

Report of the Sub-Committee appointed by the Committee of Council of the British Medical Association to consider the subject of medical education.

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Publication/Creation

London : Vacher & Sons, 1880.

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REPORT

OF THE

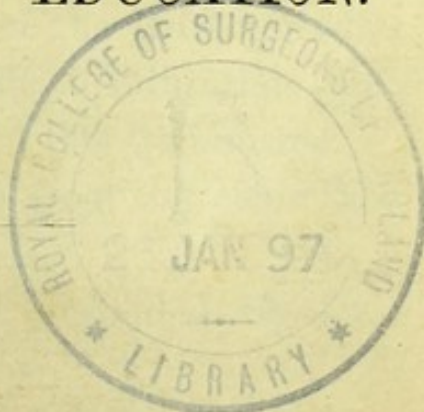
SUB-COMMITTEE

APPOINTED BY

THE COMMITTEE OF COUNCIL OF THE BRITISH
MEDICAL ASSOCIATION

TO CONSIDER THE

SUBJECT OF MEDICAL EDUCATION.



LONDON :
VACHER & SONS,
29, PARLIAMENT STREET, AND 62, MILLBANK STREET.

1880.

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LONDON: PUBLISHED BY THE SECRETARY OF THE ASSOCIATION, 11, BEDFORD SQUARE, W.C.

BRITISH MEDICAL ASSOCIATION.

REPORT

OF THE

SUB-COMMITTEE APPOINTED TO CONSIDER THE
SUBJECT OF MEDICAL EDUCATION.

AT a Meeting of the Committee of Council of the
British Medical Association, held on the 13th of
October, 1880,

It was Resolved:—

That a Sub-Committee be appointed to consider
the Resolutions received from the Metropolitan
Counties and other Branches of the British Medi-
cal Association, regarding Medical Education, the
Sub-Committee also to report to this Committee.

The motion having been put from the chair the
same was declared to be carried.

Moved by Mr. Macnamara, seconded by Dr.
Clifford Allbut, and Resolved:—

That the gentlemen whose names are as follows,
be a Sub-Committee to carry out the foregoing
Resolution, viz.:—Dr. Clifford Allbut, F.R.S., Dr.
Alfred Carpenter, Dr. Holman, Dr. B. Foster,

Dr. Grigg, Professor Humphry, F.R.S., Mr. Arthur Jackson, Dr. D. J. Leech, Dr. C. Parsons, Dr. A. P. Stewart, Dr. Edward Waters, Mr. Macnamara and Dr. Duffey.

At a meeting of the Sub-Committee held at the office of the British Medical Association, Strand, on the 14th of December, the following members were present:—Professor Humphry, F.R.S., President of British Medical Association; Dr. A. Carpenter, President of Council; Dr. Clifford Allbut, Dr. B. Foster, Dr. Grigg, Dr. C. Holman, Dr. D. J. Leech, Mr. C. Macnamara, Dr. C. Parsons, Dr. E. Waters.

Mr. C. Macnamara was elected Chairman of the Sub-Committee.

The Chairman read letters from Dr. Duffey and Mr. A. Jackson regretting their unavoidable absence from the meeting.

The report now circulated on Medical Education was then taken into consideration. It was directed that the report should be printed and sent to the members of the Committee of Council of the British Medical Association with the view of eliciting the opinion of the members of Council regarding the report before it is finally brought up to the Committee of Council at their meeting on or about the 11th of January, 1881.

The Chairman of the Sub-Committee will be much obliged to members of the Committee of

Council of the British Medical Association if they will kindly forward any suggestions to him regarding the report, any such communications will be laid before the Sub-Committee prior to the meeting of the Committee of Council on or about the 11th of January. Our object is to elaborate principles upon which an efficient scheme of medical education and examination may be devised for the three divisions of the United Kingdom, and we would urge those interested in this important work to give the report their consideration.

R E P O R T .

It is desirable at the commencement of this Report to refer to the circumstances which have led to the united action of the various branches of the British Medical Association with regard to the subject of medical education.

For our purposes it is unnecessary to go further back into the history of medical education than the year 1864; when the late Dr. Parkes made a statement at a meeting of the General Medical Council to this effect,—“That the Medical Corporations are admitting a number of men into the profession who cannot practice their calling with safety to their patients”—adding “I must say that in every examination we have had in the Indian Service and the Army during ten years I have been an examiner, and during that time nearly 800 candidates had come before the examining boards: there have presented themselves on every examination a number of men so imperfectly prepared in the practical part of their profession, that we could not admit them into the ranks of the service. Every one of these gentlemen brought forward the double qualification.” Dr. Sharpey confirmed this statement as to “the extreme insufficiency in point of practical skill,” of some of the qualified men presenting themselves for examination for the Army Medical Service. At the time these remarks were made, presuming a student worked in a medical school for three years he was obliged, during his first two winter and intervening summer session to attend the following lectures:—

Two six-months' courses of anatomy, four lectures a week;

Two six-months' courses of physiology, three lectures a week;

One six-months' course of chemistry, three lectures a week;

One six-months' course on surgery, three lectures a week;

One six-months' course on medicine, three lectures a week;

One three-months' course on practical chemistry, three lectures a week;

One three-months' course on botany, three lectures a week;

One three-months' course on materia medica, three lectures a week.

