

Report presented to the Metropolitan Counties Branch of the British Medical Association / by the Committee appointed to consider the subject of the education of the general practitioner of medicine [...] signed by C.Macnamara for the Committee.

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R E P O R T

PRESENTED TO THE

METROPOLITAN COUNTIES BRANCH

OF THE

BRITISH MEDICAL ASSOCIATION,

BY THE

COMMITTEE APPOINTED TO CONSIDER THE SUBJECT
OF THE EDUCATION OF THE GENERAL PRACTITIONER
OF MEDICINE.

LONDON :

VACHER & SONS,

129, PARLIAMENT STREET, AND 62, MILLBANK STREET.

1879.

REPORT

OF THE

NEPHROLOGY SOCIETY

OF THE

BRITISH MEDICAL ASSOCIATION

FOR THE

ANNUAL MEETING TO BE HELD AT THE
HOTEL DE VILLE, PARIS, IN 1900

LONDON:

JOHN & JOSEPH

SPURGEON, 1, ABINGDON STREET, LONDON, E.C.

1900

METROPOLITAN COUNTIES BRANCH
OF THE
British Medical Association.

57, DOUGHTY STREET, W.C.,
19th November, 1879.

DEAR SIR,

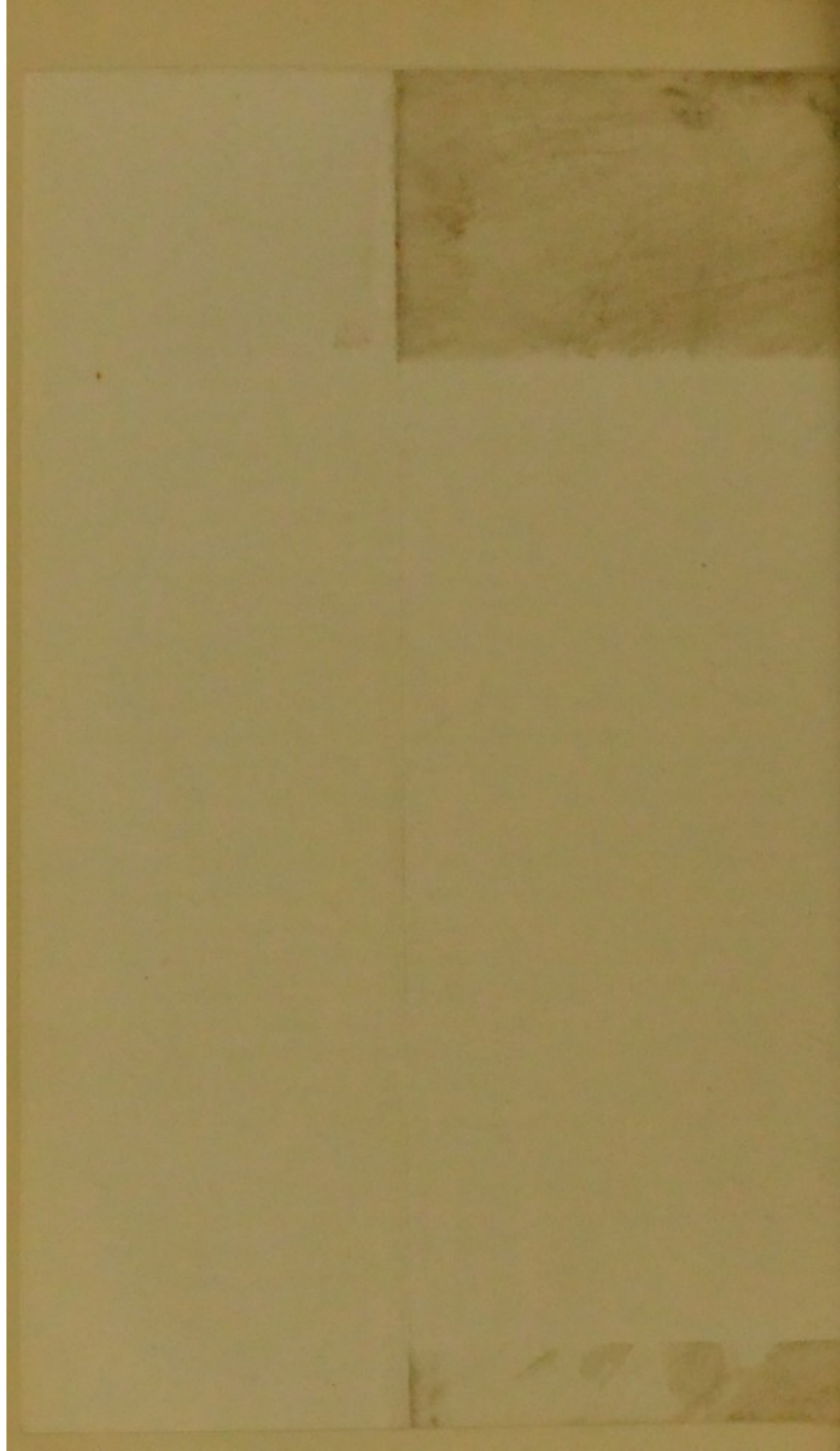
We beg to forward you a copy of
the Report of the Committee appointed by this Branch
to consider the subject of the EDUCATION OF THE
GENERAL PRACTITIONER OF MEDICINE.

