

Medical reform measures : including the reform of the medical colleges.

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Publication/Creation

London, 1908.

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MEDICAL REFORM MEASURES

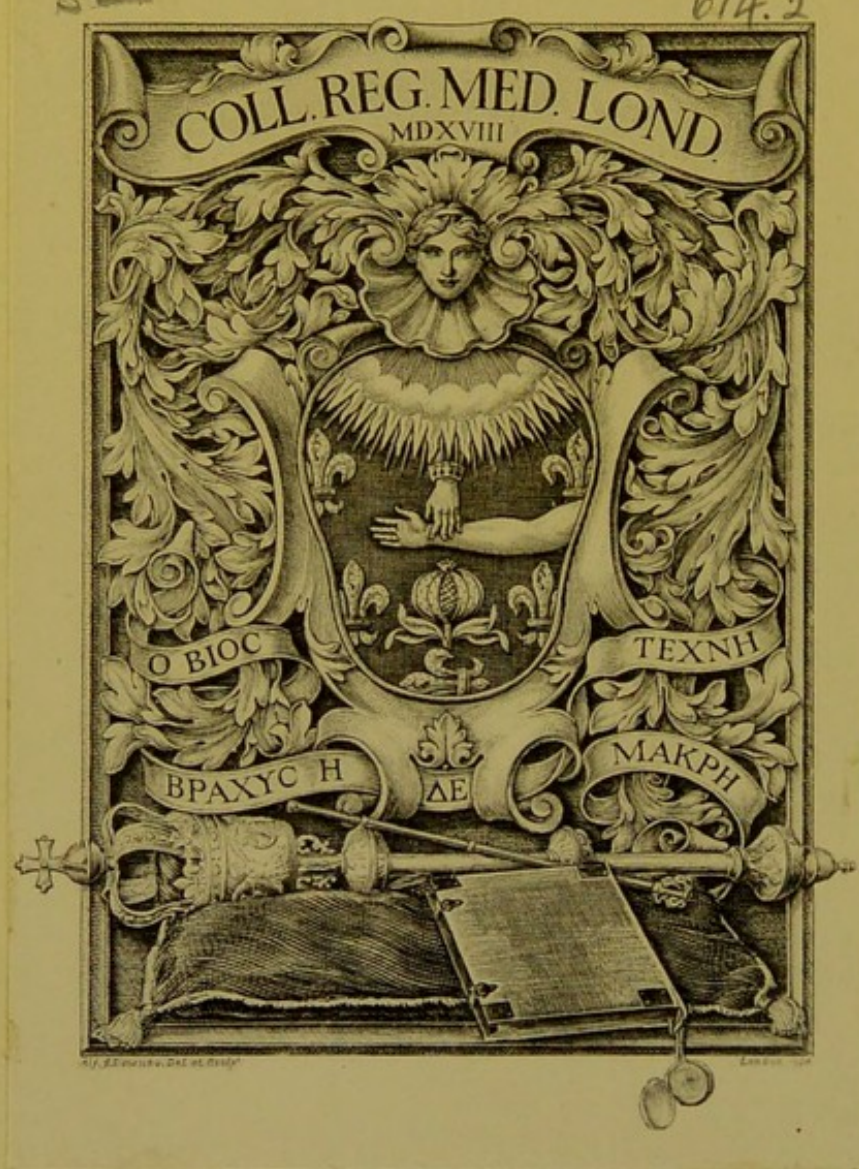


BY
H. ELLIOT-BLAKE



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30/6/07.

3, Glasdale Road,

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Sussex.

Dear Sir,

Thank you for your note.
But I thought the Royal College of Physicians
would afford to subscribe for a copy of my book
5/6 or for a few more copies for the Council. If
not wanted, I ~~had~~ ^{will send} to enclose stamps for it.
However willing, I fear the expense of production
is too much to give them away.

— This book is the only open channel to
convince the Council and to plead for
their good support for the advantage of the
College as a whole.

The College Council have done so well
— especially Sir Wm Allchin & Dr Norman Moore whom
I wish thoroughly to thank — that it is to be

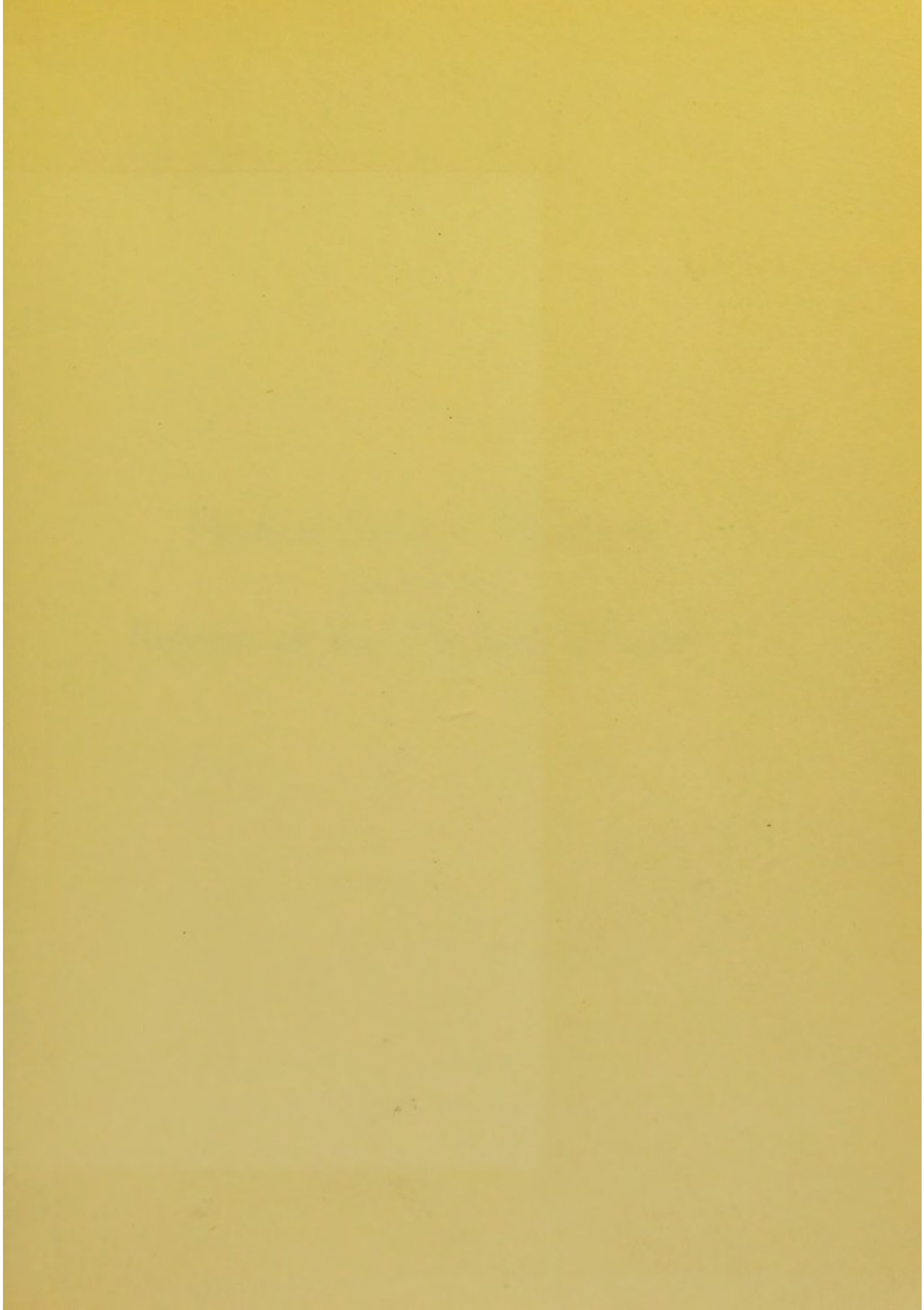
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open for this standard improvement
and opportunity.

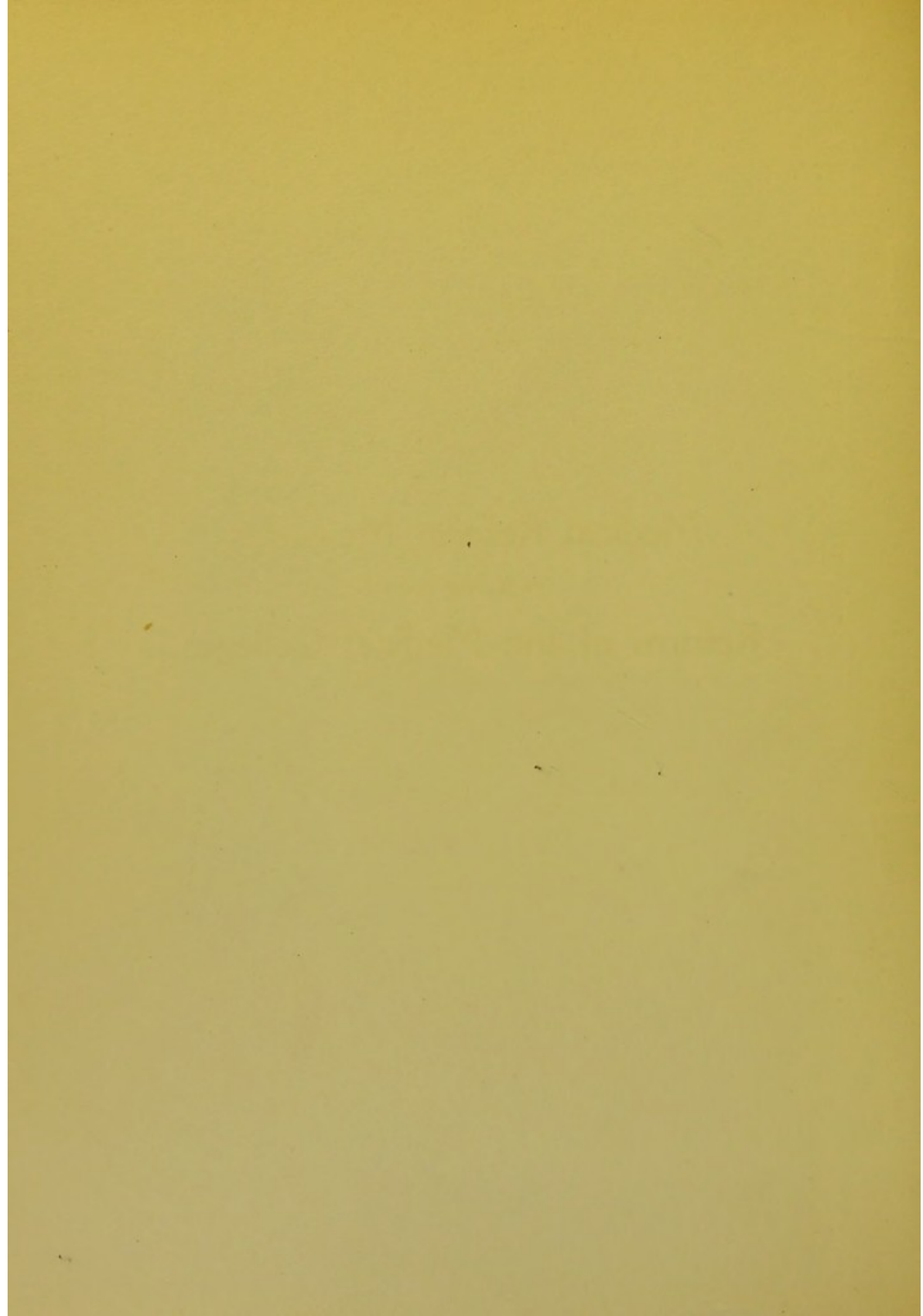
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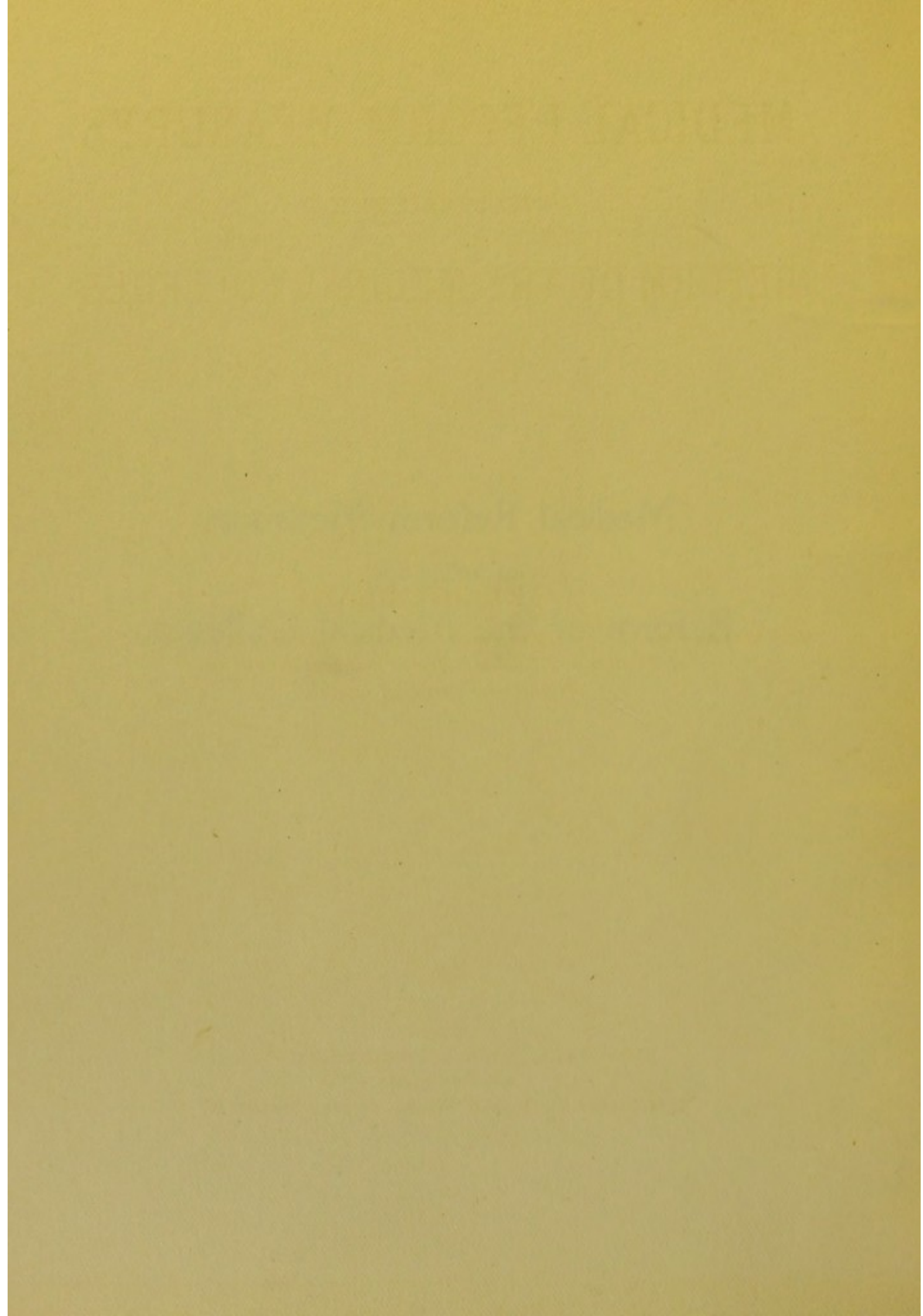
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Medical Reform Measures
including the
Reform of the Medical Colleges.



MEDICAL REFORM MEASURES

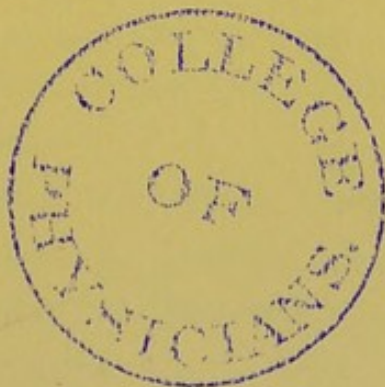
INCLUDING THE

REFORM OF THE MEDICAL COLLEGES

BY

H. ELLIOT-BLAKE

Member of the Royal College of Surgeons of England; Licentiate of the Royal College of Physicians of London; Member and Licentiate of the Apothecaries' Society of London.