The whole number of systematic lectures, each lasting for an hour, was about 700, in fifteen months. In addition to these lectures, the student had to dissect the various parts of the body twice, each part occupying about three hours daily for a month, so that he should have dissected during eight months out of the fifteen, besides attending anatomical demonstrations and voluntary class examinations. *Lastly*, the student had to attend Hospital practice twelve out of fifteen months.

Turning from this description of the course of study, and the too frequent results which followed it, referred to by Dr. Parkes, we may enquire if, during the past twenty years, any material improvement has taken place in the curriculum, or in the amount of practical knowledge acquired by the majority of our medical students. With regard to the number of lectures and examinations which students have to attend, they are scarcely less numerous now than they were in 1860.

Professor Longmore, writing in November, 1879, on this subject—observes “we see at Netley how little qualified in practical professional matters some of the young men are at starting who have passed the examinations for their licenses to practice, in many instances with much credit; out of a batch of twelve men, now at Netley, all above the average, not one could make a quantitative analysis of the urine, and only a few had a practical knowledge how to make a qualitative analysis. It is only in a few exceptional instances that I find a young surgeon coming to Netley acquainted with the manipulation of the ophthalmoscope, or knowing how to determine the refractive quality of an eye. As a general rule, it is absolutely necessary prescriptions should be supervised; *and so on in numerous practical matters.*” It is argued that the men who enter at Netley are hardly up to the average standard of practitioners, this is an error, but if true, these gentlemen have all received diplomas and are legally qualified practitioners.

We find precisely similar evidence bearing on this subject, repeated over and over again by general practitioners residing in every part of the United Kingdom, and their opinion seems to be confirmed by the results of the examination of the Royal College of Surgeons, the rejections of students increasing from twelve per cent. in 1861 to twenty-three per cent. in 1865, and to 40 per cent. in the summer of 1880.

That neither the curriculum, nor the practical knowledge possessed by students has improved for many years past, is the unquestionable conclusion arrived at from the personal experience of a large number of men engaged in the work of private practice—men familiar with the wants of those, who in the rough experience of life, know where their own education has been defective.

Others assert that individuals whose education is imperfect, and who have not been required by examination to give proof of competence, are declared by law to be legally qualified practitioners.

With the object of lessening some of the irregularities incident to the nineteen Licensing Bodies created by the Medical Act of 1858, the General Medical Council passed the following resolution on the 26th of February, 1870 :—

“That this Council is of opinion that a joint Examining Board should be formed in each division of the Kingdom, and that any person who desires to be registered under any of the qualifications recognized in Schedule (A) to this Medical Act, shall be required previously to such registration to appear before one of these Boards, and be examined on all the subjects which may be deemed advisable by the Medical Council ; the rights and privileges of the authorities and corporations being left, in all respects, the same as at present.”

Seventeen members of the Council voted for the resolution and only one vote was recorded against it.

On the 14th February, 1870, Dr. H. Pitman, Registrar of the Royal College of Physicians, London, forwarded the following letter to the General Medical Council :

“I am directed by the President, in reply to your letter of the 5th February, to inform you that the action taken by this College to form, with the English Universities and Medical Corporations an Examining Board for England, has reached a point which renders it probable that a scheme for such a Board will be prepared and laid before the Medical Council at its next meeting.”

On the 18th July, 1874, the following resolution was passed by the General Medical Council :—

“That the Council do express their satisfaction at learning from the statement of the President, and from the documents laid before them by the representatives of the Royal College of Physicians of London, that the arrangements for carrying out the scheme for a Conjoined Examining Board for England are so far advanced, as to render it probable that the scheme will be in

operation during the present year, and that, with the exception of the Society of Apothecaries, all the English Licensing Bodies have concurred in the scheme, and have appointed their representatives on the Committee of Reference, by whom the necessary regulations have been framed."