An adjourned meeting of the Branch will be held at
the rooms of the Medical Society of London, 11, Chandos
Street, Cavendish Square, on Saturday, December 6th,
at 8 p.m. precisely, to receive and discuss the Report.
As the matter is important to the profession, your
attendance is earnestly requested.

We are,

Yours truly,

ALEXANDER HENRY, M.D., } *Hon.*
W. CHAPMAN GRIGG, M.D., } *Secs*



R E P O R T
PRESENTED TO THE
METROPOLITAN COUNTIES BRANCH
OF THE
BRITISH MEDICAL ASSOCIATION,
BY THE COMMITTEE APPOINTED TO CONSIDER
THE SUBJECT OF THE EDUCATION OF THE
GENERAL PRACTITIONER OF MEDICINE.

A General Meeting of the Metropolitan Counties Branch was held on 25th June, 1879, to discuss the important subject of the professional education of the General Practitioner of medicine. More than seventy members and visitors were present. The subject was introduced by the President of the Branch, Dr. Andrew Clark, who expressed his opinion that the present system of education was defective in that it did not sufficiently provide for the instruction of the student in ordinary practical matters, and that too much attention was required to be devoted to the acquirement of knowledge of comparatively little importance to the general practitioner. The meeting was addressed by Dr. Semple, Dr. J. Rogers, Mr. C. Heath, Dr. Crisp, Dr. Farquharson, Dr. Burney Yeo, Mr. Thomas Smith, Mr. J. Wood, Dr. Silver, Dr. Edis, Mr. Sibley, Dr. R. J. Lee, Dr. F. T. Roberts, Dr. A. P. Stewart.

It was then proposed by Mr. Macnamara, and seconded by Dr. Burney Yeo, that—"A Committee be appointed to collect information from the past and present teachers of medicine and surgery, and from the members of this Association, regarding the professional education of general

Dr. Andrew Wood's Committee, on Medical Education, reported to the General Medical Council, in the year 1869, that however desirable it might be to make chemistry a subject for the preliminary examination, it was out of the question doing so, because this science was beyond the range of ordinary schools.

Within the past ten years, however, a considerable advance has been made in our system of national education, and it seems that at the present time there is no necessity for a man to come to a medical school to study elementary botany, physics, inorganic chemistry or biology; for the knowledge of these subjects is now acquired by a considerable number of youths, educated either in the Government Schools of Science and Art, or elsewhere. These subjects should therefore be entirely removed from the medical curriculum, and made a part of the preliminary examination to be passed by every student, before he is allowed to enter his name on the books of the General Medical Council.

