Fresh plants from the Society’s Garden at Chelsea are always provided in the Summer, and very good plates are available for Winter use.

Since the GENERAL MEDICAL COUNCIL recommended that

Botany should be a preliminary subject, and did not include it in their Recommendations for Professional Education and Examination in 1880, this subject has not been such a marked feature in the examination of the Society.

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V. *Marking.*

This is one of the improvements that the Court of Examiners had actually in contemplation at the time of the Visit, and the system of marking by percentage was in full working order before the Visitors' Report appeared, in which they recommend that very plan to the various Examining Bodies.

In conclusion, the Court of Examiners think that they have not been given sufficient credit for the efforts which they have made, and are making, towards the improvement of the examination, in the same manner as was done by former Visitors.

The Recommendations of the GENERAL MEDICAL COUNCIL have always, so far as the Act of Parliament permitted, been promptly attended to, and in some cases anticipated. Such efforts ought to be taken as an earnest of the future, especially having regard to the fact that the Society is not included in the list of those bodies who had not in 1881 attended to the Recommendations of the Visitors of 1873 (page 18), the Examination not having appeared to them to have required special alterations.

That on many of the points under discussion there is room for difference of opinion is evidenced by the Report of the former Visitors of 1873.

Moreover, the Examination continuing to be conducted in conformity with the recommendations contained in the Report of the Visitors of 1873, and with the Curriculum of the GENERAL MEDICAL COUNCIL, the Court of Examiners has thought it less desirable to make marked alterations in their method of procedure, believing that the Examination, as existing, is a sufficient test for the practice of Medicine.

JOHN RANDALL,

Chairman of the Court of Examiners.

May 4, 1882.

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LETTER FROM THE APOTHECARIES' SOCIETY OF LONDON ON
VISITORS' REPORT.

Apothecaries' Hall, Blackfriars,
London, E.C., May 26, 1882.

SIR,—I have to acknowledge the receipt of your letter of the 22nd March, 1882, transmitting to me the "Report of the Visitors of the GENERAL MEDICAL COUNCIL on the Examinations (1881-1882) of the Medical and Surgical Corporations of the United Kingdom."

I forward herewith, on behalf of the Society of Apothecaries of London, the reply of their Court of Examiners, signed by their Chairman, dealing minutely with the observations of the Visitors on the points affecting the examinations as conducted by this Body.

The Society of Apothecaries are gratified to learn from the Report of the Visitors of the GENERAL MEDICAL COUNCIL, that "as regards the subjects specially under the domain of the Society under its legal charter," "the examination is a good and searching one," that it "elicits the knowledge of the candidates in a satisfactory manner," and that "there are points of excellence from which instruction may be gained, and which are suggestive of improvements that might be adopted by other Examining Bodies."

The Society cordially recognise the candid spirit in which the report has been written, and revert with satisfaction to the previous reports of 1866-7 and 1873, as bearing testimony to their efforts to bring the examinations into harmony with the views of the Council.

In defence of some of the points in which it is considered by the Visitors to be defective; and first, as to the Anatomical Examinations, they wish to observe that it would be difficult to have a subject, or even parts of a subject, actually dissected and brought to the Hall for the weekly examinations; but they are ready to increase the number and variety of their anatomical preparations and to provide recent pathological specimens, in addition to those now preserved in spirit, to as great an extent as possible.

In regard to the criticism on the *vivá voce* Examination in Anatomy, as being "wholly insufficient for a Body having a right to place its licentiates on the *Medical Register* as qualified for general practice," they would remark that they have hitherto looked upon the Royal College of Surgeons of England as the principal examiners in anatomy for this division of the Kingdom, and as the Body, in conjunction with themselves, granting the double qualification for English general practitioners. In fact, out of more than 8,000 licentiates of this Society at present on the *Medical Register*, less than 400 hold such license as their only qualification, the remainder being members either of that Royal College or of some one of the other colleges giving a diploma in surgery.

With respect to Physiology, the Society recognise the importance of testing more fully the knowledge of the candidates in that science, and arrangements are already in progress for instituting a more comprehensive

examination therein, with which will be combined, as heretofore, the Microscopical Examinations in Histology, both general and pathological, which have already elicited the approval of the Visitors.