On the 24th of May, 1877, the following resolution was agreed to by the General Medical Council :—

"That the sanction of the General Medical Council be given to the union of the Universities of Oxford, Cambridge, Durham and London, and the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the purpose of co-operating on the basis of the amended scheme herewith presented in conducting the examinations required for qualifications to be registered under the Medical Act." *

This resolution was passed upwards of three years ago, and still a conjoined Board has not been realized even for England, and so far as we can understand the Scotch Universities and Licensing Bodies decline the scheme. This has rendered the advantages to be devised from a conjoined Board of Examiners in each division of the Kingdom impracticable, as is explained in a report by the General Medical Council, dated July 4th, 1871 :—

"It might, indeed, be argued that the willingness of the Licensing Bodies to improve the examinations, and the fact that they really have improved them, renders it less necessary to revise the plan of a single uniform Licence to practice for each division of the kingdom. But a moment's reflection will shew that the proposal is still necessary. The independent Licences and their several examinations still remain as numerous as ever. The competition between different bodies, therefore, still exist, and must produce its fruits, and the inequality of the examinations in different parts of the kingdom remain."

* One section of this scheme is as follows :—"Hereby it is intended to secure that none of the qualifications granted by any of the co-operating authorities shall be conferred on any person who shall not have been examined and approved by this Board."

"Any Licensing Body raising its standard beyond a certain point will certainly drive some Students, who otherwise would take its Licence, to more lenient bodies. The rigour of an examination may thus exist only on paper, and all the efforts of the Council may be spent in making ropes out of sand."

Prior to the passing of the Medical Act in 1858, few of the degrees and diplomas granted by the nineteen Licensing Bodies conferred any legal qualification or status on their holders, but this Act admitted them all, without distinction, to registration, and constituted all alike legal practitioners, on the understanding that in granting powers of "reciprocity of practice" the licensing bodies by uniformity of qualification should secure that the registered practitioner was not merely in a legal, but from a practical point of view a qualified practitioner; and let it be distinctly understood that by uniformity of qualification we do not simply mean a uniform system of examination, but what is of far higher importance, of medical education. Most of the Licensing Bodies, while clinging closely to the privileges conferred upon them by the Act of 1858, and to the incomes derived from granting diplomas, have ignored to a great extent the obligations imposed upon them of granting diplomas only to those who have been thoroughly educated for the work of general practitioners. To remedy this state of things, a large number of the members of the British Medical Association are prepared to exert all their legitimate influence to urge on the Government the necessity for the re-introduction of a modification of Lord Ripon's Medical Act of 1870, which would create a single examining and licensing Board with branches for each division of the United Kingdom.

Lord Ripon's Bill passed through the House of Lords

and also through its second reading in the House of Commons, but as Dr. Acland correctly remarks—because the Bill “did not reconstruct the executive which was to carry on the work directed to be done by the Medical Acts, it was wrecked,” and so must any other such Bill be wrecked for the profession believe that medical education cannot develop without changes in the constitution of the body appointed to direct and guard its interests.

We do not think it is by any means necessary that the Universities should be parties in the scheme of the conjoined Board of Examiners, provided they consent to abandon their powers to grant licenses to practice a plan we believe rather favoured by the London University.

It has been proposed, in order to meet the wishes of the Scotch Universities, that the examinations of students in science, including anatomy and physiology, should remain in the hands of the University authorities, their certificates of competency being recognized as of equal value to those at present granted by the Royal College of Surgeons, whilst the final or qualifying examinations in medicine, surgery and midwifery should be conducted entirely by the conjoined Board. We can see no objection whatever to this plan, provided certificates of the same nature from English Universities are also recognized by the conjoined Board, and that the General Medical Council has the power of visiting and reporting upon the examinations held by these various authorities.

The proposal has been made that the Royal Colleges of Physicians and Surgeons in England should unite, and by a complete examination grant a full licence in medicine and surgery; but if this scheme were confined to England it would still leave the other seventeen independent licensing bodies to compete with one another in granting diplomas,

with their unequal examinations and widely different ideas regarding the educational requirements of medical students. We are, therefore, opposed to any such scheme as this, but we are convinced that the President of the General Medical Council of Education is perfectly correct when in his address on the 28th of June, 1878, he remarks, "that all who have at heart the real interest of British Medicine, the steady progress of education, both scientific and practical, and the well being and good conduct of our medical institutions, cannot but deplore the suspense and agitation which check all endeavours to come to a satisfactory decision on these important points."

Under these circumstances the Metropolitan Counties Branch of the British Medical Association took up the matter of medical education, and at a meeting convened by Dr. Andrew Clark on the 25th of June, 1879, at which more than 70 members were present, it was resolved, that "A Committee be appointed to collect information from the past and present Teachers of medicine and surgery, and from the members of the Metropolitan Branch of the Association regarding the professional education of general practitioners."