The preliminary examination should include a knowledge of the subjects detailed in the existing Orders of the General Medical Council, and, in addition, elementary botany, physics, biology and inorganic chemistry.

The question naturally arises as to the feasibility of this scheme, and in order that we might obtain correct information on the subject, the matter was referred to Professor Huxley, who observes, "the examinations of the Science and Art Department very nearly fulfil the required conditions; that is to say, a student who has passed in the first class of the advanced stage of those examinations in physics, chemistry, and elementary botany and biology, would possess a very fair knowledge of these preliminary sciences. It would be desirable, however, to introduce more of the practical element into the examinations for intending medical students than I have been permitted to give in the science and art examination,

and on other grounds it would probably be better to make the examination for intending medical students distinct and independent. I mention the science and art examinations because I have had long experience of them and know how they work."

From the twenty-third report of the Science and Art Department of the Committee of Council on Education, it appears that 75 per cent. of the pupils pass their examinations in the class referred to by Professor Huxley, during their 17th year of age.

The examinations conducted by the "Royal College of Preceptors" is probably as searching as that of the Science and Art Department, so that there can be no doubt as to the possibility of a student obtaining certificates, sufficient for the purposes referred to in the question we are considering, before he is eighteen years of age, from one of the "National Education Bodies."

Question 2. Is it desirable that a certain period, previous to admission to a medical school, should be spent with a general practitioner in the form of an "articled pupilage."

a. If so, when, and how long?

b. And which of the subjects mentioned in Question No. 1, should form a part of this preliminary training? or are there any others?

The answers received by your Committee to this question indicate the existence of a marked diversity of opinion between the teachers in our medical schools and the general practitioners belonging to this branch of the British Medical Association. Seventy-four per cent. of the general practitioners who have sent us answers to this question, express their conviction, as Dr. J. Rogers remarks, that "there is a want in the education of medical students as regards teaching in the art of prescribing." It is affirmed that "in making up prescriptions pupils soon attain a knowledge of doses, the use of drugs, and their compatibilities," and that a thorough

knowledge of Pharmacy is indispensably necessary to the general practitioner. Further, it is urged, that, at present, medical men commencing practice are frequently unacquainted with much they ought to know concerning the ordinary routine of the general practitioner's work, and, when called upon to take charge of a practice (including perhaps a parish and club patients) the young practitioner is not only incapable of dispensing, and sending out his own medicines, but is also at a loss in various matters of detail, a neglect of which brings discredit upon himself and endless trouble to his employer. Lastly, it is argued that no inconsiderable number of recently qualified medical men, have no idea of the real nature of their duties as general practitioners, until they are actually engaged in practice: many of them then discover that their work is hardly that which they had anticipated,—they become discontented with their position in life, and regret, when it is too late, that they had entered the profession.

In order to mitigate these evils, a majority of general practitioners advise, that intending medical students should spend at least twelve months of their time as "articled pupils," before they are allowed to enter a medical school. Many general practitioners hold, that, in this way only, a youth can gain a thorough knowledge of pharmacy, and the work ordinarily carried on in a surgery; they concur in the views expressed by the Council of the Royal College of Surgeons, when discussing this question in the year 1864—that a pupil, under the supervision of a general practitioner, has an opportunity of "becoming acquainted with drugs and medicines, and learning the ordinary course of accidents and diseases." In fact the pupil might gain an insight into and the nature of a general practitioner's routine work, and, if he found the duties of the profession distasteful, he could then, without detriment to his future prospects, take to some other course of life.

On the other hand, no less than seventy per cent. of the

past and present teachers in our provincial and metropolitan medical schools, are of opinion that a return to the system of apprenticeship, even in the modified form of an articulated pupilage, would be a serious error, which some of them find it impossible to sanction. Many of the teachers assure us that young men who have served an apprenticeship, and, not a few, sons of medical men, who have learnt pharmacy in the surgery, and had all the advantages claimed for this system of teaching by general practitioners, have, nevertheless, turned out indifferent students. After leaving school, they are said to have acquired habits which render it hard for them to resume a course of systematic reading; they are described as too often coming up to the medical schools with a very superficial knowledge of medicine and surgery; and as apt to be self-satisfied and supercilious, so that the little they have learnt is really a hindrance to them, preventing their exercising that spirit of enquiry and desire to obtain knowledge, without which it is almost impossible for any student to succeed.