LONDON :

JOHN BALE, SONS & DANIELSSON, LTD.

OXFORD HOUSE

83-91, GREAT TITCHFIELD STREET, OXFORD STREET, W.

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PREFACE.

THESE Reform Measures were primarily concerned with current events and our changing times in Medical Politics, and they appeal equally to general medical advancement as to the welfare of the public, and for both reasons it was thought they would be worthy of consideration and of general interest. A short *résumé* has been included of my papers, published in a scattered way, in the *Lancet*, the *British Medical Journal*, the *Medical Times*, the *Standard*, and *Guy's Hospital Gazette*, and elsewhere; they will thus more clearly portray my views, and be more succinctly available for reading. To the respective editors I wish to acknowledge my indebtedness for being permitted to republish them in this form. And I do not forget their open hospitality, not less than the ever valuable talent of courage and liberal discernment by the Press in allowing these reforms to be brought forward for the first time before the public. To those who desire to learn more about the reforms, the collection will

show, at a glance, a concise explanation of practical and remedial measures, more complete than hitherto accomplished; and yet willing to recognize past and future support from outside sources. In the Medical Colleges Reform certain Annals have been added to give a pithy and tabulated and historical retrospect of the Colleges' position. They have been chosen to show the natural sequence leading to the necessary Colleges' Reform. And short extracts of my published papers, showing the priority of my Reform Measures, have also been placed in an Appendix. Introductory to these divisions a lighter and companionable feature prepares the more serious way with lighter but truthful enough poetic insets.

Bognor, 1908.

INTRODUCTION.

THE Reform of the Medical Colleges, in its last phase, has been before the public for sixteen years. It has passed the stage of ordinary, intolerant animosity which movements—and this one proved no exception—encounter during the vehement introductory days. Someone, like myself, had to pioneer the direct College movement, or otherwise the College members' interests would most regrettably have been indefinitely shelved, considering the usual and constitutional apathy of the allegiance surrounding the reverence for old institutions. I remember being refused a hearing before the Lord Cowper or University Commissioners to voice this reform, and when nobody else had supported the members' cause.

The unimaginative gibe of supposing the reform will introduce an inferior university degree and status depends on a total lack of appreciation as regards the actual details; for, clearly, to both sides it must mean an expansion. The following pages will explain that view. During my long insistence

on the subject, the periodical papers, medical and lay, and alternate writers, have much too timorously held to the older establishments in opposition to my reform. In the last year, however, there has been a general reversal and acceptance of the principle; but, even now, the whole reform should not be withheld, for it is urgently needed.

During the last four or five years, lengthy reviews of the safe, routine, but historical side only, of the University movements have appeared in the *Lancet*, the (late) *Tribune*, and the *Standard*. Many false trails, too, and counter-propositions have made hurried and transitory appearances; and, whilst they verify the necessity for reform, they have not compromised nor interfered with the trend of the main issue. The latest alternative scheme was to gather together into one combine the Colleges of England, Scotland, and Ireland. It would be unworkable as a university. So I refuted that incompatible side in the medical Press, but it would be too long to more fully refer to it here. Since writing these chapters, last year, a Royal Commission on the merely University side, which is only one side of the question, has also been proposed, and will be formed. These Royal Commissions often end in but an inquiry, and are

endangered by influential dallying with the hindering pomposities of over-civilization, and which cannot be trusted. They rarely settle or improve a matter in hand, which is altogether the thing required with the reorganization of the medical faculty of the University of London. However, outside the inquiry, this particular Royal Commission would produce a fair conclusion, beyond the University question, if some formative understanding were arrived at to introduce the working arrangements of this much broader College Reform Measure. But in any case it makes it obligatory that the consolidating regulations of the College Reform movement must come from inside, and be accepted by the Royal Colleges of Surgeons and Physicians as a primary working agreement with the University of London.

This reform step is also necessary to counteract the provocative competition of the new generation of the Consultant-plus-Practitioner type of doctors of H——y Street, and everywhere else, who trade on university and decorative degrees to the detriment of the London Diplomates. In that way the Collegiate System jeopardises the whole existence of the college-trained and family doctor. The new system, here developed, will also beneficially anticipate and

prepare the way for the future greater responsibilities of all doctors, and the new and coming increase of the Public Medical Services.

The section dealing with Noise Nuisance Abatement is presented as a subject fit for legislation, especially on account of the unlimited growth of the bird and other domestic nuisances, under supercivilized softness and protection, and the perpetual increase of all noises. It appeals to an increasingly wider number of people, and it would be a public duty if as many as possible would assist in this particular reform measure, as being one of the most definite and comprehensive means of relief. An attempt has been made to show how to correct this sore and sensitive scourge without hardship to others. It sticks to the code principle rather than the obsolete English cross-reference system of tort law. Protection from hardship has been carefully kept in view, because it was the interference with all noises, and not relative abatement as here indicated, that hindered past generations, as their less noisy ages matured, from arriving at a proper manner to redress and limit their own and the future appalling increase of noise evils.

The question of the "Title of Doctor" has been

treated from the popular side, and for much the same convenience that doctors were once called *Æsclepiades*, or *Leeches*. To-day the title of doctor is not so affected by the clergy, with their D.D.'s, but most in medicine, with M.D.'s, and least in law, philosophy, and science, with their own degree letters. So, as a generic term for professional men in medicine, it would have a clear and suitably descriptive opening. A means has been found to overcome some of the most dwelt on objections and which have been half-heartedly raised as apologies against its more reasonable acceptance.

The last subject, that of Quackery, has given rise, in the past, to much ingenuity to circumvent it. But, in England, outside the Apothecaries and the Stamp Acts, little or no success can be recorded. The latest, and usually a forlorn, suggestion of an influential but non-inspired pat-management-resource has been the questionable solution of another Royal Commission. Many medical matters, at least like Vaccination, Tuberculosis, and Cancer,* have suffered

* So far, not a scrap of advance, in cancer, has been worked out that we did not know before, or that the Continent has not introduced us to. They do not go about it the right way.

by being pitchforked to these self-glorifying, rule-of-thumb Royal Commissions, ending no doubt in fairly useful inquiry, but with no advanced results which can only come from individuals, and who may be naturally shy about giving over their views to others. The Commissioners, by force of habit and previous quiet examples, mostly adopt worldly wisdom for their conclusions, which is the middle course or half measure; and only do original and valuable work if a good cause can be first brought before them by an independent mind, whilst they sympathetically nod, adopt, and endorse it. They reflect the tendency of oratory that dwells on the safe necessity of part action, or the half complement of a subject; whilst the literary bent and treatment mostly broaches and broadens the whole and original complement of its chosen subject.

If the newer line of reform suggested, and worked out under this head, be attended to in the forthcoming Medical Acts Amendment Bill, or obtained by the two Bills submitted in the following section, some definite advance towards restriction against quackery would be reached.

Quackery and Medicine, like the Homeric legend of the Frogs and Mice, have ever contended in mimic

instead of real warfare. But it is proposed, in a more literal sense, to indicate a real war with the cudgels of the law, and used for the preservation of the legitimate territory of the inalienable descent of ownership in medicine, how a good deal of quackery can be stifled in this new direction. And, if it be intended to call a Royal Commission, not only for an obvious conclusion as to an inquiry into the perfectly well known danger of quackery, but for some expected reform, then the preparation and acquiescence in this suggestion would be a distinct progress and available for stamping out many injurious parts of quackery.

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REFORM OF THE MEDICAL COLLEGES.

THE REFORM AND JUNCTION OF THE ROYAL
COLLEGE OF SURGEONS AND THE ROYAL
COLLEGE OF PHYSICIANS WITH THE UNI-
VERSITY OF LONDON.

(The primary deducted, or secondary inducted, or perfected Ideal can rarely be reached unless it starts with the tolerably new. So unassimilated copying, like a falsehood, is never proper; except for loyal adherents; and, in a way, with parsondom, where it all "SMACKS BISHOP," that is to say, what the bishops or clergy do with strong or weak belief has been done before.)*

FAINT COPIERS.

No MIGHT doth rest in copy bold !
 Save MITE like, where some doubled hose
 May, i' the loom, as we behold,
 Weave copied wholes, but no new pose !

So winsome wit must cease, 'tis plain,
 When copies o'er supplant the new :—
 Till falls Pretence, distress'd and slain,
 Before the troops of Captain True.

Poor Commerce wanes that copies all,
 The dish and hash of others' brains ;
 There—rotting—loyal worms do crawl
 Into the rack of mockers' pains.

It is persistent Copy that
 Points o'er a land's decadent mire :—
 When Soul dies out in Copy-Fat,
 Lies' frolic ends life's Spirit's-Fire !

*

*(On the lately proposed junction of these two systems to form
 a combined philosophy.)*

These analytic and synthetic philosophies have never been mixable categories, and could only be used, as above, in a differential order. Their use in the next great philosophical system, I think, will be in separate and partial applications only to the main argument. If I had to choose a way for a new synthetical philosophy, or the course of human thought in events and things, it would depend and rely upon a primary and newer starting principle as its basis, namely, that ALL THINGS ARE RELATIVE, and development is successional. Such a classification would include the comparative on-creep of all knowledge ; and the apparently accidental historical consequences of actions ; as well as comparative sociology, with its conventionality of sanity ; and comparative religion ; and the mutability, and the relative frequency of the want of balance in Nature.

REFORM OF THE MEDICAL COLLEGES

THE REFORM AND JUNCTION OF THE ROYAL COLLEGES OF SURGEONS AND PHYSICIANS WITH THE UNIVERSITY OF LONDON.

I.

AN ADDRESS ON THE REFORM AND JUNCTION OF THE ROYAL COLLEGE OF SURGEONS (ENG.), AND THE ROYAL COLLEGE OF PHYSICIANS (LOND.), WITH THE UNIVERSITY OF LONDON.

THE two following Motions were drafted and presented at the Annual Meetings of the Royal College of Surgeons :—

THE MOTION OF 1906.

“ That a Committee from the College be formed to seek terms and make arrangements with the Council, and to formulate the course necessary for joining the conjoint examinations as a constituent part of the medical degree examinations of the

University of London, and for transferring the Collegiate status to that of the University status, and with power to incur expenses, obtain legal assistance, open enquiries, and issue any report."

THE MOTION OF 1907.

"That this Meeting of Fellows and Members of the Royal College of Surgeons wishes the Council to report as to their willingness to join the Royal College of Surgeons and its work with the University of London (so as to form an Imperial University of London), and whether they will approach the Royal College of Physicians for a similar conjoint action."

The address, in its first part as a speech, was given in support of the above second resolution at the Annual Meeting of the Fellows and Members of the Royal College of Surgeons, held November 21, 1907. The motion was put to the meeting by the President, and carried.

The enlarged part and fuller consideration of the reform is more than ever needed now that the new Royal Commission, on the University side of their differences, will be inclined to focus attention away from the more important College side of the inclusion, and to preserve it from being killed by the flock of petty and smaller business reforms.

The original motion of November, 1906, was a desire for a Committee to enquire into the whole project in its relationship to the Colleges and the

University. The resolved second motion, of 1907, formed part of the same forward policy ; and it rests firmly on the requirement of the reorganization of the medical faculty in London ; with the inclusion of the Royal College of Surgeons and the Royal College of Physicians in a reformed University for London.

The present position in London, as a university medical centre, is altogether inadequate when compared to all the great Continental capitals, and even to the smaller provincial university towns of England. We want an absorbed, strong, combined, and not distraught, faculty of medicine to cope with this Continental facility, and, seriously, for *the coming and momentous struggle for intellectual supremacy between nations*. In no other way can we place our teaching on an equality with that already found abroad. We formerly held the best place with the more general independence of Hunter, Jenner, Newton, and Priestley ; but we have lost it since the rise of lesser scholarships, and greater independence in the Continental schools.

It should be observed, if we are to retrieve our place in the world of medicine, that all other countries have gradually discarded the College system. The State system always prepares for a

university, or state or practising degree for medicine ; and, in the latter case, still opens the way to a university degree. So, except in Sweden and Portugal, all state qualified medical practitioners can proceed in due course to their doctorate degree. All University and Capital centres have removed the old and antiquated colleges as being unworkable when modern methods have to be provided for. The first Military College of Surgeons in Vienna, the Guilds of Surgeons in Germany, the lesser pharmacy schools and those for the Officier de Santé Institutions in France, and the great College of Surgeons of St. Côme, in Paris, have all disappeared within the constitutions of the several universities. Thus in England we hold a painfully subordinate position compared to foreign developments and proceedings, and we very rarely lead in science or art, in consequence of our antiquated adherence to old scholarships, wizening authority, and testimonial and stupid conformities. But by acceding to this change in the medical faculty in London, we shall again win the esteem and acknowledged support and fuller trust of Londoners, as well as some of the provincial students, and both of which the Colleges and the London Hospitals are fast losing.

THE COLLEGE HISTORY.

The gradual disruptive history of the Royal College of Surgeons has had an important bearing, and should be taken together with its constitution, in support of this question. But for the present purpose, two essential parts should be borne in mind, namely, the old homogeny, and the great schism or the dividing of the ancient and internal interests of the members.

The corporate development of the surgeons to their high position and growth into a College has depended, not on broken feuds, but on keeping all parties of the College together ; so that all members ought still to form the body politic. Instead, we find the members have now little or no commensurate corporate standing or credit for their work, when all just governing power has been taken away from them. Yet the great surgeons in the old days were sufficiently and simply members. On the Physicians' roll, too, it may be seen that the same results in distinctions and the power of novelty belonged quite equally to the Extra Licentiates, as they were called, over the order of Licentiates, who are now called Fellows.*

* The Socii were drawn from elected Licentiates and Extra Licentiates as Candidates ; and they in turn proceeded to the offices of Censors (Visitors), the eight Elects (Examiners), and President.

The present debased status of the Licentiates must be altered, so that they may again hold a legitimate place as an academical and governing class. The new distinctions and decorative title of Fellows do more harm than good, are obtained by tricks and menaces against *the straightforward continuity of university studies*, and they disturb all sense of loyalty to one another. A tyro knows the examinations for the Fellowship are a re-rehearsal of old subjects. But advanced continuity to a higher or specialized university degree should be thorough specialized instruction, and be the sequence or outcome of that training by specializing after the ordinary university degree courses. Now this reform will reintroduce the lapsed function of primary, equivalent, and intellectual comradeship, but more worthily on a sound university and improved basis.

The second historical sequence that concerns this subject was the fight for the supremacy in the College between the fixed and sagging oligarchic governing class, and the indifferently treated, but advancing members. It closely resembles the wane of the oligarchic councils of the republics of Greece and Venice; and during the early unrest it gave rise to a good deal of unselfish championing of the Members'

cause, and not a little by that fine sample of a reformer, Wakley. The outcome of his devotion, in his life's work, was the bold introduction of the Medical Act of 1858. It was also supported by the Hon. W. F. Cooper, M.P., and another reformer, Sir Chas. Hastings. This is a very important landmark, because with it commenced the first undermining of the College oligarchism and dominance, by sapping away the ground for supervising the qualifications of the surgeons. It effectually did away with it. They must now submit to the State control reposed in the General Medical Council. Previous to this, in 1843, in their fight against coming changes, the governing clique of the College chose their way, and introduced the monstrous innovation of the over-riding Fellows. This completed the division of the Barons, and which has led to a wilderness of barrenness. It has given entrance to the introduction of women, with even more contemptuous barren rights. The selfishness of this impracticable and inhospitable ordinance of the Fellows continues to-day, and breathes like the consuming fire of a dragon. They fare better than the Members in their own joint College; they sup by themselves; and they can exclude the Members within their own halls. They divide all the spoils;

they drag away the fees of consultation ; they absorb all the honours ; and they declined for a long time to extend female participation to their special ranks ; whilst they only submitted when it was clear it would saddle the Members with the fresh competition, and would not be without the chance of increasing their own emoluments. Such selfish oversight and neglect in a public body is unpardonable and intolerable, and demonstrates the inelasticity of the College system.