The Committee, thus appointed, drew up a set of questions on the subject of medical education with the object of ascertaining the opinions of those members of the Association with whom they were directed to communicate. These questions referred first to the preliminary examinations of intending medical students; and secondly, to the desirability of conducting the studies of future general practitioners, in the manner best suited for the requirements of general practice. Answers were received to these enquiries from upwards of two hundred of the past and present teachers of our medical schools, also

from a large number of general practitioners in and around London. From these answers a Report was compiled which was forwarded to the Committee of Council of the British Medical Association. At a general meeting of that body held in January last, it was resolved—"That the Report on medical education of the Metropolitan Counties Branch be forwarded to the Secretaries of each Branch, with the request that the same be submitted by them to their Branches and reported thereon."

The British Medical Association is divided into thirty-one Branches, and answers have been received in response to the above resolution from twenty-one English, four Irish and one Scotch Branch, in all representing above eight thousand members of the Medical Profession.* It remains for us after carefully considering the large amount of evidence at our disposal to draw up a summary of the opinions we have received on the subject of medical education. Our task is rendered a comparatively simple one because there is a remarkable unanimity of opinion expressed by a considerable majority of the members of this Association upon the points referred to them.

PRELIMINARY EXAMINATION.

The first of these points is in regard to the preliminary examination of intending medical students, that is to the examination they must pass before they are permitted to enter their names as students of medicine on the register kept by the General Medical Council of Education and Registration.

We have clear proof that there is a very strong opinion among professional men as to the necessity of a liberal education for intending medical students, latin and

* Total No. of Medical Practitioners in England . . .	15,211
" " " Ireland . . .	2,323
" " " Scotland . . .	1,987

mathematics being held to be the most efficacious of mental gymnastics, and tending more directly to form and discipline the mind than any quantity of special knowledge. In fact, when once a sound general education has been given, special knowledge, whether in languages or science, is acquired with comparative ease in technical schools. We may add that among the Profession in England the principle of demanding from students a thorough and complete knowledge of a limited number of subjects is strongly insisted on, and there seems to be no diversity of opinion as to the advisability of committing the selection of these subjects and the method of examination to our University and other educational authorities. Holding this view we regret that in its last Session the General Medical Council made an addition to the preliminary examination.

We would, however, urge the necessity for uniformity of action in this matter, being convinced that if the Profession is to advance there must be a more careful training on the part of those entering its ranks of the powers of reasoning, reflection and judgment which they will subsequently be called upon to exercise on some of the most difficult problems of life. How much the subject of the preliminary examination of intending medical students has been neglected, is evident from the fact that although the Royal College of Surgeons has up to the present time ostensibly submitted its preliminary examination to the College of Preceptors, it, nevertheless, reserved to itself the right of saying how many marks it was disposed to be contented with: nevertheless, a student who was unable to pass the matriculation examination of the London University in June, and who failed to pass the preliminary examinations of the Royal College of Surgeons in September went up in October and passed the preliminary examination of the College of Physicians and Surgeons in

Edinburgh, returning to London with a certificate in time to enter his name on the register of the General Medical Council, and so to commence work as a student of medicine at one of our metropolitan schools. A condition of things such as this cannot be defended, and if the General Council of Medical Education has not the means it seems to us absolutely necessary for them to apply to Government for powers to enable them to prevent intending medical students from entering their names on the Register of the General Medical Council until they have been proved to possess a thorough knowledge of English, and Arithmetic, and of Mathematics, and Latin up to a certain standard.

A more complicated question arises as to the advisability of examining intending medical students in science as a part of the preliminary examination. If, however, the votes of a large and influential body such as that of the British Medical Association can in any way aid the solution of this problem, there can be no doubt that the opinion of its members is in favour of compelling intending medical students to pass an examination, to be limited and defined by schedule, in physics and in-organic chemistry before permitting them to enter their names on the General Register. But this opinion is guarded by an important proviso, which is that students having undergone a recognized examination in those subjects should not subsequently be called upon to attend lectures and to be re-examined in physics and in-organic chemistry.

With reference to other branches of science, we must bear in mind the principle already laid down, that it is desirable to conduct the studies of intending general practitioners in the manner best suited to the requirements of general practice.

It is believed that although the study of botany and zoology should be encouraged, and, perhaps, marks allowed for these subjects at the preliminary examination, nevertheless these branches of science cannot be raised to the same importance as that which is to be attached to a knowledge of physics and in-organic chemistry, and they should not therefore be made compulsory either at the preliminary or any other examination which a general practitioner has to undergo.