Your Committee have carefully considered the evidence laid before them regarding this question. It appears to them that the issue depends on the line of practice a young man proposes to follow, whether it is necessary for him before becoming qualified, to go through a course of training under a general practitioner. If a medical man intends to enter the army or navy, time spent in learning the routine work of a general practitioner, although it may be useful, is not essential to his success in life. The same remark applies to those who wish to practice as consulting physicians or surgeons, and, in a less degree, to the increasing class of general practitioners who do not dispense their own drugs. But the aggregate number of medical men engaged in the various branches of practice above referred to, form but a small proportion of the profession in England, and, with the exception of those who enter the public services, they are all so intimately associated with the

general practitioner, that it must be an advantage to them to have had some practical experience of the work carried on in a surgery.

With reference to the exemption from a forced attendance on the practice of a general practitioner, claimed for young men intending to enter the army, we grant that the suggestion is to some extent valid. It has been found necessary to establish a medical school at Netley, through which young men have to pass before they are allowed to become army surgeons, because our metropolitan and provincial schools cannot give their pupils a special training for the duties connected with the medical charge of a regiment. Now this practical kind of teaching is what general practitioners so strongly contend for. They argue that before a medical man is considered qualified for the duties of a general practitioner, he should have had special training in the work that lies before him—work, which beyond a knowledge of his profession, is as peculiar in its details as any that a regimental surgeon can have to perform.

It is evident that the arguments advanced by a large majority of our teachers is of some weight, with respect to the evils arising to a lad fresh from school being subjected for any length of time to the unpunctual habits, and desultory kind of work, which must be his lot as a dispenser of medicines. Employment of this kind may destroy the habits of discipline and steady reading a youth ought to have acquired at school, and which it is so essentially necessary he should continue as a student of medicine. After passing his entrance examination, he should commence his work at a medical school, and after getting through his examinations in anatomy and physiology he might, with advantage, work for a time under a general practitioner, during the summer session, when no botany or materia medica lectures are required in the medical schools, and during the adjacent vacations. The

course of study at Netley extends over a period of not less than four months, and most men acquire a practical knowledge of the details required for regimental duty in about six months: we believe that if the same amount of time were devoted to study with a practitioner, a student might very well make himself acquainted with the duties pertaining to the special work of general practice.

Question 3.—Is it desirable that the age of 18 years should be attained before a student enters the regular medical curriculum, and that the age of 22 years be completed before he is permitted to receive a qualification to practice?

With reference to this question we have to report, that 89 per cent. of the teachers, and 97 per cent. of the general practitioners of this Branch of the British Medical Association, are of opinion that pupils should not be permitted to enter at a School to study Anatomy and Physiology, until they are 18 years of age, and that they should not be allowed to present themselves for their final examination before they are 22 years old. Mr. Rumsey, as far back as the year 1863, urged on the General Medical Council the necessity of making 22 the earliest age for obtaining any licence to practice medicine or surgery.

After stating the very large number of votes we have received in favour of the alteration referred to, we do not consider it necessary to discuss again the merits of the question: but we may observe, that all hopes of improving the existing system of medical education must be based upon a rule of this kind; on the grounds that a lad cannot go through a thorough training in literature, mathematics, and the rudiments of science, before he is 17 years of age. He has then a year in which to study elementary science, and four years more for work specially connected with the practice of his profession. It is supposed that cases might occur, in which exceptionally clever men could pass their examinations before they have reached the age above

specified, and that it is hard to keep them back by making a compulsory rule, such as that referred to. This may be true, but rules must be made for the majority of students, and we are convinced that very few young men, however talented they may be, are capable of effectually performing the responsible duties which devolve upon qualified practitioners, before they are 22 years of age.