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In regard to the method of the Clinical Examinations, as to which objection is made to the comparatively small number of patients brought before the candidates, it must be obvious that it is not possible at a weekly examination, as required by the Society's Act of 1815, to have either such a number or variety of cases as can be presented at examinations held at longer intervals (as is the practice at other Licensing Boards), and that the class of diseases so produced must necessarily partake more of a chronic than an acute character.

As to the point of the written clinical papers being set by one Examiner, and the subsequent *vivâ voce* upon them taken by another, this is fully explained in the reply of the Chairman of the Court of Examiners which accompanies this letter.

With respect to Chemistry, Toxicology, and Botany, it is in contemplation to make more complete arrangements in the apparatus and appliances for the examinations in these subjects.

As to the science of Hygiene, the Society fully concur in the observations made by the Visitors, not only as to its great value and importance generally, but also as to the desirability of its forming a portion of the education and examination of every medical practitioner.

In carrying out the somewhat limited powers conferred upon it by the Act of 1815, the Society have no wish to remain stationary, but are anxious to adopt from time to time every improvement in their examinations which the continual advance of medical science may demand.

I have the honour to be, Sir,

Your most obedient servant,

HUGH W. STATHAM,

Master of the Society of Apothecaries.

DR. ACLAND,

President of the Medical Council.

REPLIES OF THE EXAMINERS IN THE APOTHECARIES' HALL OF IRELAND TO VISITORS' REPORT.

CHEMISTRY.

In reply to the remarks of the Visitors (page 143) the Examiner begs to say that it must have escaped the observation of the Visitors that all the salts there alluded to were labelled in chemical symbols only. The actual manipulation

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of the tests by the candidates themselves was not required, in order that time might be gained for asking a wider range of questions, but the suggestion of the Visitors could be acted on either by extending the time allotted for the Oral Examination, or by limiting its area, as intimated on page 9 of the Report. In making any change, however, the particular duties and requirements of the general practitioner must be carefully considered.

The Examiner is strongly of opinion that the important subject of morbid urine should form a part of the Primary Examination as well as of the Clinical, so that the students' early attention may be directed to it.

MEDICINE.

In reference to this Examination the Visitors remark "that it appeared to proceed upon pretty definite lines; the pathology part of it having been guided by the preparations on the table, and the rest by a short paper of notes previously prepared by the Examiner; that the range of subjects over which the candidates were taken was certainly ample, and such as might, under favourable circumstances, have elicited a very large amount of knowledge: on the present occasion it undoubtedly failed in doing this; that it appeared in several instances the subjects were rather superficially dealt with, and not so as to elicit any comprehensive or precise knowledge."

In reply, the Examiner states that the candidates were very nervous, that the Oral Examination was directed mainly to test their practical knowledge, and was accordingly extended over a wide field of subjects, which, of itself, accounts for the apparent incompleteness of the questions upon some of the subjects; but that this remark of the Visitors certainly does not apply to the questions in the written part of the Examination. See pages 216 and 217 of the Report.

PATHOLOGY.

The Examiner in this department desires to point out a seeming incompleteness in the Report of his Examination, for instance, in the case of Candidate (1), a preparation of

tubercular phthisis in the early stage being placed before him, he was asked to recognise the disease, to describe the nature and character of tubercle, to mention the changes of condition it is liable to undergo, to name the other organs it is especially prone to invade, and the diseases to which it gives rise in these parts; he was also questioned as to other forms of pulmonary phthisis, and asked generally about the treatment, climatic and remedial; and in the instance of valvular disease of the heart, the preparation showing aortic insufficiency with hypertrophy; the same candidate was required to describe the nature of the lesions, the cause of the hypertrophy, and the murmur proper to this form of valvular disease.

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In the case of Candidate (2) a preparation of hepatised lung passing in the third stage being submitted to him, he was asked to recognise it, to state the significance of the change in colour that the tissue had undergone, to give the stethoscope sign indicative of this change, and to specify the seat and nature of the pneumonic exudation; he was also asked about the treatment, and as to the object of administering quinia in full dose in the first stage.

The Examiner further notices that there is no reference made to the pathological questions in the Written Examination.

CLINICAL MEDICINE AND SURGERY.

The Clinical Examination, including the dispensary cases presented to the candidates in January, comprised a considerable field for examination; it was however unfortunate, as stated in the Visitors' Report, that "by some misapprehension, the Visitors, on entering the hospital, were informed that Dr. Moore had not arrived; whereas it appeared afterwards that the Examination was already going on in the out-door department. Upon this part of the Examination, therefore, the Visitors are unable to record more than it seemed to have occupied about half an hour, and was described as consisting in bringing three cases successively under the notice of the candidates."