The advance which has been made within the last ten years in our national system of education has been such that there is now no practical difficulty in obtaining instruction in physics and in-organic chemistry in our Universities and other educational centres. There is no necessity for a man to come to a London medical school to be taught these subjects, but there are the strongest reasons why, as a mere boy fresh from school, he should be guarded from the temptations incident to a life spent in apartments in London. The examination held by our University authorities and the Science and Art Department of the Committee of Council on Education in every part of the United Kingdom renders it practicable for intending medical students to obtain certificates of proficiency in the subjects referred to, such as must satisfy the Council of Medical Education that persons gaining these certificates possess a sound knowledge of physics and in-organic chemistry, before they are allowed to enter their names on the Medical Register.*

* Rule No. 23 of the recommendations of the General Medical Council is as follows :—

“That the Council will view with approbation any encouragement held out by the licencing bodies to students to prosecute the study of the natural sciences before they engage in studies of a professional character.”

It must be clearly understood that whatever the difficulties may be with regard to the uniformity and efficiency of subsequent examinations, that the matter of the preliminary tests remains entirely in the hands of the Medical Council. Some of the licensing bodies have loudly complained to the Council regarding the inefficiency of the general education of our medical students, and above eight thousand members of the British Medical Association now urge the Medical Council to bring this matter, which has occupied the attention of the Council for twenty years, to a satisfactory conclusion.

But it is argued, supposing the General Medical Council were to enforce rules such as we have referred to, and insist upon intending medical students passing a satisfactory examination before they are allowed to register, that the powers of the Council end here, they cannot compel the various licensing bodies to desist from enforcing further examinations in physics, in-organic chemistry, botany, and so on. This is perfectly true, and demonstrates the almost insuperable difficulty which at present exists in the way of improving the education of our medical students. This difficulty, however, is one which a large body of the profession feel must be overcome, for after all it arises almost entirely from individual interests rather than the general welfare of the profession. Referring to this matter in his address to the Medical Teachers' Association in 1870, the late Professor Allen Miller truly remarked "the main difficulty in dealing with this question, disguise it how we may, lies in the monopoly of licensing at present vested in the Medical Corporations, and in the direct pecuniary interest which they have in maintaining that monopoly. No fewer than nineteen Corporations can, *by training and examination of very*

unequal degrees of merit and severity, give a title of admission to the Medical Register. I think there can be no doubt in the mind of any person who has dispassionately considered the subject, that if this pecuniary interest ceases to exist, there would be no longer any very serious difficulty in framing measures which would deal thoroughly and satisfactorily with this question."

APPRENTICESHIP OR ARTICLED PUPILAGE.

The next question which has been brought to our notice is the desirability of obliging every medical student to spend a certain period of time as an "articled pupil" with a general practitioner before he is permitted to go up for his final or qualifying examination.

The evidence we have received on this subject indicates the existence of a diversity of opinion between the teachers in our medical schools and general practitioners; a large proportion of the latter express their conviction that there is a want in the education of medical students as regards the art of prescribing, 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, or, 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 the duties of general practitioners until they are actually engaged in practice; many of them then discover that their work is hardly that which they had anticipated.

On the other hand, a large proportion 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 a modified form is not desirable. Many of the teachers assert 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, and prevents that spirit of enquiry and that desire to obtain knowledge without which it is almost impossible for any student to succeed.

It has been found necessary to establish a medical school at Netley, through which men have to pass before they are allowed to become army surgeons, among other reasons, 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 are 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.

A student before being granted his licence to practice should work for a time under a general practitioner, or at a public institution, where he has personal charge of patients at their own homes. Work of this kind should certainly not be undertaken before a pupil has passed his examination in anatomy and physiology; probably the best time would be after he had completed his examinations and before actually assuming charge of a practice.

COMPULSORY EXAMINATIONS IN ANATOMY, PHYSIOLOGY AND CHEMISTRY AT THE END OF THE FIRST YEAR.

A large majority of general practitioners are in favour of introducing an examination in 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 the principle: the Council declined this 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 general practitioners on this subject, is to the effect that, of all the students who join 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 it is affirmed, 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 are unable, under the existing system, to improve our medical schools. General practitioners urge this point very strongly, and many of them believe that a real necessity exists for an examination being held by some examining authority 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 school authorities to weed out idle men from among our students—men, who, by continuing about our medical schools, are not only a useless burden to their relations, but a positive evil to the more industrious students. This, too, would seem to be the principle that governs the action of the Universities of Oxford and Cam-

bridge. Undergraduates usually have to pass an examination before they can enter at any one of the colleges, and are again examined by the University authorities at successive periods of their residence; failure to pass such examinations prevents them obtaining their degree.

Beyond, perhaps, tending to weed 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 an 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.

With reference to the nature of this examination it is evident that difficulties present themselves in the way of first year students appearing at the Royal College of Surgeons or before any other such examining body. It appears to us, however, to be absolutely necessary to make provision for compelling students to attend at an examination at the end of their first year's study of anatomy, physiology and chemistry; such an examination to be conducted essentially by the qualifying authority, aided by, but not superseded by, the teachers at the school. This FIRST PROFESSIONAL examination to be held at the school or other convenient place. No student should be admitted to the final or qualifying examination until three years have expired from the date of passing his *first* professional examination.