Question 4. Do you approve of the introduction of an examination in Elementary Anatomy and Physiology at the end of the first year of medical studies?

Seventy-nine per cent. of the general practitioners, but only 58 per cent. of our medical teachers, are in favour of introducing an examination in Elementary Anatomy and Physiology at the end of the first year of a student's curriculum. The Medical Teachers' Association, some ten years ago, came to the conclusion, that it was desirable there should be a professional examination for medical students at the end of the first year, and they recommended the Educational Committee of the General Medical Council to enforce this principle: the council declined the medical teachers' suggestion on the grounds, that there was "a disadvantage in having so many examinations, as regards both students and examiners."

The bearing of the remarks made by a large number of the general practitioners on this subject, is to the effect that, of all the students who enter at our medical schools, no less than 24 per cent. fail to qualify so as to be able to enter the ranks of the profession. This statement was made many years ago, and recent experience seems to confirm it; for, in a number of *The Lancet* lately published, it is stated, that "in one of our largest medical schools, only 43 per cent. of the students ever obtain their diploma to practise, and that during the past year, 43 per cent. of the students failed to pass their primary examination;" and this condition of things is said to exist in spite of the "test" examination which the authorities in most of our medical schools enforce,

before they allow students to go up to the College of Surgeons. It is argued, from a consideration of this fact, that the teachers in our medical schools are unable, under the existing system, to improve them. General practitioners urge this point very strongly, and many of them believe that a real necessity exists for an examination being held by some of our examining authorities, before whom every student entering at our medical schools should be compelled to appear at the end of his first year. It is contended that the examination should be of such a nature as to enable the authorities to weed out idle men from among our students—men, who, by continuing about our medical schools, as at present constituted, are not only a useless burden to their relations, but a positive evil to the more industrious students.

Forty-two per cent. of our medical teachers are opposed to an examination, such as that referred to in the question under consideration, on the following grounds: "If this examination is to be a public one, conducted by the College of Surgeons or other examining body,—then there are already public examinations enough, and the expenses connected with them are quite sufficient." "That no advantage would be gained by such an examination as this: it is a mistake to harass students by too many examinations: it keeps up a state of nerve tension which is opposed to useful work." Lastly, it is said "an examination of this kind would be very inconvenient for provincial students." Some of the medical teachers, however, take a different view of this matter: for instance, Mr. T. Holmes remarks that "an examination of the kind is a most important desideratum in our present system. Much of the imperfection of the training of our students depends on their wasting the first year of their hospital course, trusting to their power of cramming up for the examination in the second year." This, too, would seem to be the principle that governs the action of the University of Oxford; as Under-

graduates have, in the first instance, to pass an examination before they can enter at any one of the Colleges. At the termination of the first, or before the end of the second term, they must go up for "Smalls," as they are called, and at the end of the second, or before the fourth term, they have to go up for "Mods;" and these examinations are conducted by the University, and not by the College Authorities.

Your Committee are of opinion that it is essential for the improvement of medical education in our metropolitan schools, that a public examination, conducted by competent authorities, should be held, at which every student must appear at the termination of his first year's study, in order that he may demonstrate to the examiners whether he has made good use of his time. If a student, from inattention in the class and dissecting room, as well as by the result of such examination, is proved to have been idle, a limited period should be allowed him to regain his lost ground. Should he still be found wanting, means should be taken by his School authorities to rusticate him, until such time as he can satisfy them that he has commenced to work in earnest.

Beyond weeding out the idle men from our schools, an examination such as that proposed, might have the effect of dispelling the too common delusion which hangs over so many of our freshmen, that the examination in anatomy and physiology is an event which to them is a matter for future consideration. Being for the first time in their lives free from all control, they frequently allow weeks and months to slip away, and are then compelled to resort to the crammer in order that they may pass their examination. We believe a public examination at the end of the first year, might compel students to realise the importance that exists for them to commence their work with earnestness directly upon entering a medical School.