THE CAUSE.

Some of the previous efforts on behalf of the Council of the College, and other cross tracts that always accompany initial movements, may be worth while mentioning, if only to show their unequal merit to the fuller and sounder proposition.

First came the poor attempt to get the College degree, of an unorthodox kind, within the College itself. It culminated in the abortive Jenner Committee's recommendation, in 1889, in favour of an inappropriate Collegiate University, and to be formed in an unexplained manner. The first Albert University scheme, and the Westminster one with University

and King's Colleges, both fell through for the same deficiency. Later, the College Council wished to attempt a lilliputian teaching scheme for the benefit of a few Fellows to participate in; such a business was not even appreciated by their students. Luckily, during the next decade a series of Royal Commissions of enquiry ended in Lord Cowper's Commission's suggestion to reintroduce teaching into the Examining University of London; it was adopted. Consequently, in 1898, the University again became a small teaching University for medicine and other arts.

Within quite recent years, what must be described as a ridiculous series of alternative proposals were then brought forward, shabbily trailing over the major reform. These went actually begging in the form of petitions for a few years, and were appeals "to enter for the M.D. examination of the University of London," or "to offer facilities for obtaining an M.D. degree in London." They naturally collapsed, because the former could not be done, as the degrees were reserved for university men, and in the second instance, the facilities already existed; their movers had not the capacity of reformers. A number of these false half-reforms or small movements do not apprehend that the university system itself is required,

and that a College-University cannot be classed as of university rank. Equally narrow and puerile was "the desirability to put the London University Act in force"; as far as it can be, it has been in force the whole time. One President deprecated any further action—rather a hopeless attitude—because "we have no power to approach the University of London" on this subject of the major reform. It was really hiding one's head in the sand, not the President's true view, but merely the repetition of a passing desire of the Council and a few of the Fellows to hold on tight to what they got at the alteration and division of the collegiate constitution. A puny effort was made "to alter the special resolution of 1876 of the Royal College of Physicians against the use of the title of doctor." Even if the Colleges did suppress this bye-law, they could not call a licence anything but a licence. Then, outside the Colleges, since 1870, it has been proposed to introduce a state M.D. examination. This goes a longer way round than improving the Colleges; further, it does not introduce the essential widening of the London teaching.

Certainly, as a temporary redress, my writings (*vide* Appendix, 1901) first recognized that with exten-

sion of time all students could pass the university examinations at the other universities in preference to the Colleges. But that would soon depopulate the London schools, whereas my original reform would quickly rehabilitate the old London medical teaching prestige.

So all these attempts, good or bad, at least prove the strong fibre of discontent, dissatisfaction, and unrest, but for which the junction of the Colleges with the University of London offers the most practical improvement.

THE CHIEF OBJECTIONS ANSWERED.

Answerable objections, with the usual run of counterfeits and parodies that follow the heels of introductions, rather tend to prove than disprove the excellence of a genuine introduction. Painters and musicians and introducers of all things have to run the gauntlet of their imitators, and those easy objections so dear to the always-discovering but non-introducing critics. A real, good reform sets out to surmount objections greater than the objections hurled against it. Still, although objections mislead, they ought to be able to be repelled.

The proposed openness to all of the university culture has brought fear to many nervous holders of degrees. Let it at once be known, it could never hinder the eminence of any of the worthy graduates or Fellows. Indeed, the dismissal of the pre-eminence and jealousies nurtured by the purely decorative examining system will not increase, but lessen misunderstanding about good work. Doubts will be dissipated when differentiating the mere plodder or research worker, and the higher introducer or originator of new work. The ridiculously pampered classes, and the masses too, can only mimic caste society; and inferiority mimics superiority; yet our fears about mistakes should not be greater than in the past, for, after all, in all walks of life, borrowed finery or mimicked costume does not give stature!

The technical objection of the graduates, to any change that will naturally put the diplomates on an equality with themselves, is, that they spend more time over one or two preliminary scientific subjects than the diplomates. Practically most graduates and diplomates alike take a longer preliminary course than is officially scheduled for them. But neither these courses, nor their examinations, qualify either of them for the subsequent knowledge of a professor, nor

even for an expert range in those subjects ; and both, in the end, get equally, expressly, and expertly placed in their special subject, medicine—that is the goal. If there is to be this change, both classes of students would be equally but better grounded ; and, for the finals, the much enhanced teaching would be instructive and open to all. Considering these small differences, parents and students should no longer continue to be lulled and fooled in London into the false security of the wrongly supposed easiness and lessened work of the diplomates for the finals, and the differences in time of the courses, even in the preliminaries, for the published percentages of actual passes within the scheduled periods show they occur only in a negligible and minimum number of cases. There can be no necessity for these slight differences under the proposed equalized and newer arrangements.

The opposition has one great point, that an inferior order of practitioner for the poor was absolutely needed. It has no weight. For are not the illnesses of the poor of the same calibre and suffering, and worthy the same assuagement as any the consultants treat ? The Colleges pride themselves, too, that they prepare the best teachers.

Still, they have failed to carry the boasted teaching into a separate collegiate power. And teachers would be much better taught and provided from a University than the Colleges. Has it ever occurred to the consulting Fellows of the Colleges, that the members might easily boycott them, and be just as well or better represented by their University *confrères*?

The whole answer to most of the objections hinges on the advantage of limiting excessive examinations, and nothing is more required for the advance of medicine in London than the end of the rule of the Examinee-Prude in the hot-house examining system of the University of London, and also the substitution of the end-all of sound teaching in a real University in London. *Advance belongs to leadership, and pioneers; anyone else can follow with playful perseverance.* Some honour, of course, is due, in the past, to the Examinee-Prude, and as a Cult, and that led to the interest he took in the foundation of the University of London; but it cannot compare in value to developing the certainty of effect and increase and stress in teaching of an enlarged University for London. For the training is everything; afterwards the examinations should fit the training. Both College

and University can combine for that end-all. The larger field would be certain to open up the ways to excellence, without damaging original minds by the atrophy of the examining taint.

Genius can give a good lesson ; let us examine it for a moment. Surely the highest geniuses have always risen in the past independently of examinations, on the teaching crests alone of the ever-swelling waves of perfect freedom and *cultured* mediocrity. Freedom, and not scholarships alone, hard days and not smooth days, freedom from Fellowships and their comforts and laxity, have accounted most for the intellectual gainings of mankind. The comprehensive lists would be too long to name here. But to take a few names, handling, not the drones or successful passage men, but the top levels only—Bunyan, Molière, Cervantes, Raleigh, Shakespeare, Lord Bacon, Ben Jonson, Milton, Bruno, Smollett, Wagner, Villon, Lavoisier—these were not soft scholarship men, but every one of them, at one time, recalcitrant prisoners, whilst the fame of their accusers, like poltroons, has gone to the worms, or the business of decay.

In Medicine the essence of free openings, too, sufficed for the display of excellence, which is the

first stepping-stone to genius.* The rebellious spirits of genius break with ordinary crabbed conventions and must ever be excused. Rabelais soared beyond his training as a physician; cabined bounds were also broken by Ambroise Paré, who rose from a menial. Vesalius was called by the influential orthodox scholars *vesanus* or madman; and Paracelsus, who introduced the alchemical metals into medicine, was hailed a quack. Harvey and Sydenham, the greatest English physicians, culled their inspirations abroad, and the latter was only tardily recognized in his own country, and as only an Extra-Licentiate of the College of Physicians. Pasteur, also freely irregular, was but a schoolmaster. Hunter, Morton, Jenner, and Koch were but obscure doctors. Metchnikoff independently gained a medical wreath of glory although only a biologist.

All the original workers and accidental discoverers of our own generation, all pomp men, and not inferior research scholars, have not one of them rested on borrowed plumes nor the excrescences of decorative titles, and certainly not on the proved inefficiency of the Victorian and hurtful introduction of the overdone examination thralldom. All brains do not conform to the one standard of memorizing

* Genius is a teacher to Experts.

tablets. Examinations may slightly prepare the way, but they do not contribute much towards perfected views; their aim, that of colossal success in life, is the worst handmaiden to advancements or science, and, like the sieve of oratory, they are too much dependent on other people's illimitable facts.

The establishment of the freedom of university culture, at one stroke, will do away with the totally disabling hindrances to efficiency, by absorbing the old guild system of the Colleges. For under the primitive Colleges, the one-man business rule only sufficed to promote the first stage of development, the individual probity, and craftsmanship. It will be much better changed for the university system, so as to provide for the continual training, the fuller individual responsibilities, and the more Aristotelian or State interests demanded by our moving civilization.

A lighter and vainer view of the polemical writers against this reform remains to be answered, and that is the preference for the polish of universities. In the New University in London all the cultured training will first have to be of a practical and advanced kind (*vide* Appendix, 1893). Those ephemeral ways of polish may be left to the older and quieter universities, to apply the differential and dilettante education that may be sought after, and, in their way,

develop that suffusive diffusiveness which so enamours the older type of educationalist. But that is too much like the ever ready mimicry and outstanding trait of the ladies, when, budding in elegance, they may be sent to Paris to "finish," and where the end is not education but the quiet æsthetic currency of gracefulness only, of practical millinery and fichus, and other rather bedraggling ornamentations. These ideals of the ladies,* and similarly others of lighter purpose, do not deserve to govern the highest duties of the State, nor form part of the reliance to be found, without them, in learning.

REASONS FOR REFORMING THE MEDICAL COLLEGES.

It would be quite wanton to disregard the insecurity and disappointment so keenly felt amongst the London Students in Medicine at the persistence

* Few discerning people, outside drawing-room flatterers or commercial parliamentary adventurers, would read, if avoidable, or rely on either the works of women or clergymen for instruction or leadership; and this specially applies to medicine. Even Mme. and Prof. Curie's splendid and careful work only analyzed Becquerel's indicating path-finding. J. Baillie, the pretended Lady Shakespeare, sweetly tender but slender, was but a reflection of the mastery of, and, according to the age, sometimes puffy and prolix Scott.

of the College regulations, or to deny their undoubted disabilities, which have laid the foundations of this agitation. The Colleges enforce a preposterous waste of energy in a long medical curriculum, for the inadequate reward of a licence instead of a degree. The licence itself hampers the good exchanges of life, and our neighbours refuse to trouble to understand the equality or the close resemblance of the collegiate licence with those of the ordinary university graduates. The public rightly regard these Collegiate Certificates-of-Permit as vestiges of the old guild principles of apprenticeship, and, as such, as having travelled away into the limbo of fading institutions and almost trundled to the lone line of the final heap. There is a time in the defervescence of old institutions that compels supersession.

Even the old College teaching and lectures, with their primitive echoes of the anatomizing of felons, has inadvertently accumulated into a paucity of privileged and sinecure Reading Lectures, without much definite object to-day; so that the real burden of teaching their students has passed over to better controllers, and more ably found professors in the universities and their constituent schools.

All important, the whole educational sphere for the last fifty years, since the school-board introduction, has been rampant with a new growth of enlightenment all over the country. And to set-off the heightened expectations that have arisen, and the increasing demands incident on this movement, the Colleges have made a very feeble reply. No wonder the selfish policy of preserving their venerable pile of traditions and settled inactivity has been viewed as decadence. Naturally it has deflected and not encouraged noble gifts to the university as their succeeding central medical faculty. In fact the Colleges had not a little to do with ruining the first offers to form a valuable and endowed central science school in London, and which they might have supported. As a non-intensive set-off they chose to recognize science teaching in primary schools, where the pupils could not possibly be so well taught, unless as a preliminary training, and only at the expense of other school subjects.

It has been held by Mills, but, I venture to add, only fully applicable after the exchanges and benefits have been experienced and suffered under adversity, that between nations the wealth of nations depends on free trade. So, also, I am of opinion, the wealth

of learning, as in medicine, must be earned by, provided for, and depend on, free culture. Withal, the greatest benefit of this reform of the Colleges and the University of London can only accrue from representativeness, freedom, and the continuity of all the university classes, freely open, not to the smallest set as now, but to all medical students in London.

PUBLIC POLICY.

To acknowledge the due regard for, and accept the responsibility of, public policy in this reform must of itself mean its ultimate adoption. It would be hardly possible to gainsay the enlargement the reform would bring about in the Faculty of Medicine in London, and the corresponding benefit to be reaped by the public. Each side would have access to and be stimulated by the increase of medical culture in the metropolis. The organization would command sounder confidence in, and corresponding support to, the New University improvements, and the fusion would immediately give an asset of strength and undivided responsibility to the University itself; and London would again compare favourably with the Provincial, Colonial, and, above all, the Foreign centres.

The necessity of this great reform was borne in on me whilst travelling and pursuing my university and other classes abroad. In Germany, France, America, Canada, and even Spain and Mexico, and to my personal knowledge, each were seen to have representative, authoritative, and specialized university organization, with fuller classes than we had in London, except for the introductions and teachings of tropical medicine. And, thinking over or judging the resources of London, one could not help regarding the retarding influence of the Colleges, and that they had to be overcome; as also the divided interests and narrowness of the University; and the peculiar infatuation for purely examining and temporary cram systems, in lieu of the proper replacement by teaching. It reflected much that was unnecessarily slovenly and incomplete. It was as unpardonable to our capacity, as it was unrepresentative of a feasible and practicable improvement, for the introduction of a new London University centre.

WAYS AND MEANS TO A SOLUTION.

The present time to develop this reform should not be regarded as haphazard, but certainly propitious.

It offers the finest opportunities the Colleges will ever meet with, of pressing home their own terms for their participation in the prospective improvements. Their disappearing position, the dwindling resources, the decaying influences cry pitifully for decisive action in lieu of the pretensive and oligarchic assurance in their stolid antiquity. As the most opportune time to change, it should be taken by them to show their determination to face the consequences of the long progress of unheeded ages.

Still, the monument of all that has passed in the halcyon days of the esteem of the Colleges clings equally, in its entirety, to both the Fellows and Members together as a corporate body. And, before it has faded in its hue, and constitutes a worthy offer for acceptance, it gives the Colleges a supreme elective moment to rightly prove their claim to this conjunction: and, by extending equal consideration to the Colleges of the existing rights, the University of London can best acclaim its firmness and soundness of constitution, by improving and joining all these forces, so that with each other they can consummate an educational and a diplomatic triumph.

Much of the good business terms available would bulk heavily from the College side. Their large funds,

library, and unequalled museum would be worth pooling and arranging for. The power of a large body of students, thus introduced as part of the University, would be worthy of the contract and of pecuniarily cultivating. And, then, the Government could hardly avoid increasing their grants, instead of wasting the same on the County Council primary school grants.

Certainly the Colleges would lend an air of the antique! But why not? It would be a venerable tone for the University. The sole university claim, in the past, is for a flimsy historical examining institution, and which is a ridiculous historical abomination, and a travesty of any precedent for a university. Only together can these equally important, yet divided, bodies hope to reach their substantial destiny and thus alone render themselves fit when they shall develop the resources of so huge an imperial city like London.

Once this reform be agreed to, ways and means will immediately be found to carry it through.

“No toil, no hardship can restrain
Ambitious man inured to pain.”

HORACE.

The University Act, 1898, forms the fitting, if only the first, charter for the reform. It gives every

encouragement. The Act has a wide preamble, whilst the Senate has power *to apply for a new Act* if any difficulty has to be overcome. There is no need for the bodies concerned to go to Cairo and Germany for students, as they have done in the past, without readjusting the claims of students nearer home. It will be as well, here, to examine the actual enabling parts of the University Act, and they will be partly extracted :

From the STATUTES: Regulations can be made to suit any occasion.