STUDENTS TO DEVOTE TWO FULL YEARS TO THE
STUDY OF CLINICAL MEDICINE, SURGERY, AND OB-
STETRICS BEFORE GOING UP FOR QUALIFYING EXAMIN-
ATION.

A large per centage of the students who have gone up for the primary examination of the College of Surgeons during the past two years have been remanded for a further period of work in anatomy and physiology, so that while the study of these subjects sometimes runs on into a student's third year, he has, in all probability during this time, entered his name for hospital practice and for courses of lectures on medicine, surgery, and so on, in order that he may get the necessary certificates signed, enabling him to go up for further examinations by the licensing bodies. Until, however, the student has completed his primary examination he can hardly attend to these subjects, and so his time may be spent till within a year of his final examination in working at anatomy and physiology, leaving little more than nine months to devote to hospital practice. The majority of students enter at our medical school so ill prepared by previous training to undertake the study of anatomy and physiology, that it is difficult for them to master these branches of science within a reasonable time, and as the examinations of the Royal College of Surgeons have improved the superficial nature of the knowledge acquired in anatomy and physiology by most of our students has become very conspicuous. The questions set by the examiners are not more difficult than they were of late years, but the examinations are conducted with greater precision by men perfectly familiar with their subject, with the effect of demonstrating but too clearly the unsatisfactory nature of the foundation upon which so many of our students attempt to build their professional

experience. These considerations demonstrate the importance of the views we have inculcated as to the necessity which exists for more stringent regulations regarding the preliminary examinations of our students, and for insisting upon an examination in anatomy and physiology at the end of the first year. We urge on the licensing authorities the desirability of encouraging medical students to enter at our older Universities, in order that they may study among other subjects anatomy and physiology. Students passing the University examinations in these branches of science (their second professional examination) should not be required by the conjoined Board to be re-examined in anatomy and physiology, unless so far as these subjects are applied to the principles and practice of medicine and surgery at the final examination. A course of study such as we have referred to cannot be too strongly recommended, because the discipline, association, and tone acquired by residence and study in our Universities is often of service in moulding the character of students and enabling them to fill their future position in life with the greatest advantage. Considering the temptations incidental to a lad's career as a medical student in London (many of them commencing their studies when they are only seventeen years of age), and the practical outcome of the present system as illustrated by the results of the examination of the Royal College of Surgeons, we believe the widest possible latitude should be allowed by our licensing bodies in the direction of accepting certificates of efficiency in anatomy and physiology, and that they afford every encouragement to students to work in Colleges or institutions devoted to science until they have passed their second professional examination.

Our Metropolitan and Provincial Hospitals would remain

as fields for clinical instruction, to be utilized by a set of young men who had previously been prepared for the study of disease by a thorough knowledge of physiology and anatomy. Students of nineteen or twenty years of age prepared in this way would probably approach their work with more zeal and appreciate the value of Hospital training more thoroughly than boys who had become carelessly familiar with the wards and habituated to the surroundings of a Hospital before they could realize the vast importance of the work carried on within its walls.

Whatever course may ultimately be followed with regard to the subject we have been discussing, a large proportion of the Members of the British Medical Association support us in urging the following resolution on the notice of the various medical authorities:—"After passing the examinations in anatomy and physiology, every student should be compelled to devote at least two years to the study of clinical medicine, surgery and obstetrics at a recognised Hospital prior to being allowed to present himself for his final or qualifying examination."

The principle involved in this resolution has already been sanctioned by the General Medical Council of Education, but like many other recommendations of the Council, it remains a dead letter. Professor Humphry in May, 1877, introduced and carried the following resolution at a meeting of the Council:—"That the professional examinations be arranged in two divisions; the first division to embrace the more elementary subjects. The first division may be completed at or before the close of the second year of professional study, but the second division not till the expiration of two years after passing of the first division, nor before the completion of the fourth year of study."

CERTIFICATES OF ATTENDANCE ON HOSPITAL PRACTICE
AND IMPORTANCE OF CLINICAL INSTRUCTION.