Question 5. Is it desirable, that, after passing the

"primary" professional examination, every student should be compelled to devote two full years to clinical medicine, surgery, and obstetrics, at a hospital, prior to being allowed to present himself for his final or qualifying examination?

Ninety-two per cent. of the teachers of medicine and surgery, and ninety-seven per cent. of the general practitioners have answered this question in the affirmative. With such a strong array of evidence in favour of this proposition, your Committee do not consider it necessary to discuss its merits; but they would simply state, that they believe it to be essentially necessary that students should devote at least two full years to the clinical study of medicine, surgery and obstetrics, after passing the "primary professional" examination.

Question 6. Is it desirable that the clinical teachers of medicine, surgery, and obstetrics, should be required to testify as to their personal knowledge of the diligence and acquirements of each student (in place of the formal certificate of attendance now supplied), and that such certificate should be placed before the examiners for their information and guidance?

Forty-seven per cent. of the teachers of medicine and surgery, and seventy-eight per cent. of the general practitioners vote in favour of the principle advanced in this question. The majority of the teachers of medicine and surgery argue against the proposed system somewhat in the following terms, which we have copied from Dr. G. E. Paget's remarks on the subject. He writes, "This would transfer part of the duties, the responsibilities, the authorities of the examiners into the hands of the teachers. It would have a mischievous tendency by lessening the responsibility of examiners. Experience has shown that certificates signed by teachers are of unequal value; that some are of little value. If the clinical examination of candidates be properly conducted, certificates are unnecessary, and they might be misleading." Mr. Erichsen observes, "The

examiner should test the clinical capabilities of the students. Every pass-examination should include a clinical examination, an examination of, and comments on patients' cases."

This question has been frequently discussed, but up to the present time no satisfactory solution of the problem has been discovered, so far as making the majority of our students thoroughly understand or appreciate the knowledge they should acquire in the wards of the hospital. The evidence of the authorities at Netley, no less than that of a number of our general practitioners, is decisive on this point, and their experience as regards the capabilities of young practitioners is not derived from tests such as our examiners for the most part employ, but from the way in which young men discharge their duties to the patients committed to their care. Every allowance must be made for students who have just qualified, with reference to their powers as practitioners: at the same time, there can be no question that a great many of them are ignorant of matters with which they should have made themselves familiar in the wards, as for instance—auscultation of the heart, and lungs, the signs of the presence of fluid in a joint or other cavities, changes in the tension of the globe of the eye, and so on. Such knowledge, unless acquired in the wards of the hospital, is probably never gained at all, and from the want of it no inconsiderable number of men are at a loss in practising their profession; experience adding but little to their power, because the basis of facts upon which they form their opinions is defective.

From the answers we have received, it seems to be generally considered, that the clinical instruction, and the attendance of the students in our hospitals, is not satisfactory, and there is an urgent demand for reform in this matter: we have, therefore, to consider, if an improvement can be effected, without overstepping the boundaries which limit the functions of existing institutions.

Certificates are, no doubt, of unequal value, but probably

the best way to make them truthful and therefore of real value, is to lay the responsibility of their accuracy on those who sign them. It is true that, under the present system, students cannot go up to their final examination unless provided by the Dean of their school with a certificate, to the effect that they have diligently attended hospital practice: but these certificates are hardly a guarantee that pupils have regularly attended the wards; because the hospital Staff have seldom personal knowledge of the students going round the wards with them, or any record to guide them as to the diligence of a students' attendance. In fact these certificates are sometimes most inaccurate, in some instances being filled up by School authorities, without any reference to the physician or surgeon under whom the student is supposed to have studied; and yet they are received without question by the authorities as evidence of a pupil's "diligent attendance" in the wards and at clinical instruction. Students are aware of this.