No. 3.—Covers the **Preamble**.—"To organize, improve and extend higher education within the appointed radius."

No. 12.—Covers the **Senate**.—*In the Medical Faculty*. On the *Senate* the representatives of the Royal Colleges of Surgeons and Physicians actually outnumber the others by four representatives of the Royal Colleges of Physicians and Surgeons, two of the graduates in Convocation, and three by the Faculty of Medicine; but the latter must be regarded as jointly representative of both the above. Why was this done if it did not mean to favour the inclusion of the Colleges in the University?

No. 19.—Covers the **Senate**.—"The Senate shall generally promote the purposes of the University."

This must refer equally to the collegiate members as to the University and to the preamble. Thus all clauses help to engender the reform, none of them oppose it.

No. 123.—Covers the **Examinations**.—"The Senate may. . . . with the Royal College of Physicians of London, and the Royal College of Surgeons of England. . . . conduct jointly examinations. . . . included in the course of study for a medical degree, as may be agreed upon."

That clinches the matter so far as the examinations can be held. The Colleges (except for other bodies in the schedules) are the only specific bodies named in the Act as worthy of inclusion in the University.

BUT A UNIVERSITY STATUS MUST BE INCLUDED IN ANY
ARRANGEMENT, BECAUSE A DEGREE WOULD NOT BE A UNIVERSITY
DEGREE IF GIVEN WITHOUT THE PALE OF A UNIVERSITY. AND
THE REPRESENTATIVES ARE THERE TO, AND OUGHT TO, DEMAND
THIS REFORM.

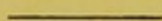
In the presence of such clauses, and after what has been written in support of the reform, it ought to be fair to ask for the acquiescence of the governing bodies who hold the profound interests of so many of their members in their hands. Or failing this, it would be easy to go before any tribunal, council, or court, and there obtain a recognition of the justness for the inclusion of the members of the Colleges in the University, and of the strength of their cause.

In bidding leave of the business aspect and the future of this great reform of the Royal College of Surgeons and Physicians, and the University of

London, one may feel safe in its inspiration and the benefits derivable to all those concerned. Browning has persuaded us to "hold hard to the subtle thing that was spirit," and which, perhaps, he meant as the inspiration of things. And well may this spirit move the Councils of the Colleges, who must, after all, be the first to act on our behalf in this wholesome purpose. Oliver Wendell Holmes has told us that "life is sustained by oxygen (food) and sentiment." May the sentiment and life of this subject and proposal supply the food for nourishing approval, and give a firm resolution and a liberality in their deliberations for each of the interested bodies to carry through this era of advance and so portentous an historical reform. The joint conformity will bring lustre to the Councils of the Colleges and the Senate of the University, and consolidate the union of medical interests with the best traditions, intellects, and practices of medicine in our own and every other age.



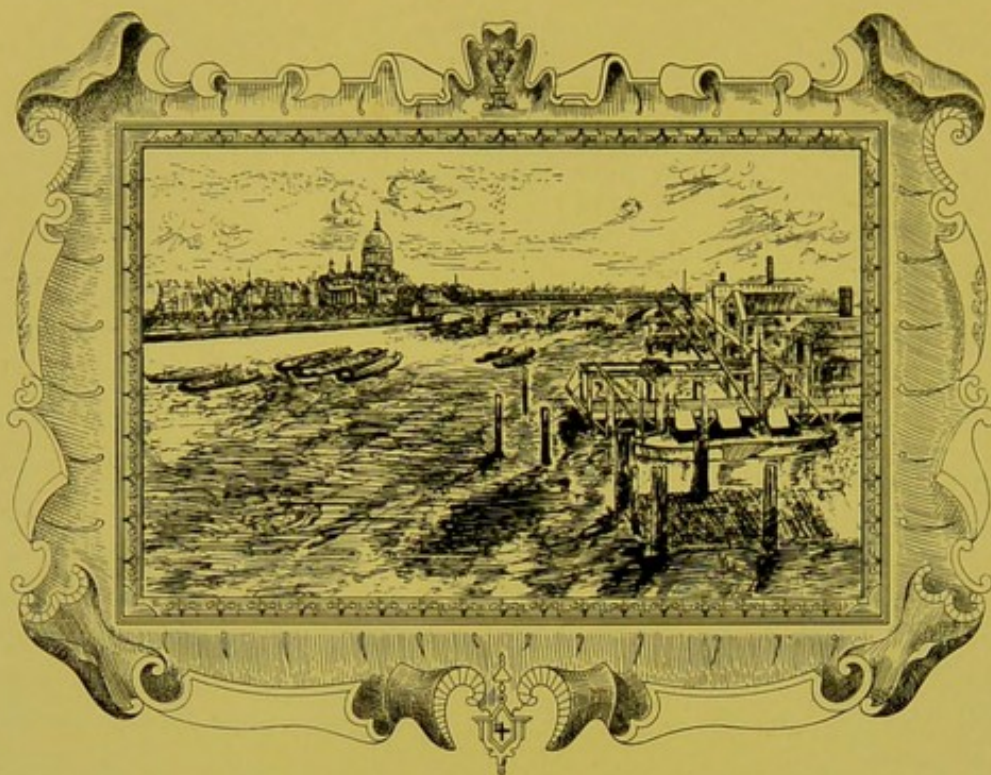
REFORM OF THE MEDICAL COLLEGES



THE UNIVERSITY OF LONDON

AND

THE COLLEGE QUESTION.



Elliot-Blake, desig. et del.

(A favoured site for a central building for the City's university.)

ON EITHER SIDE
OF
THE THAMES.

"Thames! The most lov'd of all the Ocean's sons."

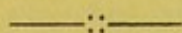
Sir John Denham, 1643.

There Learning grace and breathe thy healthy air,
And find a Home, Apollo's steps, so fair!



*All stalwart hearts! your ready cause adorn:
Day brightens from the shadows of the morn!—
But who should fear or think their cause forlorn
Must count their day lost,—crumpled in the morn!*

II.

THE UNIVERSITY OF LONDON AND
THE COLLEGE QUESTION.

THE scope of reform of the Medical Faculty in the University of London largely centres in the position of the medical diplomates of the Royal Medical Licensing Colleges. Of recent years numerous and disconcerting alternatives have been suggested for rectifying titles on a university basis, but the groundwork on which all such schemes were founded was mine, to join the two bodies. The more obvious solution would be to ratify that essential consummation, with slight levellings up and down of the examinations of the two bodies, till the University and the Colleges may heighten them in years to come.

During a period of development in the last century

each generation attempted to improve the position of the members of the London medical colleges, but the outcome of every scheme was only a small advantage to a single class—that of the Fellows; no adjustment or evolution of an adequate remedy has yet been carried through to improve the general mass of the members as medical practitioners, or to counteract the long-felt disabilities of the London medical colleges. The equality of the London medical colleges' examinations to other university degree examinations has, often enough, been emphasized. Since 1899 the relatively higher position of London licentiates of the Colleges to degree holders has been proved in my first tables (*vide* Excerpts, 1899, 1903, 1905) of the Services' competitive medical examinations. The College men took 50 per cent. of the top places against graduates and all others. Then came, in 1908, the long deferred "equality circular" of the Royal College of Surgeons, tardily insisting that their diplomas were equal to the degrees obtained elsewhere, and that they fitted their holders for minor posts in hospitals; but this neither meets nor alters the disabilities. The same reservation extends to the many other efforts in the same direction.

The one practicable reform is to remove the disabilities themselves. This can easily be done by embracing the opportunity offered by the University of London Act, 1898, of joining the great traditions of the Royal Colleges of Surgeons and Physicians with the modern University of London. The actual foundation of this reform rests on the educational relationship in medicine which nowadays belongs to the work of universities, and not to the warring tendencies apparent in the Colleges. In London (*vide* Annals) the fight for this supremacy has been observed since the College feuds at the end of the eighteenth century. The Colleges, however, have held on to their powers and privileges. The upshot has been that their students have deserted in numbers, while the London University and other universities have correspondingly increased their membership. Taking nearly comparable figures and going over quinquennial and sexennial periods, it can be shown that the absence of a university system has been a cause for the decadence of London as a medical centre, and that the falling off of London students is more than compensated by the gains of the provincial universities. Compare Tables :

TABLE SHOWING AN AVERAGE COMPARISON OF UNIVERSITY AND CONJOINT DIPLOMAS AT THE ENGLISH CONJOINT EXAMINATIONS.

				December to December		
				1906	1907	Per cent.
University candidates	...	...	...	213	190	48·2
Conjoint candidates*	...	...	...	219	215	51·8

TABLE SHOWING THAT THE ABSENCE OF A UNIVERSITY SYSTEM HAS BEEN A CAUSE FOR THE DECADENCE OF LONDON AS A MEDICAL CENTRE.

LONDON BODIES				NUMBER OF MEDICAL LICENCES OR DEGREES		
				1876-80	1902-7	Yearly %
Royal College of Physicians	...	...	...	442	...	...
Royal College of Surgeons	...	...	...	1,984	...	...
				Oct. to Oct.		
Conjoint Board (48·2 per cent. less allowed for University students)	...	...	...	...	1,357	- 46·6
Society of Apothecaries	...	...	...	1,130	349	- 25·7
University of London	...	...	...	143	724	+ 421·6
PROVINCIAL BODIES						
University, Oxford	...	...	...	34	101	+ 247·0
„ Cambridge	...	...	...	58	474	+ 680·1
„ Durham	...	...	...	50	212	+ 353·3
„ Edinburgh	...	...	...	541	1,100	+ 169·4
„ Manchester	...	...	...	...	260	...
„ Birmingham	...	...	...	...	69	...
„ Liverpool	...	...	...	...	40	...
„ Leeds ...	...	...	...	...	24	...
„ Sheffield (students)	...	...	...	...	8	...

* Since this table was made, the delegates of the Royal Colleges have had a similar table repeated over a larger number of candidates. It confirms the above, so that about half these are University candidates: Cambridge University, 16·1 per cent.; London University, 20·4 per cent.; other English Universities, 7 per cent.; Irish and Scotch Universities, 9 per cent.; Indian and Colonial, 6 per cent.; and Foreign Universities, 1·5 per cent.

TABLE SHOWING THE DECREASE OF LONDON AS A MEDICAL TRAINING CENTRE, AND GIVING THE YEARLY MEDICAL QUALIFICATIONS TAKEN IN LONDON AND THE PROVINCIAL CENTRES, AND THE AVERAGE INCREASE OR DECREASE OVER QUINQUENNIAL AND SEXENNIAL PERIODS.

Qualifying bodies	1876-80	1902-7	Loss or gain per cent.
Royal College of Surgeons and Physicians and the Society of Apothecaries	598	255	- 57·3
University of London	28	120	+ 328·6
Provincial Universities	136	381	+ 180·1

50 per cent. has been eliminated in the case of the Apothecaries for students belonging to other bodies.

THE NUMBER OF STUDENTS.

The figures which have here been compiled indicate that the number of students qualifying at the University of London has in the last thirty years increased fourfold. The number going to the provincial universities has increased threefold, and less than half the number come to London for the licences, whereas formerly the average was nearly four and a half times the provincial numbers. That disposes of the *suggestio falsi* that the fall of students in London has been due to a general decline of entrants. It could not increase the university numbers. Again, when licensing was the prevailing custom in the past, the colleges and the universities had practically an interchangeability of benefits. The members of the

colleges could proceed to the university with small extra formalities, and university students could enter the colleges without preliminary obstacles. In this matter the college authorities have failed to safeguard the interests of their members. They have preoccupied themselves with their own aggrandizement. They even hinder their own licensees, in the case of the physicians, from following on to their own Fellowships, and always give the preference to university students. If London does not retrench this waste of its members' interests, the loss of what used to be its paramount medical curriculum is inevitable. On the other hand, while the London colleges neglect their students, the provincial universities offer increasing facilities to theirs. The Scottish universities propose to include "outside," leaving preliminaries as equivalent to the matriculation. The London University* itself, too, actually goes to Germany for students, and admits the State gymnasium examination, which is a grave oversight of the better claims of the London college students.

* *The Statutes, Univ. Act, provide (116 and 117): "The Senate may vary the entrance or Matriculation from time to time."*

Section 7: The Senate may make new Statutes and Regulations, "if not inconsistent with the Act."

As regards the preliminary examinations, the British Medical Association, in their Medical Acts Amendment Consolidation Bill, would do a great service to medicine if they included the substitution of one interchangeable arts examination for entry to all the medical faculties of the college, or colleges and universities, or introduced the power to be able to do this in the future.

The supporters of the London University perhaps would not wish to relinquish their long-cherished scholarship levels. These could easily be retained as an honours class. And although scholarship, some may say, has little to recommend it, it may have one use—that of teaching exactness. But scholarship cannot introduce merit, and has never accounted for talent. The ordinary side of scholarship, the infinite capacity for rote work, or fine copying of what has been done before, even by large or small prodigies, may be an admired exercise, yet it soon cripples independent and ordinary intelligence.

It may be insisted on that there exists a college, or reverse, side of the shield. The colleges may declare that they provide a class of general practitioners for the growing populace. If it be so, the economic law of supply and demand, under very much

better conditions, will amply correct any evil effects ; and the slight numerical limitations under the new system, at first, will be a boon to the crowded and high professional ranks of medicine.

THE CUSTOM OF LICENSING.

The old medical custom of licensing, too, bears an important relation to this reform. In A.D. 931, in Baghdad, when all sorts of medical sects and professors were troubling the authorities, besides suffering mankind, and when the uncertain claims of 860 medical attendants in the city all called for discrimination, Khalif Ben Corra instituted, perhaps for the first time, a system of discriminatory licensing in medicine. Before this, the medical schools of Greece, Egypt and Persia taught and gave rise to types of practitioners, but no regular licensing occurred. The public health officers of Rome and India, too, were not licensed, other than from apprenticeship or family tradition, or from association with well-known schools. Under Khalif Ben Corra, most of those practising in the city had the honour of passing the specially imposed examination by the Court physicians.

Naturally enough, the Court physicians themselves were above enquiry or examination. They were evidently not afraid to deal with a very large number of licensees in those days; and there is no reason why fears should be entertained of introducing the substitution of a wider London University instead of the medical college or licensing system.

The institution of licensing rapidly improved and developed by way of the Arabs, through Spain, extended over Western Europe, and sprang into a general governing and leading medical influence. The influence of the licence grew considerably, as giving guild status. Dante, about A.D. 1295, requiring to enter the municipal life of Florence, sought this old licence, which then conferred citizenship, and was satisfied to join the local licensing guild of the apothecary-physicians. For centuries afterwards the beneficial control of the licence sufficed. A high condition of the licence was always aimed at and maintained by the bodies and colleges concerned right up to the last century. The colleges actually stood in higher comparative position with the universities, especially in Paris—as at the College de St. Côme—and with the German, English, and, later, Scottish university foundations. This was because they

demanding and represented more clinical and practical knowledge in comparison with the home study or purely philosophical polish of the universities, *and this practical but heightened work should still be the feature of the new university system.* After all these ages, then, surely we have reached a time at which we can discard the college, or licence management, especially when only a doctorate title can distinguish the highly trained practitioner from the entirely self-seeking. In fact, the only European bodies left who prefer to perpetuate that exhausted system are to be found in the smaller and less scientific countries of Portugal, Scandinavia, and Britain, with its backward university capital.

THE VALUE OF EXCHANGE.

The great improvement of exchanging to the university system instead of continuing the non-teaching collegiate system has this further good in its favour: many of the anomalies of the colleges would be swept away; equal medical work would obtain equal medical degrees; a share would be given to the college members of their own government, and

would replace the reserves of the councils of the colleges, characterized, at one time, by the House of Lords and by Peel as discreditable to representativeness and fairness. It would reopen the old avenues, so long disproportionately shut to the college members, not for mere house appointments, as the circular of the College of Surgeons pointed out, but for any of the highest posts and the means of advancement in medical life, as well as the official and Government positions, which are to be secured almost exclusively at present by university men.