We have next to refer to one of the most complicated questions connected with the subject of medical education, its difficulties arising mainly from the fact that in order to make any real improvement in training our students as practitioners it is necessary to a large extent to substitute tutorial and bedside teachings for the long courses of lectures now delivered on medicine and surgery in compliance with the rules of the various Licensing Bodies: but these Licensing Bodies are largely governed by the past and present Professors of medicine and surgery; and so it is not improbable that professorial interests and prejudices may clash with those of the students. It is, unquestionably a mistake to compel young men to attend long and frequently dull courses of lectures, and when these lectures are relied upon as the chief means of teaching students medicine and surgery the system is not only a mistake but is absolutely injurious. The General Medical Council, in a report dated the 10th May, 1877, remark that "in a good system of teaching the three methods, by lectures, by practical work and by reading, must be combined and adjusted so that they balance and supplement each other," adding that the University of Aberdeen "express the opinion that the courses of systematic lectures should be reduced in consideration of the greater amount of practical teaching that is instituted. This must, without question, be done." Some authorities, such as Dr. Pye Smith, would go even further, he observes: "as with the earlier studies, it seems to me desirable that no attendance on lectures should be enforced; let men learn from books instead if they prefer it, but insist upon attendance in the wards, in the lying-in-room, and in the deadhouse. Especially insist on every

Student having held clinical appointments *and worked at them.*" Lectures, however, delivered by Professors endowed with exceptional powers of imparting knowledge in this way are unquestionably useful. We should gladly see the Royal College of Physicians and Surgeons, respectively, instituting courses of lectures, on the principles of medicine and surgery certificates of which courses shall be recognised. We conceive that lectures of this kind would be largely attended. With its magnificent pathological museum and its library it would seem that the Royal College of Surgeons possesses great facilities for teaching Surgery in the manner to which we have referred. There should be no difficulty in endowing Professorships for this purpose, and thus fulfilling what would appear to have been one of the purposes for which the College was by Royal charter instituted, "the promotion and due encouragement of the study and practice" of Surgery.

Under existing circumstances the majority of students on entering a medical school purchase tickets for admission to the various courses of lectures and the amount of hospital practice prescribed by the Licensing Authorities. Many of the medical schools remit a considerable percentage of a student's entrance fees if he will take out tickets to cover the whole course of lectures and hospital practice demanded by the Licensing Bodies. This transaction occurs before a student has had any personal experience regarding the kind of teaching he is likely to receive from the Medical and Surgical Staff of the Hospital connected with his school. We believe such a system is detrimental to the best interests of our students, and that the way out of this difficulty is to prohibit such compensation fees, and to accept certificates of attendance on lectures delivered by recognised teachers.

This opinion is based on the principle we have referred to of granting freedom of action to students to obtain knowledge from those who are best able to teach them. We have in previous pages of this report affirmed our belief that science including anatomy and physiology may be studied with greater advantage beyond than within the precincts of our Metropolitan Hospitals; and we are convinced that means should be adopted to render the attendance on Hospital practice independent of medical schools.

The number of students entering at any particular medical institution will very much depend on the reputation of its Professors, but it by no means follows that the size of a Hospital connected with a school is in proportion to the number of students attending its classes. We cannot more exactly express our own sentiments on this matter than by quoting from the report of the Examiners of the Royal College of Surgeons in 1869:—

“In the Hospital, it is indispensable, in order to ensure a reasonable amount of real progress among the students generally, that they should not be merely lookers on at work done, and listeners to instruction given to large numbers, but that each should be personally and systematically engaged in the examination and management of patients, under the direction of a teacher—one of the Medical Officers of the Hospital. The student should have duties and responsibilities in his own sphere, as the teacher has in his. In order that practical teaching and learning in this case, or indeed in any other, may go on to a useful purpose, it is necessary that the number of pupils in any one class shall not be larger than may with convenience be taught individually by one teacher.”

Supposing, however, the number of students attached to a medical school are so numerous that in place of

about fifteen or twenty men attending the visit of one of the members of the Staff, double this number of students go round the wards with him, it is almost impossible that efficient bedside teaching can be carried out, nevertheless these students must attend Hospital practice, and having purchased tickets for three years' admission into the wards they have a right to go round the Hospital. On the other hand, it is evident that in several of our large Hospitals the number of patients that a Physician or Surgeon has to see are more numerous than he can thoroughly manage, and so the available opportunities for clinical instruction are not fully utilised. Industrious men, under these unfavourable circumstances, manage to pick up a considerable amount of practical knowledge, but this class of students are not more numerous among medical pupils than they are among young men following other vocations, and the great difficulty we have to contend with is to teach the practice of their profession to the careless and less industrious pupils, forming a large proportion of our students. Crowded wards are certainly not the place in which this kind of work can be done, in fact nothing but personal attention and supervision will influence these men, and those immediately concerned in teaching them must be answerable for the accuracy of a student's certificate as to the regularity of his attendance on Hospital practice. It is obviously detrimental to any system of education to demand certificates from students of diligent attendance in the wards and on Clinical instruction unless every facility is given them for work of this description, and a record is kept of their attendance in the wards, which can hardly be the case if an excessive number of pupils are attached to a Hospital, or if it is impossible for the Physicians

and Surgeons fully to utilize the opportunities at their command. Errors of this description are aggravated when it is left to some School authority, without the slightest record of a student's work in the wards to guide him to sign up a schedule certifying as to a pupil's regularity and efficiency of attendance at the Hospital.