This mistake may have arisen from the hospital attendants not having understood that it was not Dr. John William Moore, Physician to the Meath Hospital, that was being inquired for.

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The reasons for combining, at the Examination of candidates, cases in dispensary practice as well as cases in hospitals, appear decidedly strong. For in examining such cases the possibility of any previous knowledge on the part of the candidate of the individual cases is very slight.

The Visitors' Report continues: "In the Clinical Examination the right method was followed to a very considerable extent; that is to say, the candidate was admitted to examine the case, and was then questioned on it by the Examiner in such a manner as to elicit what he had discovered; but in doing so the Examiners were subject to the obvious disadvantage, that they themselves began the Examination on merely hearsay information as to the cases, and accordingly it was nearly impossible that they should be able to pursue the details in such a way as to test very thoroughly the accuracy of the candidates' conclusions."

Owing to this cause, and perhaps also owing to the weakness of one at least of the candidates, the Clinical Examination in Medicine did not impress the Visitors so favourably as perhaps it might, under other circumstances, have done.

The recommendation of the Visitors that one of the physicians of the hospital, where the Clinical Examination is held, should be present, has no doubt very considerable reason to recommend it; but the difficulties that appear in obtaining the services of so many professional men to conduct the Examinations, and to give up their time to the matter at an hour different from that of their regular hospital visit, are considerable; it might however be met by obtaining the services of the assistant physician or resident surgeon, by an arrangement with those officers at different hospitals.

The observations of the Visitors continue thus: "Allowance being made for these facts, the Examination was most carefully conducted, and the questions put to the candidates were of a strictly practical kind. They were asked to write prescriptions for one or more of the cases examined, and questioned on the details of these prescriptions, as well as the pathology, diagnosis, and prognosis," &c.

The concluding remark by the Visitors, to the effect that "there was no Surgical Clinical Examination," was evidently due to the fact of their not being at once made aware of the

attendance of the Examiners, as above mentioned, inasmuch as the candidates had a case of fracture of the superior maxilla presented to them, as well as a case of abscess and one of ulceration, on each of which they were questioned as to symptoms, treatment, &c.

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In regard to the observations of Dr. Bolland to one of the Visitors on preliminary education, the Court is of opinion that the general education of medical students should be transferred to such of the national educational bodies as may be approved of by the GENERAL MEDICAL COUNCIL.

By order of the Court.

THOMAS COLLINS, *Governor.*

DUBLIN, *May* 16, 1882.

OBSERVATIONS BY THE COURT OF THE APOTHECARIES' HALL OF IRELAND ON VISITORS' GENERAL IMPRESSIONS.

This Court is of opinion that the suggestion of the Visitors, page 9, that the range of some of the subjects of Examination may be advantageously curtailed, deserves careful consideration, but that in doing this the duties usually undertaken by the General Practitioner in Ireland must be borne in mind, as intimated by the Examiner in chemistry.

The Court is in accord with the Visitors as to the importance of the Clinical Examination, and of oral questioning thereat, also as to the utility of chemical and other physical means of diagnosis.

The remarks of the Visitors on page 48 appear to imply that the knowledge of the candidates in chemical symbols was not sufficiently tested, but a reference to pages 143 and 215 will show that the subject was adequately examined in. Candidates for the License of the "Hall" have always been subjected to a practical Examination in botany, and since 1862 have been examined in the important subject of hygiene. The marked

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approval of the Visitors is therefore highly satisfactory to the Court. With regard to the remarks of the Visitors upon the Examinations in medicine and clinical medicine, the President and Members of the MEDICAL COUNCIL are referred to the "Replies of the Examiners."

The system of marking recommended at page 53 appears to be too stringent; to reject a candidate for a deficiency of five marks out of two hundred and fifty would be somewhat severe, but were a reasonable latitude allowed, the proposal meets the approval of the Court.

The subject of mental disease frequently forms a part of the Examination in medical jurisprudence at the Hall.

In conclusion, the Court desires to express its belief that the suggestions of the Visitors could be best carried out under a conjoint system of Examination.

By order of the Court.

THOMAS COLLINS, *Governor.*

DUBLIN, *May* 16, 1882.