To summarize briefly, the oldest medical training body for the licensing system, on primitive lines, at Salerno, closed its doors for ever in 1811. That time was the dawn of the unrest and of the changes that have led, step by step, to the formation of a teaching university for London. During the last hundred years there has been constant dissatisfaction with the disappearing collegiate status, yet no statesmanlike effort like that of the founders of the colleges, the inspiring Linacre or Vicary, has been made during that time to alter it for a wider university settlement on a teaching basis. Not that the colleges did not feel the competitive strain of the university in the last century. They did, but they misjudged their

own and the public advancement, and retaliated with a most unnecessary innovation of a new class of Fellowship licence, to the undoing of all the other licences.

Sir Benjamin Brodie, in 1843, carried through his disfranchisement of the predominant body with a set-up body of over-riding fellows. A much wider and more general reform was required. The upshot of that arrangement to counteract the University of London has been worse than a complete failure ; it did nothing for the college system to extend it, it did not mend the college, and has damaged it as a whole as well as in the former position of the members. The junction of the colleges with the University of London would be a fruitful adjustment of all the outstanding differences, and it presents itself as a competent and completely practical reform. In London it will be found to be on a par with the historical precedence of occasion, for the old *scholæ* readily joined with the *studium generale* in many of the capital universities of Europe.

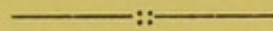


REFORM OF THE MEDICAL COLLEGES

MEDICAL TEACHING

III.

MEDICAL TEACHING.



THE comparative meanness, in fact the paucity, of the general and combined medical teaching, amidst the amplitude of the opportunities present in London, and where, at best, only cursory demonstrations under single hospital and jealous school organization must necessarily, with existing conditions, be available, was the essential object of this reform to co-ordinate and readjust.

The restricted views against reform, still adhered to by a few of the separationist schools, only reflects the continuance of what has been shown to be the inveterate guild favour of past and, happily, dislocated times, with their still more "cursory demonstrations" and apprenticeship associations. But that old *defence of an obsolete system has not the concerted driving force to keep abreast and answer the*

educational advances of the last hundred years' developments, nor is it able to supply the corresponding authoritative power of a large university, nor the needs of a capital and imperial city like London, and not a mark of contrast, so far, of one of the puniest of metropolitan universities.

A few years ago it used to be, and probably still continues to be the case, that the post-graduate medical classes of the known university towns on the continents, including New York, &c., could give better facilities for teaching than London could do, even for its highest cram degrees—to such a pitch of impotence does the purely examining system, and eminently successful paying system, of the medical bodies involve us. A general complaint, too, bewails the frequent tendency for the Continent to ignore the work of our scientific men, with the exception of one or two originators here and there. The ordinary scholarship research work, at anyrate, does not deserve a better fate. It, for the most part, only amounts to pure copy. The work on vaccine has been quoted against this view. But the vaccine treatment of skin and other affections had long been known; and the mere adoptions belong to the great insistence on a new word, “Opsonin and its deriva-

tives." It does not alter the old vaccine and the old observing of phagocytosis, and in which the Continent has always led before us. So far Phagocytic Index could be held to be a truer term to use than Opsonic Index. This peculiar, secondary position¹ is quite usual all through, and it much condemns our prized and empty infatuation for "scholarships." Scholarship for Schools and County Councils should be kept, but not to be recommendations for higher work. The scholarship level of some of the examinations of the University of London have, generally speaking, meant no advancement at all. They only make good boys and good exemplars. And the passing scholarship of eclectic dunderheads

¹ To show the unsatisfactory state of affairs, it may suffice to cite one out of many ways. Instead of the University taking up, as it should do, public courses in new subjects, and open to all its members, or allowing anyone to conduct researches after special training courses, we constantly see it and philanthropists hedging and employing influence and repute towards goody-goody scholarship, or dabbling in tentative measures, or forming selfish, roundabout institutions for their own account, but *longo intervallo* in the rear of such founders as Cavendish, Pasteur, Finsen, Roux Sabouraud, Fischer, Röntgen, Becquerel, Pavlov, and others; and who have done, and will do, the leading abroad, until we change our style of such a cramped university and such schemes of examining solely for business positions.

is best typified in commemorative work, and in compilations, and in the passing ebullieny of oratory. The new regulations would be best engaged at enforcing the much more important teaching side of university instruction. Instead of the lopping off of other people's cleverness for the end-all of ever-increasing examinations, we require freer purposes, and more teaching growth for the university in London; and to be of more value than the complimentary testing by examinations.

As to popular endowment, the holders of great wealth and benefited merchants, who owe so much to London and the Empire, might well pour out their plenteous largesse to the worthy, yet struggling University of London; but, I would add, weighted with one proviso, that consolidation, and not perpetual division, with the medical colleges should be undertaken. Otherwise, it will not go to pioneers of work, but to the influential, useless, and self-adulating boards and commissions of half measures, ray, cancer, and other research, &c. *What seems a controlling factor in this question is that consolidation of the two qualifying medical bodies can alone determine new strength and stop the spoiling of divided interests.*

The existing isolated hospital curricula, too, may

possess the boasted domestic supervision, the pale, confined groves of the old curtilages, the semblance of primitive debating societies, the problematical amateur playing clubs, and the local jealousies and intolerance of ridiculous units. They may give some pride of place to their members. But they could not be compared to the belief in the *alma mater* of a popular university. All the best training, the sound hospital training, the wider federation of tastes, the expansion of learning, the more convincing avenues and dwelling amongst a whole territory of culture, the union of schools (ulready effected), the enhanced strength of debating and other affiliating unions, and, not least, athletic representativeness, could only belong to a definitive university in London after the suppression of the dividing collegiate, hospitals, and university conglomerate disorganization.

The greater number of doctors who have founded a class of trusted medical practitioners throughout the country during the last and present centuries were moulded on this antiquated and surviving collegiate basis. Therefore, as a body chiefly concerned, their side of the argument deserves to be heard, and, indeed, is entitled to prevail, and more so than the already amply provided for and purely business-

seeking faction from the university, who alone oppose this junction. The former doctors find the university system has been adopted everywhere else than at their own college portals, and it has entirely done away with their old and pre-eminent position. They still show an equality of learned prowess, both in practice and competitive posts, where the terms of competition are equal; although, undoubtedly, they are being undeservedly improved out of their previous and many ancient rights by the falseness of the position thrust upon them by the continuance of the colleges. The public expectation of a university degree for their doctors, and for justice to this large section of general practitioners, and according to the requirements of the day, all these call for the broadening and the inclusion of the whole medical system within the legitimate training scope of a combined university for London. Out of some of these continuing disabilities the university itself was largely and primarily founded, for instance, to supply a higher secondary training; and it has profited from, and surpassed them, in its development, like a genius may surpass a master.

So, obviously, the junction of the two bodies offers the only entirely satisfactory solution for group-

ing the contending interests so as to allay the dissatisfaction of the divided state of the collegiate members.

The medical courses at present often clash ; then they would be strengthened. Some would be advantageously co-ordinated. All would take good place in the ranks of a mature and pattern university in the centre of the Empire. For a time, say five years, the ordinary college entrances would have to be accepted, as recommended by a previous Royal Commission. But the further inclusions, recommended by them, of the preliminary scientific or first professional examinations, could be at once approximated, especially after the all-important college and university medical classes had been joined. A new vista, also, should be ratified to allow students, at any chosen period of their progress, to go with freedom to any of the classes open in the university, so as to give the valuable new opportunity of specializing in any subject whatever ; and under no other system could the benefit necessary for this advanced teaching be provided.

I have been contending for this great reform for sixteen years in the medical press ; and, lately, it is due to my own college, the Royal College of Physicians,

and not the university, that, on the approach of the Royal College of Surgeons, they have begun the advance by their late decision to seek to embody an agreement with the University of London to hold reciprocal examinations for their degree in medicine.



REFORM OF THE MEDICAL COLLEGES.



RELATIONAL ANNALS.

ERRATA.

P. 35, last line, for "Compare tables" read "(Tables on pp. 36 and 37)."

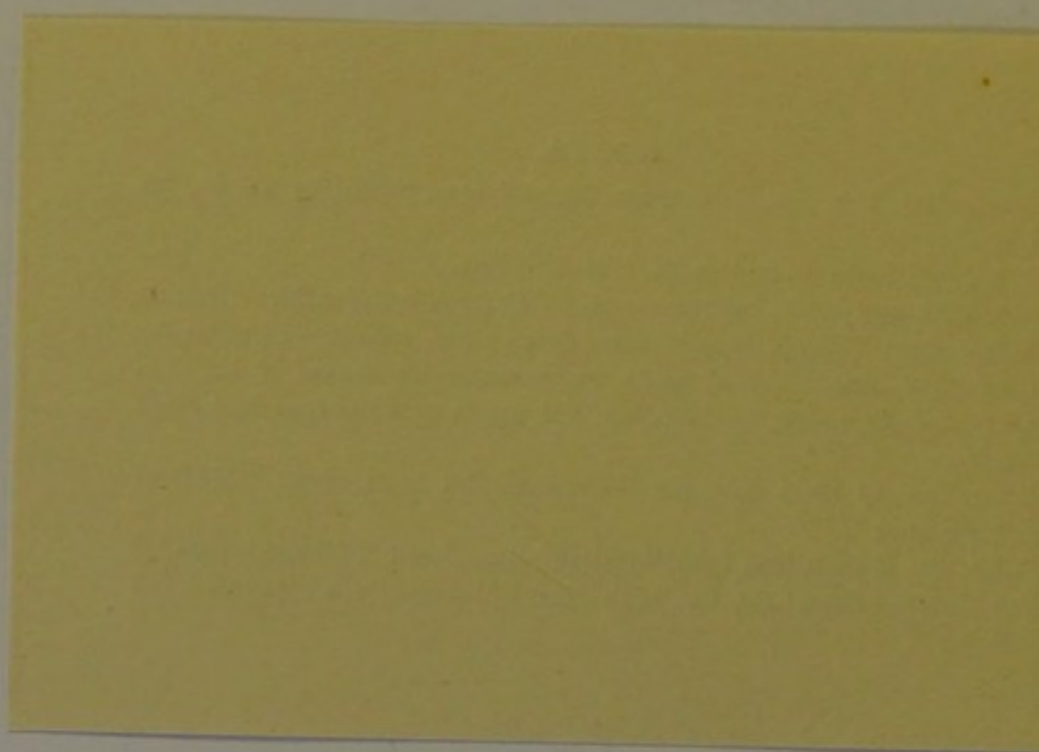
P. 57, add footnote to "facts"¹ in fifth line.

¹ "*Facta non verba*" of course fitted its first application. But as an adage it would only be much used by a coarse, trading schoolmaster and not a good one. Words when introductory words and of original merit precede in value, insight, and the worth of insistence both facts and acts.

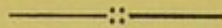
P. 61, line 13 from foot, for "Medical Act (and" read "Medical Act, 1876 (and"

P. 77, line 6 from top, read "pilfered-snug," not "pilfered—sung."

P. 138, line 5 from foot, for "considered measure" read "considered means."



RELATIONAL ANNALS.



FACTS do, and facts with issue do not, belong to anybody's relational use of events. Luckily the originator has to make his own subject out of the attached motion of the facts; and the subjective motive then becomes more worthy than the facts. The plain facts in this series of annals are therefore common property, but they have been pieced together and fashioned to conform naturally, and not by any hard twisting, to support the College Reform and the gradual development of the university side of the movement.

A rapid review will bring out the rise of the individual types at the beginning of medical endeavours in England. Then follow the gradual supervision by head men, and, with it, the added over-seeing by the guild or college system. This simple supervision of the one-man-show system is now only sentimental and out of date. But out of

the next advance came the dawn of lectures, and then hospital training. And, with our own times, was implanted the still imperfect university examining type of training in London. The whole concertion points to the advisable consolidation of the old survivals into one strong and commanding teaching university system, which would provide a masterly intellectual key for higher training at the mainspring of the university learning of the Empire.

THE ROYAL COLLEGE OF SURGEONS.

The first practisers of surgery, in part, in England, as on the Continent, were probably the bath men, barbers, and clerics, all of whom may have assisted a sprinkling of the true order of surgeons. The ruling note of this section will dwell on the inferiority and business capacity of the barber surgeons and the others, and the differentiation of a higher order of surgeons. Of the above orders, the surgeon clerics soon dropped out, because the popes forbade them to intermeddle with things sanguine.

1354.—Edward III.—The Surgeons existed as a separate body, and they are so mentioned in London in a City Letter Book. During this year certain of the Masters were

cited to adjudge a case of malpraxis by one not belonging to the craft.

1423.—Henry VI.—The Surgeons joined with the Physicians to form a joint guild to examine those entering their “Ffelishippis.”

1435.—Henry VI.—The Surgeons separated from their short union with the Physicians.

1461.—Edward IV.—The Barber Surgeons obtained a full charter of all their privileges “not contrary to the law of the land.”

1493.—Henry VII.—By an agreement between the Surgeons and the Barbers, the province of each, for the first time, was recognized and defined. Each branch examined for their own fellowships.

1531.—The Surgeons ranked 30th in the tale of the city companies. So they were distinctly organized and recognized in the City of London before the Barbours and Barbour Surgeons, who were put after them, at the 32nd place. Masters of the Surgeons had been appointed by the City Council as far back as 1368. But the Barbers' Masters were only first appointed or recognized in 1415, although their advanced business instinct led them to form a guild in 1308.

1540.—Henry VIII.—The Barber Surgeons at this central date, with the consent of the Surgeons, obtained their Great Joint Charter, and an Act of Parliament incorporating their privileges. The civic and business-like alliance strengthened the smaller fellowship of the Surgeons, and that was the more important object, rather than what afterwards is usually claimed for the advancement of Surgery.

1607.—The Surgeons still kept themselves aloof from the

Barbers; and in this year, the Surgeons enforced their licence and examination before permitting the Bishop of London to grant his degrees.

1695.—About the latter part of the 17th century, the hospitals in London were beginning to offer teaching facilities at cheaper rates than the Apprenticeship and Surgeon Company's system. But, nathless, the Company of Surgeons demanded and enforced that St. Thomas's Hospital should submit their apprentices to their examinations.

1745.—George II.—The Great Schism was ratified by Act of Parliament. The Surgeons' Company was again, and for all time, divided from the Barbers' Company. The Surgeons' Company retained most of their old privileges, except that the freemen of the Commonalty began, henceforth, to chafe and complain of the preponderant influence of Life or governing Assistants, and who had been first introduced in 1604. It was always resented, because it curtailed the choice of officers by the Commonalty, though they still provided the governing class.

1796.—George III.—The court of Assistants held on July 7, terminated the existence of the old Company of Surgeons. It was an invalid court, because the Assistants and Master were bound also to have one of the Wardens present, and one had died and the other was too ill to attend. A bill was brought into the House of Lords to legalize the Corporation, but, by the good efforts of the disfranchised Commonalty, it was defeated.

1800.—George III.—The committee of the Commonalty formulated an extensive collegiate examination scheme. The Master and Assistants shamefully ignored both this improvement of the Commonalty and the opposition

of the House of Lords ; and, by a back stairway, persuaded the good but enfeebled King to grant them a new charter of incorporation for a College of Surgeons. What view Parliament, or a court of law, would take of this one-sided arrangement, remains undecided.

1843.—Victoria.—The designation of the College of Surgeons was changed to the Royal College of Surgeons. In this year also, the final and total disfranchisement of the Members as a body politic took place ; and there consequently ensued the abandonment of the most valuable Communal status. It has led to an unexpected amount of want of confidence, and to the detriment of all parties. The lowering of the profession by such a division has only been frustrated by the high quality of the London students.