The subject we are discussing is referred to repeatedly in the proceedings of the Medical Teachers' Association. Its members, ten years ago, passed a resolution to the effect that "each physician and surgeon should be presented periodically, with a list of a given number of students, and that at each visit the attendance of those students who have visited the wards, should be marked." If this recommendation were carried into effect, teachers would possess a knowledge of the students, and have data sufficient to enable them to give certificates to those pupils, only, who had diligently attended hospital practice.

The practicability of this scheme has been tested by the late Dr. Murchison, and other teachers in London, who have found no insuperable difficulty in enforcing it.

Should the classes in any school be so large, that it is impossible for the teachers individually to question the men attending their practice, it seems almost certain that these pupils cannot be efficiently taught at the bedside;

for teaching of this kind, so far as method is concerned, ought to be conducted upon principles similar to those which are so successfully carried out in the dissecting room.

We are of opinion that certificates of attendance in the wards should be furnished upon the personal testimony of the physicians and surgeons under whom a student has studied. These certificates should record the number of visits each student has paid to the wards, or out-patient department, during the time that clinical instruction is being given; and be sent up with the candidates to the examiners for the final or pass-examination. In this way, the Examining Boards may perhaps become aware of the irregular manner in which pupils visit the wards: and the necessity for attendance at bed-side instruction will be directly brought home to our students, when they find that evidence regarding their negligence in this most important duty, is to be carried by them to their examiners.

The majority of your Committee beg to recommend that:—

1. Intending medical students should pass an examination in the elements of botany, physics, biology and inorganic chemistry, prior to admission to the regular medical curriculum, and that these subjects should form part of their "preliminary general education and examination."

2. Every student of medicine, before going up for his final examination, should produce a certificate of having studied for a period of not less than six months with a general practitioner who dispenses his own medicines.

3. The age of 22 years should be attained before a student is permitted to receive a licence to practice medicine and surgery.

4. An examination in elementary anatomy and physiology, at which every student must appear, should be instituted at the end of the first year of medical studies.

5. After passing the "primary" professional examina-

tion, every student should be compelled to devote at least two full years to the study of clinical medicine, surgery, and obstetrics, at a general hospital, prior to being allowed to present himself for his final or qualifying examination.

6. Teachers of medicine, surgery and obstetrics should keep an accurate record of the visits of students to the wards and the out-patient department, during the time that clinical instruction is being given; a summary of these records should be sent with the candidate when going up for his final examination.

7. Students, before going up for their final examination, should produce certificates of attendance at clinical instruction on the diseases of women and children, mental diseases, and also in ophthalmic medicine and surgery. Students should be acquainted with the elements of practical hygiene.

Signed by

C. MACNAMARA,

For the Committee.

August 20th, 1879.

At a Meeting of the Committee, held on the 14th of October, Mr. J. Wood (President of the Metropolitan Counties Branch of the British Medical Association) in the Chair; the following members being present;—Dr. Andrew Clark, Dr. Burney Yeo, Mr. Sibley, Mr. Gant, Dr. F. Roberts, Dr. Pye-Smith, Mr. Savory, Dr. R. Barnes, Dr. Edis, Mr. Macnamara, Dr. Ford Anderson, Dr. Grigg (Honorary Secretary);—Nos. 1, 3, 4, 5 and 6 of the foregoing resolutions were agreed to.

It was proposed and carried by a majority of the members of the Committee present, with reference to the second resolution, that after the words "who dispenses his own medicines," should be added, "or dispenses for a similar period in a dispensary or hospital."

It was also proposed and carried, that the seventh recommendation, of the Draft Report, should be withdrawn.

It was proposed and carried, that the report, excepting so much of it as referred to the seventh recommendation, be printed and circulated among the members of the Metropolitan Counties Branch of the British Medical Association, and among the past and present Teachers of medicine and surgery, who have been kind enough to reply to the questions submitted to them, on the subject of the education of the General Practitioners of medicine.

J. WOOD,

*President of the Metropolitan Branch
British Medical Association.*

W. C. GRIGG, M.D.,

Hon. Secretary.