Licensing Bodies, prior to the final examination, should receive satisfactory *evidence* of a student's diligent attendance and practical work in the out-patient department, the wards and the dead-house of a recognised Hospital for a period of at least twenty-four months. Certificates to this effect should be signed by the Physicians and Surgeons under whom the student has worked. Under any circumstances, Clinical Teachers must be held personally responsible for their pupils, and so would only undertake to instruct as many men as they could teach efficiently, and for this purpose their pupils must be limited; in many cases additions are necessary to the teaching element of our Hospitals.

We cannot too plainly express our opinion that it is a great mistake to rely on the improvement of public examination as the chief means of advancing the cause of professional education among our pupils. The examining bodies it is true may regulate the steps by which a pupil is prepared to come up for an examination on a particular day; but the manner in which a student acquits himself on a field day of this kind is far from being an accurate test of the kind of instruction he has received or the nature of the foundation laid for the work that lies before him.

It is the duty of our examining authorities to endeavour to obviate the abuse of the system we advocate, and to guard the profession, as far as lies within their power, by preventing men entering its ranks, unless they

are capable of forming a fairly correct opinion as to the nature of disease in any given number of cases, and that they possess a knowledge of the means best calculated to mitigate its evils. But we are convinced that so long as medical students find that if they fail to pass the examinations of one Licensing Body, they can gain an entrance into the profession by passing the less severe examination of another Licensing Body; it is impossible to raise the standard of medical education to the point which our students are capable of, and which the public have every right to demand; as an instance in point, we may mention the case of a student who presented himself at the Royal College of Surgeons, London, and was rejected. He immediately started for Edinburgh, where he was again rejected; upon this, he went at once to Glasgow and passed. He registered as a qualified practitioner, forwarded certain sums of money to Edinburgh, and as a qualified practitioner was made a Fellow, without further tests, by the very college which had not long before rejected him as unfit, by examination, to be granted a licence.

We are very decided in our opinion that a uniform *system of examination* throughout the United Kingdom is as essential to test the practical knowledge of medical students, as it is to raise the standard of education they should have acquired before they are allowed to enter their names on the Register of the General Medical Council; and when we refer to a system of examination, we include evidence of Hospital training in all its branches, and of practical knowledge as shown by case taking and work done at the patient's bed-side, previously to a student's appearing before his examiners.

In conclusion, we may add that the following seven resolutions were unanimously adopted by the Sub-Committee.

I. That the preliminary examination of intending medical students should include a knowledge of English, Latin, Arithmetic and Mathematics; and that before being allowed to enter his name on the register of the General Medical Council the student should produce certificates of proficiency in physics and in-organic chemistry; we are further of opinion that these examinations should no longer be conducted by Medical Corporations.

II. That compulsory examinations in the elements of anatomy and physiology and in chemistry, should be held at the end of a student's first year of professional study; this examination to be conducted by recognised school authorities under the supervision of the General Medical Council.

III. That the course of study and the examinations of our Universities in anatomy and physiology (under the supervision of the General Medical Council) should be accepted by the conjoined Board. This rule would not prevent students at their final examination having to afford satisfactory proof of knowledge in physiology and anatomy, as applied to the principles and practice of medicine and surgery.

IV. That compensation fees at the several Medical Schools be discontinued, and certificates be accepted from any recognised teacher. Before a student is allowed to go up for his final examination, he must produce satisfactory proof of attendance during a period of at least twenty-four months in the out-patient department (including midwifery cases), in the wards and the dead-house of a recognized Hospital. Every student must in addition

produce evidence of having efficiently performed the work of an out and in-door clinical clerk and dresser.

V. That no student should be permitted to go up for his final examination until he has completed his fourth year of medical study, and not until the expiration of three years after he has passed his first professional examination, and two years after passing his second examination.

VI. That it is essential to the success of any scheme devised for the improvement of medical education that a Conjoined Board of Examiners be appointed in each division of the United Kingdom. To these boards must be delegated the power of conducting the final professional examination of medical students, certificates granted by the Conjoined Board should alone entitle the recipient to a license to practice medicine, surgery and midwifery.

VII. That to effect the object above referred to, it is necessary to modify the constitution of the General Medical Council, and to endow it with the responsibility and real powers of a "Council of Medical Education."

The majority of the Sub-Committee further recommend—

That before a student receives his license to practice he should produce a certificate of having studied for six months with a general practitioner or in a public institution where he has personal charge of patients at their own homes.