1884.—Under Section XIX. of the Medical Act, 1858, the Royal College of Surgeons with the Royal College of Physicians formed the Conjoint Examining Board. Under the Medical Act (and 1878 Univ. Charter) women may be examined for this conjoint licence or qualification, and where the other charters would hardly be operative.

1906.—My Motion to join the collegiate status and examinations to those of the University of London was not approved of by the President.

1907.—My Resolution to join the work of the Royal College of Surgeons and Physicians with the University of London was accepted and passed by the annual meeting of Fellows and Members, after fifteen years of agitation.

The Company of Surgeons has long and faithfully helped to build up and control the Faculty of Medicine in London. It would, therefore, be a catastrophe not

to include their historic influence with the new University of London in the only possible and anticipated path of continued progress.

THE ROYAL COLLEGE OF PHYSICIANS.

THE early Physicians were not so definitely distinguished nor organized in England as the Surgeons; and were often identified with monks or lay ecclesiastics. The first bit of history covering the western and clayey basin of Sussex, at the back of the Selsey monastic settlement and that of Dicul at Bosanham, or perhaps near the dreary levels of featureless Bognor,¹ touches upon this; *and as well as around any other monastery*. In A.D. 681 there

¹ Bognor cannot yet, correctly, be considered a health resort; nor termed so, save by the well-known, hideous donkey and suchlike purely interested advertisements. No one, of course, need mix with the community; still, my short experience of it, like William Blake's former estimate, does not exactly place the community at all high; and the present laxity of amenities, with the shallow drainage, shore pollution, which I have long pointed to for remedy, and the injuriously hard water, &c., all correspond. But being a paradise for tradespeople and cheap trippers, they rule. Even the latitudinal Parallel, *which chiefly determines the force of sunshine*, does not favour this part of the country beyond that further South-West.

Most unfortunately, too, the old quiet reposefulness of the place has disappeared. And the clayey soil will tend to preclude it for the children of School or other age of gentle-folk. Stronger or robust invalids do well here as anywhere "for a change," though it is very exposed to the East.

occurred a most serious drought. So dire were their pains that the South Saxons even threw themselves in batches into the sea. Those Physicians amongst the monks, under Wilfred, who were able to attend to the sickness, disease, famine, and scarcity that so sorely prevailed, must have gained for themselves and their religious brotherhood, as the medical monks did elsewhere, considerable respect and influence. Undoubtedly their monastic and ministering institutions grew, although the first medical and temporal help and influence was through the ordinary channel of one-eyed business instinct and selfish appreciation; and which has not altogether disappeared amongst their descendants, along the bleakly exposed flat lands of the still somnolent, backward, and decaying, Zuyder Zee like zone of Western Sussex.

1216.—Henry III.—Monks and ecclesiastics were prohibited from henceforward being Physicians or advocates. The latter were sometimes called *fil's diaboli*, which may have been distasteful to the clerics.

1423.—Henry VI.—The Physicians joined with the Surgeons to form a Conjoint Guild. It was soon dissolved.

1518.—Henry VIII.—Linacre, with the usual influential subscribers, founded the College of Physicians by charter. He was educated abroad, and obtained his degree at Padua. And a mighty service he rendered to Medicine. *The days of leadership belong to the days of advance!* It was

his brilliant, pioneering insight that led him to establish a higher educational state by laying the foundation of the examining body of the College, and so well chosen by him that it has lasted till the present day. The other privileges the Physicians guarded were the sole right of practice around London, and the sole administration of internal medicines; and both of these lost objects have never been compensated by any set-off to the members. Another good point to notice in the charter was that the practitioners of physic who were to be included in the College, "*in urbe nostra Londino*," were all described by the popular title of "Doctor." So this title of Doctor for members must still be a proper title to claim by usage.

1522.—The Great Charter was consolidated by Act of Parliament.

1656.—Cromwell.—The first Harveian oration was delivered in this year. In 1628, Harvey published and explained his own view of the systemic circulation of the blood. He added the teaching he listened to in Padua, of Galileo's lectures on Motion, to the discovery of the circulation through the lungs by Servetus in 1553, and the correct anatomical views held since Erasistratus during the high development of the Alexandrian School in B.C. 257.¹ Another penetrating insight and equal honour belongs to Harvey, for he was the first in England who greatly aroused the interest and introduced the best course of teaching in medicine through lectures

¹ Harvey's summary of his whole book may be found in his first chapter: "At length . . . I discovered . . . both the motion and the use of the heart and arteries."

and demonstrations. And by improving the Lumleian lectures he made use of these, in 1615 and onwards, to give his conclusions and vivisections to the world. He overcame so many vulgar misrepresentations and difficulties, that his nobility, and the remembrance of it, must itself have served to sustain many a less brave soul contending for right views, and not only business success or empty and fading honours.

1674.—Charles II.—A mandate was issued that only graduates of the Universities of Oxford and Cambridge could proceed to the Fellowships of the Physicians. The reason doubtless being that, at that time, all cloistered or academical medical knowledge, and other than practical guild teaching had to be obtained through the universities.

x x x.—Many business years followed, and were much occupied by Fellows with their empty and lumbering business advancements. Since those old days and prosperous times, such neglect has followed the loss of privileges that at the present time there can be no preferments for the new order of Licentiates in their own College. They cannot even proceed to their own Fellowship. The Fellowship, as much as the ordinary M.D., being, now, but a purely decorative feature. So, with the licensing system so out of joint, the only way open for a continuance of a new and workable life would be the proposed junction with the more refined and improved University of London.

1884.—Victoria.—The Royal College of Physicians became an equal partner with the Royal College of Surgeons to form the conjoint examining board.

1908.—Edward VII.—Comitia Consilii, after receiving a com-

munication from the Royal College of Surgeons, agreed to a project, and the major part of my proposition for "establishing a system of conjoint examinations" with the University of London.

THE APOTHECARIES' SOCIETY.

The Apothecaries were the practical users and developers of alchemy and herbalism, and they enlarged the legitimate sphere of treatment and chemistry with scientific and careful regard to the science and practice of medicine. The great chemical industries sprang out of the followers of their craft and their merchants. Their old double function has since been split into two parts; part has been absorbed by the Physicians, and part by the Chemists. Whilst quite a new and lower grade of purely commercial, and "supply all," pharmaceutical chemists has sprung up to replace the old, plain drug dispensers and drug-dealing apothecaries.

Some of the previous control ought to be given back to the Apothecaries in the new university re-arrangements, and they would be most conveniently able to assist to develop those branches in the study of pharmacology that may bear upon the newer modes of treatment.

- 1189.—Henry II.—Nigel, Bishop of London (d. 1198), was thought to have been an apothecary to Henry II. But latterly it has been disputed. This, after all, may be true; for it probably referred to his herbal and physic attainments as a cleric.
- 1345.—Edward III.—A London apothecary was mentioned as attending to Edward III. in Scotland, as early as this date.
- 1606.—The first attempt to enter into a civic guild, on the part of the Apothecaries, was by an arrangement with their neighbours the Grocers, who dealt in their wares of herbs, spices, and other drugs. The alliance was short lived and annulled.
- 1617.—James I.—Gideon de Laune, the Queen's apothecary, with other apothecaries, obtained a separate charter and incorporation for themselves. They thus seceded from the grocers. Many of the ancient privileges are still claimed by the Society and were enlarged in 1815. In the charter, Drs. Mayerne and Atkins, the King's "phifcons," are only mentioned as ordinary influential approvers. Therefore their decorative *rôle* should not be confounded with, nor regarded on the same footing as the pioneers and founders, as has been often and erroneously insisted upon. The germ of Gideon de Laune's distinguished enthusiasm simply fell on fertile ground.
- 1698.—The Common Council of London placed the Apothecaries, in the civic arrays, to stand before the Painter Stainer's Company, in the arrangements following their claim of precedence.
- 1748.—The limit of the sole right to license dispensers extended to seven miles round London, but it was applied to cover England in 1815.

- 1815.—George III.—The Apothecaries Act gave power to nominate a board of examiners for their qualification. It penalises unqualified medical practice.
- 1840.—Victoria.—Written examinations were first introduced.
- 1841.—The outside quite irregular and unqualified chemists, and so-called druggists banded together, and the outcome was the establishment of the commercial Pharmaceutical Society.
- 1908.—The Apothecaries' Society now grants, since the Medical Act of 1886, a fully qualifying licence in medicine, midwifery, and surgery. A thorough feature being that, unlike other licensing bodies, they separately examine in every branch of Medicine, and in Pharmacy, Therapeutics, Hygiene and Toxicology.

Due to a curious, comfortable, and unique preservation of their old privileges and traditions, the Apothecaries alone of the old companies in the Faculty of Medicine retain for their licentiates the participation in the governing body and in its affairs and offices.

THE UNIVERSITY OF LONDON.

Of all universities, the University of London, considering the length of its inception, and the wasted richness of the accumulated surroundings, has pursued the most neglected, unheard of, and irregular of courses. Like the wayward ways of a genius, it

may all be for the best by experience. Indeed, although late in development, it can yet form, by absorbing the largest outstanding college interest, one of the most distinguished and powerful and practical and cultured Faculties in Medicine in the country.

1796.—The Commonalty of the Company of Surgeons outlined a reorganization of their College and examining system, but the high-handed influence of the governors defeated this.

1798.—Dr. Stanger, from outside the College, proposed the enlargement of, and more extensive examination by, the College of Physicians.

1806.—Dr. E. H. Harrison, from outside the Colleges, brought forward a formulated suggestion, that all practitioners in medicine should be qualified in all branches of Medicine, Surgery, and Midwifery, instead of only through one of the Colleges or the Apothecaries.

1826.—The way, therefore, had been thoroughly prepared for the acceptance in medicine of a faculty in a university for London. From the most likely quarter, the poet Thomas Campbell, full of hot-headed wisdom and fresh from his own Glasgow University, and primed with his new experiences of German universities, originated the whole, pregnant poetic, or the seer's idea of forming a high teaching University in London. The usual influential supporters, *whose names do not matter*, good-naturedly acquiesced; he had written his epistolary and definite address upon the subject in the *Times* newspaper, on February 9, 1825. Of course a

"Secular University" means nothing. Pitt and others had discussed in the previous century the matter of the Tests. The King, however, thought it would interfere with his coronation oath. Campbell singly arranged, as a minor affair, with Irving and the dissenters, that the London University should not be hampered by extraneous or party religious tests. It may be borne in mind the Cambridge University Act, 1856, alone gave relief from religious tests; whilst the actual Test Abolition Act did not pass till 1871.

It was not much credit to the merchants of those days in London that the institution, in this year, had to start as an extraordinary Proprietary University—like a seminary! But when the great consolidation takes place, then there will be no further cause for them to hold aloof between divided honours and contending strife.

1831.—A charter for the University of London was opposed, as is the way with educational conservatism, by the College of Surgeons and the Universities of Oxford and Cambridge.

1836.—Petty jealousies and interests sufficed to divide the University of London, through the aid of two charters, and influential tinkering of Campbell's motive, into a ridiculous and narrowed and unsuccessful Examining University (a Degree Shop), and the more renowned Teaching University College, and the University College or North London Hospital. In this year an attempt was begun to divide the examinations of the University of London.

1883.—The British Medical Association petitioned the senate of the business or Examining University to increase the

facilities, and alter the regulations, for the existing M.D. degree, but without effect. They possessed no plan, so a mere vote to petition could not succeed.

1889.—Royal Commissions, like that of Lord Selbourne's, divided on the question of reconstructing the University, and did not end in any definite or workable suggestions.

1893.—My published proposal was to definitely join the Royal Colleges of Surgeons and Physicians with the University of London to form a complete London Teaching University; and it embraced a proper university degree for all the London Medical Students.

The existing teaching, as in the university, could not itself be a reform. But the Collegiate Combination was a real and exhausting reform, and an entirely new medical standard for London, with the widening of a new medical era and enlightened freedom.

1895.—The Westminster University was mooted and backed by Sir William Jenner and Mr. Rickman J. Godlee, to establish the Royal Colleges of Surgeons and Physicians into an autonomous College Examining board, to give a College degree. It did not take form, and could not succeed as a university. The view was similar to the previous Albert and Gresham University alternatives, for joining either University and King's Colleges, or these Colleges with the Gresham College and two other technical colleges, respectively, *and to oppose the University of London*; but they luckily fell through, being so imperfect both in conception and scope.

1898.—After the above recited commotion, the University of London Act, 1898, became law, and followed on the third or Lord Cowper's Royal Commission's and the University of London Commissioners' recommendation for a Teaching University scheme. The existing teaching was there and it did not even alter it, *so it was not a reform*. It simply reintroduced the absent pioneer, Campbell's insistence on the teaching quality into the University of London. But the Senate still submitting to the old purely business factions has been most dilatory in carrying out any changes, or of helping on my reform views of 1893, and some years before.

1907.—My Resolution to join the work of the Royal College of Surgeons of England and the Royal College of Physicians of London with the University of London was brought before the Annual Meeting of the Royal College of Surgeons and carried by them.

1907.—By the aid of endowments, University College, London, was transferred, by Act of Parliament, to the University of London, as a teaching College, and King's College will in the future be the next College to be so transferred.

With the above recitals before one, it would be difficult to deny the practical destiny, and advantage of the conforming juncture of all these allied bodies into one single Faculty in Medicine for London, and in the University of London.

THE LARGER HOSPITALS OF LONDON.

The work of the Hospital schools in London would offer no serious obstacle to this plan of amalgamation. The larger hospitals could reserve their influential and lay autonomy, whilst their schools and colleges, already schools of the university, could be regarded as, or co-ordinated as, University Teaching Schools or Colleges. The more important school lectures and classes would have to be recognized as qualifying courses for the conjoint or any science examinations. The other less important lectures and demonstrations would be retained, and specially paid for, as Tutorial Classes. All necessary lecturers would actually be benefited, and more securely paid by capitation and subsidy fees from the central university chest. The Royal College of Surgeons and Physicians and Apothecaries would also have to help to provide lectures, and for these and other uses would be paid a proportionate rate for their expenses. Perhaps the best improvement would be the introduction of a composite university fee, a portion of which would go to the student's chosen hospital school or college, and with a free choice for the other necessary lectures and classes outside his

own hospital school courses. The University of London could then better extend the present special higher classes and research courses, *and, above all, promote and institute extension and post-graduate studies of a complete order, and needed more than any other part of the scheme, so as to be a great improvement on the former miserably inadequate attempts.*

THE OTHER ROYAL COLLEGES.

It may be tersely added that the theme of the whole reform applies, in an equal thesis, to the Royal Colleges of Surgeons and Physicians of Scotland and Ireland. Only uncalled for opposition on the part of the universities could justify the suggestion for an approach to a reciprocal combination amongst the colleges; and it could be but a secondary resort to counteract any such ill-advised and short-sighted objection. I do not believe in such disloyalty of their duty towards London's best interests in medicine, and their responsibility towards the growing claims of Londoners and the Empire.

APPENDIX.



PUBLISHED EXCERPTS AND REFERENCES.

APPENDIX.

PUBLISHED EXCERPTS AND REFERENCES.

THE clear support of a good cause is as much an honour to supporters as bad sopping and copying are the reverse. But one must protest, like others, that my designs and instruments and ideas have been pilfered—sung by those less able, or averse to, assimilate and evolve. There is this consolation for originals, their makers can originate again and the copyists cannot. Most of my ideas have been much acted on, but little credit has been extended for this. So disrespectful and faithless a tribe will also borrow and forestall, and then carelessly half whittle away those harder conceptions belonging to others; yet neither will they, in their sopping and crumb-filching, approach the original, nor, with it, “flush everything that hath a vermeil hue” (Hyperion).

The dates and the explanatory titles and the quotations of these excerpts will serve the purpose of a condensed survey of the chronological anticipations and sequence of my communications on reform subjects. Other references have been added, unconnected with the reforms, for the sake of interest and completeness.

1893. — *Guy's Hospital Gazette*, January 28, “**The New University for London.**”—This was a claim for the inclusion of the College Diplomates in any new teaching University for London, “on the ground that their work is equal to that which suffices to obtain degrees for students in other centres”; and because they “have

largely helped to show the needs required, and the methods adaptable to form the practical side of the medical faculty out of their own studentships, disabilities, and claims for a degree." "And to unite the London teaching and instruction." "The large mass of clinical, material, and picked teaching existing in London should be rendered entirely available for the students or graduates of the new University." And for teaching, "the dominant nature of the higher standards required are those of exacting technical skill and precise practical deductions."

I also added, to support the convincing argument of the approval of the practice of vivisection by the highest of Universities, that "biological experiment was as necessary and relatively just as important as practical experiment in chemistry or physics, and should receive its due impetus in the new organization."

1894.—*British Medical Journal*, January 20, "**Hospital Reform.**"

—A suggestion for organizing post-graduate work, as in a University, so as to lead to a degree. Also to establish, at the hospitals, appointment registers for old students seeking posts and assistancies (*and since adopted.*)

1895.—*Morning Post*, August 23, "**The Title of Doctor.**"—

Celsus' reflection was quoted, that in spite of many schools and many names for doctors the sick man had been brought back to health by all of these (*vide*, p. 124). It was pointed out that "the law does not restrict the familiar appellation of doctor" (*vide* p. 124).

1896.—*The Lancet*, June 20, "**Points in the New University Question.**"—Besides including the above points, the central idea was "that the ultimate University

authorities should have pointed out to them the justice of the claims of the Members and Licentiates to proceed on a University basis to the doctorate degrees."

A UNIQUE POEM OF HÉLOÏSE.

(Extempore Lines, on a funereal vellum roll, by Héloïse (A.D. 1122), on the Abbot of Savigny, Vital ; with grief and its futility as the difficult theme.)

"Flet pastore pio grex desolatus adempto,
 Soletur miseras turba fidelis oves.
 Proh dolor ! Nunc morsu sublatum mortis edaci,
 Non dolor aut gemitus vivicare queunt.
 Ergo quid lacrimae, quid tot tantique dolores
 Prosunt ? Nil prodest hic dolor imo nocet.
 Sed licet utilitas ex fletu nulla sequatur,
 Est tamen humanum morte doloris patris.
 Est etiam gaudere pium, si vis rationis
 Tristicie vires adnichilare queat.
 Mors etenim talis, non mors sed vita putatur ;
 Nam moritur mundo, vivit ipse Deo.
 Oret pro nobis ; omnes oremus ut ipse Christum
 Et nos ad vitam perveniamus. Amen."

CONSOLATION.

A vanished shepherd of his flock is mourn'd,
 Oh, faithful throng ! your sorrow deep console.
 Ah, fate ! for him, seized by the jaws of death,
 No grief nor groaning can avail that life,
 Nor tears ; why therefore great and many wails ?
 'Tis useless, rather sore distress. But though
 No usefulness is gained from sobs, 'tis but
 A human phase to grieve a father's loss,
 In pious duty may we yet rejoice ;
 For, if the mind can quench a thought so sad,
 We view his death as yet a life esteem'd ;
 And, dying from this world, he lives in God.
 Pray he for us, and pray we all that he,
 As well as we, may come to life. Amen.

- 1897.—*British Medical Journal*, July 31, "**Medical Defence and the Reform of the British Medical Association.**"—The *plébiscite* or referendum vote had just been carried for the first time at the annual meeting of the Association in London. The *plébiscite* system of voting was introduced on my initiative before the meeting, and accepted and advanced at a critical point of the debate by those who were destined to carry it.
- 1899.—*British Medical Journal*, March 18, "**A Degree for Doubly Qualified Men.**"—From *My Tables*, I first insisted that "in competitive examinations with graduates for the services the diplomate came out at the top" (*vide tables under 1905*). Ever since, the idea has been copiously copied and added to. And the central idea still holds good. Although a new incidence, the increasing University candidates, naturally has crept in and absorbed the College men, and gives the University figures a corresponding enhancement.
- 1899.—*British Medical Journal*, "**Collective Defence.**"
- 1900.—*The Medical Times*, February 17, "**Midwifery Nurses.**"—"The point of view taken was for establishing and increasing the training and status of a midwife or midwifery nurse"; and the importance of putting in a clause for a fee for a supervisory visit to the medical man or woman whenever summoned. The Midwives Act still requires these additions in any amending Act; for the dependence on the Poor Law entirely fails if it be at the mercy of a few common Poor Law guardians.
- 1900.—*British Medical Journal*, December 15, "**London Diplomates and the Reformed University.**"—"The old academic object of giving the licence (*licentia docendi* preceded the degrees) has been lost sight of." The new licence, therefore, should be replaceable by a

degree. "The great towns outside the metropolis vie with one another to give facilities to their students to obtain University rank." "The readiness is all, but the opportunities would be broadened by my scheme." And "where can be the harm in giving a pass degree to diplomates"?

1901.—*Guy's Hospital Gazette*, June 8, "**London Diplomates and the London University.**"—"In the marking-time period collegiate students would do well to, and could, pass the matriculation of a University and proceed to the M.D., even if it should take ten years as long, whilst really within the reach of still youthful energy." It would be "fairer to wish that the portals of the present University of London should be extended to embrace properly matriculated students at the London Medical Colleges."

1902.—*British Medical Journal*, February 22, "**The Midwives Bill of 1902.**"—The French law of registration of midwives was represented and quoted. The requirement of improved midwifery nurses, with the essential medical supervision, was again upheld.

1902.—*Lancet*, December 20, "**The University of London and the Royal College of Physicians and Surgeons.**" It was shown that "the College students would undoubtedly fulfil and strengthen the power (of the medical faculty) in the University of London." "If all *had* to choose the degree standard in London, the diplomate would equal the graduate, as he does now."

1903.—*British Medical Journal*, January 24, February 14, "**A Degree for London Students.**"—"A Committee of the Colleges has apparently failed to solve the problem"; but "it cannot upset the grievances and the due

redress." A slight and pardonable bull touched on the prospect of a new collegiate position: "We do not alter but only change." "The customary bestowal of the title of 'Doctor' for doctors is on all fours with the use of 'Esquire,' and 'Reverend' for ministers (or Dr. for M.B.'s), and more useful than the esteemed yet silly hot wig on the top part of a judge; they are all used as convenient distinctions."

1903.—*British Medical Journal*, March 28, "**The London Licentiates' and Members' Society.**" At the meeting, I spoke upon "the various injustices inflicted upon London conjoint men," and of the necessity of joining them with the London University. I again quoted *my Tables* (*vide* 1905) of the Medical Service Examinations, as proving the equality of diplomates to the degree-holders. (*Although I was upon their Executive Committee the petitions of this Society were not agreed to by me, and they met, as they deserved, with no success. They aimed at the impossible and immediate entry to the final M.D. examination of the University of London, and which only belongs to their students, or the cancelling of College bye-laws, and the petitioning of all hospitals for their impracticable support of the propositions.*) To obtain the degrees the Colleges must fairly enter upon a university basis. Some of the members extended my service tables; no doubt this was very useful, if they had only acknowledged their origin.

1903.—*Lancet*, November 14, "**The University of London and the Royal College of Physicians of London and Surgeons of England.**"—"It is little short of a scandal to continue a state of affairs which precludes diplomates from Public Health work and House appointments simply because their title is not the current title of the

day (M.D.). A university holder of the D.P.H. would get an appointment, and the college holder of the same D.P.H. would not. The licence standard initials spoil their whole careers down to the grave." "Before and after the foundation of the examining University of London, in 1836, the medical students of the Royal Colleges flocked to the University (for the possibility of a degree), but (after University College and King's College were severed in 1858) the numbers quite characteristically dwindled to 163, from 494 in 1839, when it became clear that both bodies had set up a selfish fiscal policy of their own." The old strength would be re-established by admitting the Royal Colleges into the Union with the University.

1904.—*British Medical Journal*, January 16, "**The Midwives Act.**"

—"An Amended Bill may be required. If so, medical supervision, the provision of fees for the service of doctors, and the option of nurse training should be put in." "Law dealing with An Artificial State, and the Church with its Philosophical State, take good care to establish and enact very large emoluments and allowances for their public work; but Medicine, concerned with the equally important Public Health State, is left, and expected to forego and tolerate much niggardly remuneration." The legal recovery of doctors' fees from the local authorities should be insisted upon.

1904.—April 16, "**London Degrees and Diplomas.**"—"To-day the highest distinctions of the profession are not considered to be those of the Colleges; degrees have taken their place." And "*the London Licentiates' and Members' Society's pretended tinkering was only Half Measures.*" "Temerity (about joining the two bodies) asserts itself

in face of the fact that London has gradually become a town of a university type, with unprecedented repositories of learning, specialised facilities and faculties, and, above all, having accumulated the richest of collections."

1904.—July 23, "**Three Medical Reforms and the Medical Diplomates Society of London.**"—Of the reforms, the first dealt with codifying the Medical Acts; the second insisted that any State Doctorate Degree would have to be retrospective, *or all practitioners would have the right to oppose it*; and the third aimed to stop *counter prescribing* through the Medical Acts Amendment Bill (or some special Act) by establishing property in prescribing and making it a legal offence "to sell British Pharmacopœal drugs in combination or made up ready for medical treatment, except on the advice or prescription of a medical doctor" (*vide* "The Limitation of Quackery," p. 61).

1904.—October 15, "**Medical Defence and Personal Defence.**"

1905.—*British Medical Journal*, February 11, April 29, "**The Medical Services Examination Statistics and the College Reforms.**"—*My Tables* of 1899 were brought up to date and again quoted, "To support the Reform necessary to adjust the near equality of the London Medical Colleges' qualifications with those of the University degrees." And all other copied comparisons show a closely similar result.

1906.—*British Medical Journal*, December 22, "**The London University Question and the Royal College of Surgeons.**"—This gave the text of the motion for the Annual General Meeting of the College, and is quoted on

pp. 3 and 4. "The President declared the motion out of order, because it was not consultative, which I submit it was; and because it was in the form of action, which it

A TABLE GIVING A RELATIVE INDEX NUMBER FOR EACH OF THE POSITIONS OF THE PRINCIPAL BODIES COMPETING IN TWELVE OF THE MEDICAL SERVICES EXAMINATIONS, AND ARRANGED IN ORDER.

The order	% Index No.	The order	% Index No.
(1) University of London ...	90	(5) University of Dublin ...	65
(2) English Medical Colleges...	84	(6) University of Edinburgh...	61
(3) University of Durham ...	80	(7) Irish Medical Colleges ...	52
(4) University of Cambridge ...	78	(8) Scotch Medical Colleges...	47

A TABLE GIVING THE PLACE DISTRIBUTION OUT OF TWELVE OF THE MEDICAL SERVICES COMPETITIONS.

Qualifying Body	PLACES					
	1st	2nd	3rd	4th	5th	6th
Medical Colleges of London ...	6	7	5	5	7	6
Medical Colleges with University of London ...	1	2	1	2	...	...
Medical Colleges with Lic. Soc. Apoth. ...	1	...	...	...	...	...
Medical Colleges with University of Cambridge...	...	1	...	...	1	1
Medical Colleges with University of Durham ...	...	...	1	...	...	...
Medical Colleges with University of Edinburgh...	...	...	...	1	...	...
University of London ...	...	...	...	...	...	...
University of London and Victoria ...	1	...	...	...	...	...
University of Edinburgh ...	1	...	...	3	1	...
University of Durham ...	...	1	1	...	...	2
University of Dublin ...	...	1	...	...	...	...
Medical Colleges of Ireland ...	...	...	...	1	...	1
Royal University of Ireland ...	1	...	2	...	...	1
Other Bodies ...	1	...	2	...	3	...

was not." "The present chaos of the College standards leads to most unfortunate regrets and just dissatisfaction." "As an example, many diplomates spend a good

part of their working life in trying to obtain partial, irregular, or foreign degrees. They, however, all come too late to be of real service, they are useless as the most important primary training, and, at any time, they can only look like patchwork." The College Reform will institute the university teaching at its proper place at the commencement of life. (*The College Council has acted on the above motion, which is the important matter.*)

- 1908.—*Lancet*, February 15 (*British Medical Journal*, March 28),
"The Royal College of Surgeons and the Hood."—
 My resolution for a College Hood was carried before the Annual Meeting of the College; but the Council did not at once acquiesce therein. The Council objected that hoods did not appear to be appropriate, that is, were not in use among colleges. This was shown not to be the case. "The Newcastle College of Medicine, the old College of Physicians before the decadence, the Liverpool University College, Owens College, and Firth College, have all been on a sufficient equality and superiority to possess the right, and some exercised the *ad eundem* right, to grant hoods to their diploma or degree holders." "But besides music guilds containing graduates, both the College of Preceptors and the Royal College of Organists, as I have their regulations by me (and other colleges), certainly do grant hoods." "The only other medical body in London to examine for a corresponding trace of conformity would be the Society of Apothecaries." "It is recorded in 1698, that the Livery of the Apothecaries, when the King (William III.) made a public procession, were in their allotted place, and they wore both gowns and hoods."

1908.—(July 25), June 10, **At a Divisional Meeting of the British Medical Association.**—Two of my resolutions were passed:—

(1) "That every registered medical practitioner should have the use of the Courtesy Title of Doctor."

(2) "That an Unnecessary Noises Abatement Bill should be framed by the Public Health Committee for suggestions and consideration by the Divisions." (For the proposed clauses, &c., *vide* p. 113.)

1908.—*British Medical Journal*, August 22, "**The University and the Colleges in London.**"—"The Joint Reform (at last) will be greatly helped by the resolution of comitia of the Royal College of Physicians to *acquiesce in part of the College Reform* and to establish a system of conjoint examinations in accordance with the principle of Statute 123 of the University of London Act." "But it would be *very culpable* to miss the whole College Reform at this stage." No. 3 of my London and Provincial Qualification Statistics was there given; these have now been more fully set out on pp. 36 and 37.

1908.—*The Standard*, "**The University of London and the College Question.**"—(*Vide* p. 33.)

PROFESSIONAL EXCERPTS.

1893.—*British Medical Journal*, January 24, "**Cholera Inoculation.**"—It was a personal experience, at Cambridge University, of Haffkine's method of cholera inoculation, and one of the first experiments of this and serum-therapy in England. As helping to indicate the peculiarity of specificity of these inoculations, the one protection did not prevent another prevalent bowel

complaint from supervening when I was travelling through the high cañons and towns of Northern Mexico in the same year. My cousin, Mrs. Tweedie, some years afterwards also paid a visit to Mexico, and wrote womanly rhapsodies, no new endeavours, but an interesting introduction to "Mexico as I saw it." The natives are docile and friendly, if only courteousness be extended to them. Archæologically, and from the point of view of curiosity and for climate and gorgeous scenery, the country is well worth visiting, even by ladies, if some care be given to the provender supplies.

1894.—*St. George's Hospital Gazette*, November 17, "**An Early Experiment in Transfusion Methods.**"—The celebrated microscopist, Loewenhoeck, in 1677, injected both blood and milk into a dog. But Dr. Richard Lower had previously, in 1665, transfused blood alone into a lunatic patient at Oxford. It was hoped to rejuvenate the aged and others by this means.

1895.—March 30, "**Influenza.**"—The effects I considered to be due to a selective nerve poison, developed by the bacillus, and thus it disorganized nervous resistance. I hold that every disease has its usual co-incidental and habitat focus; that of influenza being by preference on the nerve tissue of the spinal cord, or on one of the meninges, and most often in the lumbar region.

1895.—*British Medical Journal*, May 25, "**The Antitoxin Treatment of Diphtheria.**"—One of the earlier and fully reported records of a successful case in private practice.

1898.—*St. George's Hospital Gazette*, December 17, "**Pharmacopœias.**"—It was a plea to add some clue or short notes, when and in what diseases the various remedies were more frequently requisitioned in the case of

Hospital Pharmacopœias. It would be a boon to old students. The want at the time was pointed out for such extra-pharmacopœial preparations as a "Liq. Pilocarpinæ, a Julep of Marshmallow, an Ext. Liq. Lactucæ, and an elixir alike miscible for acid and alkaline mixtures."

- 1902.—*Lancet*, October 4, "**A New Head and Neck Bandage and An Improved Skein Truss.**"—These were described. The first quite firmly fixes a dressing, but at the same time, and unlike all others, it does not choke the neck and does not interfere with the mandible. The Skein Truss provides the extra support of a pad, which much influences and improves its efficiency.
- 1905.—*British Medical Journal*, October 7, "**Asthma.**"—A form of insomnia was described and attributed to Nasal-Asthma and insufficient oxygen. Nasal dilators were devised to supply more oxygen and readjust the flow of air (*ut infra*).
- 1905.—*British Medical Journal*, December 30, "**A Conception of Disease.**"—This preliminary fence refuted the old supposition of marshalling arrays to the "Benefit of Disease"; and substituted the Benefit of Immunity as quite distinct from disease. This new view of pathology showed that disease may not be resisted, so that there could not be a benefit of disease. "Therefore disease ranges not as a benefit but as an expression of the features of pathology in the light of an end product and failure; whilst the physiological system as applied to the pre-existing conditions of disease will indicate a definite mode of reaction, recuperation and success." The key of the New Pathology was reserved for another opportunity for explanation.

- 1906.—April 2, "**Nasal Dilators.**" — The above-mentioned "Double Blades," "Saddle," and "Over Nose" nasal dilators were fully explained and illustrated. They are applicable for any condition requiring more oxygen and air. Unauthorized and inferior copies of this have even been taken by the advertisers in lay papers.
- 1907.—July 13, "**A Divisional Demonstration**" was given on Novel Additions to Armamentaria, Medicum, Chymicum, Chirurgicumque." Variæ.
- 1908.—*British Medical Journal*, April 11, "**Nose Shield.**"—This was a colour-rays resisting plan, to be applied for a cosmetic purpose. It was a contrary application of my own congestive treatment, for I had long used coloured or sun-rays with a little success (before Finsen's violet rays) to attack lupus and boils and tuberculous lung apices by congestive treatment, aided by any kind of fortifying and antiseptic adjuncts. From about the year 1890 I have used, and since demonstrated the application of, the convex lens to remove moles, small nævi, telangiectases, warts, and the base of pedunculated polyps, without the need of any more elaborate, or the excessive action of X-ray apparatus.

THE
ABATEMENT OF UNNECESSARY NOISES.

I.
NOISE NUISANCES ABATEMENT.

IN THE JERRY-BUILDER'S PATCH.

THE very indiscreetest art
Displays the jerry-builder's part,
And draws his tasteless villas to the life.
The stingy styles in stucco bold,
Like fading flowers, soon grow old,
And all his artless colours blend in strife.

The patch's din, one may surmise,
When near one house ten others rise,
And building goes on then, and anywise.
Each built-up stack, with deed and plan,
With joy, a jerry-building man
Will sell somehow, quite cheap, as merchandise.

The building laws, as he discerns,
Apply, with strain, to his concerns—
That is to say, if they're not up to date.
But pay his price—it is so thin !
He'll trick some in ; some take him in
With full-blown favour and a trustful fate.

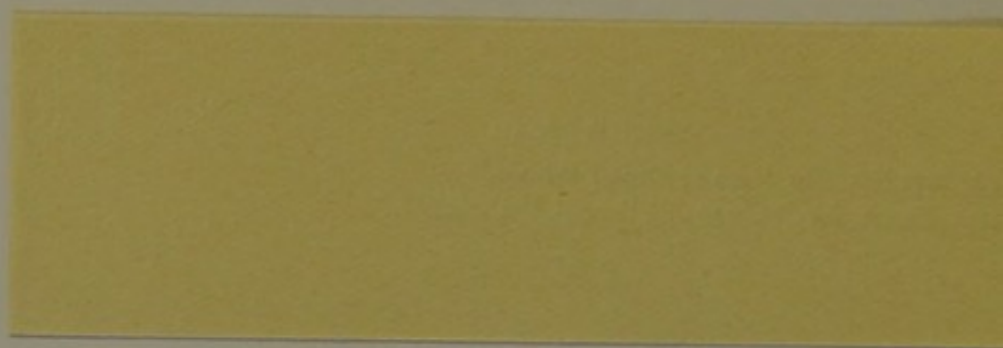
Then goes the jerry-building crew ;
As quick, the houses topple, too ;
The walls begin to crumble in decay ;
The joins let in the clear day's ray ;
The plasters crack ; the ceilings sway ;
The villas' ruins somewhat blow away.

Heads see each other through deal doors ;
Legs pass and dangle through the floors ;
The pipes all burst and leak with spiteful spray.
Such home's half home, with drains all kink'd.
The faults though there, sad eyes get blink'd.
That's how these shows are built, to pay, not stay.

ERRATA.

P. 93, first line, for "noise" read "noie."

P. 109, line 6, for "abateable" read "abatable."



I.—NOISE NUISANCES ABATEMENT.

To appreciate the noise or interruption of much noise in the wrong place it should be regarded and defined as like harsh, irregular, blurred, or acutely painful sounds, and distributed with no feeling of harmony, and it can be wanted by none accountably refined, or except by negligible cranks and noisome, noisy bodies. It is no hardship to aim to abate such objectionable noise. The old question is, how? Evidently the quest for noise nuisance abatement ought not to be wasted as formerly by going over all sorts of debating and always evasive grounds, but should be ready to substantially overcome it and determine upon a remedy. For this remedy to apply, a thorough way of meeting the old difficulty will be to reach the actual noise produced, and it will be the method outlined under this reform.

It need not be regarded as too drastic, because it will not attempt the impossibility of doing away altogether with all noises, but will endeavour to limit them, not through one, but through every source of the different noise nuisances. It will avoid the fatal

and formerly ineffective suggestion of piecemeal and therefore tentative Acts for each new set of noise occurrences, as one for bands, one for motor-cars, one for street cries, one for hawkers, and that attempted in the little-availed-of Street Music Act of 1884. Haphazard rules against noises under the Health Acts have been always slight and absurd, and not wide enough; and it precludes a general adoption, and might only apply to streets. None of them at certain times need be a nuisance at all! And yet that will be here accounted for, in its place.

Neither will the reform rely on the problematical and innocent acceptance of the good behaviour of well or evilly disposed persons. It simply rests on the obligation of the law to protect persons and the straight personal option to submit to relief under one concerted Public Act. If it be adopted and furnished to Parliament either independently, or as a Bill of the British Medical Association as at first intended, and as it will be drawn up in Section II., it will confer a boon on many sections of the Community. If advanced through the second manner the aid will be valuable to the Government; and it will show how a universal medical subject can be arranged for legislation by a technical body conversant with medical work, and for which a subsidy might well be granted.

The ease of noise production is its first condemnation. And the enormous increase of population has rendered it a bounden duty for some reformer, and the Government, to make the effort to abate the accompanying and constant growth of these debasing noise nuisances. The detriment has extended to immediate and frequent hurtfulness of the mind and body, and which, it has been recorded, incapacitates both brain and ordinary workers. Other cases of desperation will occur to readers and are not uncommon, like the following: A man exposed himself, helplessly driven, to fine and imprisonment, by poisoning noisy dogs that rendered life totally intolerable to him. This man has had his cup filled by blame and misery, instead of relief. And the scoundrels who tortured him were sanctified by the unctuous plaudits of animal-lovers, whose minds were, for the time being, on a level with the brutes, and not the worn-out nature of this man. The poisoning, no doubt, was not legal, but there ought to be legal relief for the other and far more distressful misery and human injury. Such and many other cruel effects of noise must be an abuse of any possible personal privilege. And the mode of deterrent is to make an example of this abuse, not by rummaging around

too many sides of the question ; but when the principle that underlies them is the intolerable or abusive noise nuisance itself, to attack that alone. It is quite absurd for one bye-law in a village to prohibit this or that noise under a Health Act and be different in the next village or town, and all other noises to be allowed. Besides, it is noise chiefly, when a nuisance, that should be penalised by a separate Act of Parliament.

Since the law in the Public Health Acts of 1875 and onwards has corrected many outrages of the senses, of the eyes, of the smell, and even of the taste, as in water and margarine and in milk consumption, it needs no excuse to bring a special act to the much keener and more vulnerable and acuter sense of hearing. But this has never been done ; although hygienists, and such founders of English hygiene as Chadwick and Parkes, have recognized the necessity of protecting the senses from evil effects. Our common legal obligation to our neighbours, too, ought to mean nothing less than that any noise, and not only bye-laws against street noise nuisances, if it might be a nuisance or hurtful, should be willingly abated.

No administrable law exists to meet the numerous abuses of noises prevalent and preventable. A few local rules under the Health Acts are quite insuffi-

cient, and are not in force. The unwritten and written Common Law needs the proof of an impossible amount of damage, when it has little or nothing to do with compensation, and only depends upon a Health Issue. At other times the law requires the evidence of the whole neighbourhood to take cognisance of an obvious and yelping spaniel's nuisance.

The Common Law case, too, saddles the "litigious person" with much overtopping, prohibitive, and inflated taxes for the law's private and personal expenses. A high court action, with the distant vista of a round-about injunction, if you live long enough to get it, is still worse. For often in trying to meet out, or rather miss all redress, the proceedings amount to nothing but a lawyer's forum with some acataleptic legal battledore and shuttlecock tactics, much legal exercise, legal exchange of banking accounts, and a lot of other legal tit-bits, and with very small products for the much-despised and plucked "litigious person." The little compensating law will be the utterance or opinion of a much dressed up and handsome legal, presiding gentleman, who will delight to decide the quibble side rather than give an ounce of thought to the noise nuisance. That constitutes the enormous dignity of the law by weight of gold, if not worth the weight of exchange. *Indeed, the*

law is made too powerful for itself. As to the detestable mass of legal evidence required in these cases, it may be that it is fictitiously made up, as in some police cases, and that fought over ; and in the end event the evidence of *lies*, if in sufficient abundance, will over-ride, and does satisfy, the law in *truth*. Instead of all this ridiculous, technical red-tape, formulary and evidence, "*Inquiry*" ought to be the customary legal procedure for this and other law cases ; and in that way to speedily suppress any harm and annoyance in the case of obnoxious and obvious noise nuisances.

This reform would make the noise nuisance the one condition sufficient to seek relief ; and, in doubt, this legal *Inquiry* by a court officer would be set in motion. The single offence would be to make a noise nuisance. In the simplest way, the purging of the offence would be to stop it as far as practicable. And the system could be detrimental to nobody, and be healthful to all.

Under this benign influence, bad schoolmasters, and bad boys, and bad nurses, would become attractive again. The night, strange to say, would earn the name of restful ; the yelping dog would not disturb, but be disturbed ; the browsing animals, the farm-

yard litters, and the neighbouring cocks, would become a gentle race. And what of the next door cad or noise-hog? He would also be transformed for his own selfish exultation, out into a transmogrified existence.

Invitingly and attractively it will be found to be a most helpful factor that most, if not all, noise nuisances can be credited as being *unnecessary* noises. So the legal restriction will be enormously tempered by applying the remedy to the abatement of strictly *Unnecessary* Noise Nuisances. For rough examples of unnecessary noises: The Church bells are not part of the creed. The morning steam engine can be seen and otherwise signalled than by its siren. Men's feelings come before noisy beasts!

Most people will agree that excessive noises soon come to be regarded as unreasonable licences and health-destroying vices. The builders and the hod-carriers clumsily bang their bricks in place, instead of, what would be just as easy, quietly placing them there; and the same way with other operations. And the navvy, if allowed to, will also pit his boisterous and superfluous whistling against any other person's brain tension, to the disruption of thoughts and the disorganizing of another's long day's work, and

doubtless in the end, the navy would have won the disagreeable contest. In every walk of life we find the same tendency to the wanton overgrowth of noise nuisances.

At the other end of society there are equally those with peculiar and unlimited capacity for selfishness and unrestraint towards others. They loudly copy by going anywhere simply because somebody of value has wrought or gone there before and first. They like to go one better, with the lowest, in asserting their noisy habits wherever they choose to disturb others: To take any one of them, such is the equally mimetic snob, the well-known H——y Street *arrivée*, or the new London introduction of the consultant—*plus*—practitioner type, and who is miles behind the old leaders who, ere now, would have written Ichabod, or “there is no more glory” over their old, loved, and respected abodes in the H——y Street of the past generation. That style of one will hurl his lusty life, or his rousing, trumpeting, ill-mannered children, nursing, and retinue against all the peace and quiet that formerly used to be thought to be every neighbour’s due. The disgraceful licence often exists: there is no law to stop it. Such ill-control and snobbery, from the highest to the lowest, and as has been lately so often perceived, is not only unfair, but this increasing evil and

ill-mannered growth can only be dealt with by the appliance of a certain constructive and restrictive form of law.

The direct legal restraint of this reform will happily just reach the least important sections of the community. For it must be notorious, that only the meagre, imperfect, and non-intelligent type of consciences of the people ever insist on the free use of aggressively noisy habits, without consideration for their neighbours. Only imagine the utter impossibility of life, too, if all, or only one here and there, indulged in allowing "cock-crowing," or "bird-singing" in or out of cages outside each house, wood-chopping, dog-barking, "bell-ringing or horns" on each cart or vehicle that can be perfectly well seen without them, universal "German bands,"—the contempt of all nations*—other thousand and one ridiculous and useless noises, and everybody shouting their own business at the top of their voices. Every single instance, even if alone, is just as bad to the sufferer from a noise nuisance as in concerted tumult. Of course, it is the increase of every kind that has

* No wonder, in England, such tolerance floods us, not a little, which may be good, but with an increasing surfeit of street organs, worse town bands, noisy cricket, music hall instead of cultivated musical standards, and other such cheap trash of the world.

made such a difference to those less susceptible. The day for no restraint has gone, so the grandmother of experience, in the form of the law, must stoop to apply the dint of coercion to the callous and illimitable licence of needless and heedless noise, and which ruins the pleasures of life, as well as of good taste.

No! before the late growth of noises, and the uprise and caprice of the loud classes, the average quietness was due to the magnificent restraint and amenities of huge majorities of the intellectuals amongst the inhabitants who had always and tacitly agreed to this abstention from too much disturbance or the unlimited indulgence in the very riot of noises. This good feeling for long kept together the average strong energy of mind, but this feeling seems to be on the wane, especially among the masses, and if enforced by law it could still preserve the sufficient rest of our nerve tension for continuing the ordinary daily tasks of life; and thus, by legal aid, to forcibly bring home the circumstances to the loudly and snobbishly disposed persons and the ill-behaved minority who interfere with the former restraint and honest mutual understanding. "Tyranny has stepped in" where there was want of law.

No hardship, and no nuisance can be traced to the "Zoo." Why? Because it has been carefully placed with dutiful consideration of others in a fit and proper place; like the opera-house or any of the licensed play-houses. But with the other selfish and personal riots of noises, if a private person have his or her own, say, extra zoological collection, or its minor counterpart, or any inconsiderate accumulation of noisy vermin, birds, or other *pet pests*, &c., they could not do better than discover the need of others for more silence. And, if they still wish to enjoy their fancy, to let it be their own unselfish enjoyment to join a similar "Zoo" elsewhere; there to meander in their glory, and out of the hearing of ordinary, peace, and quiet-loving people.

Another factor that would considerably loosen the hard grip of the law of prevention would be, that legislation can never be rigidly enforced on every side. So only recurring noise nuisances would primarily be interfered with, and this ensures the safety of the relief. The fines and punishments would only be corrective and not venal.

To large numbers, whilst hurting nobody, the charter against bad noises would be a looked for and a memorable thanksgiving day, when anything like

this limiting Act was passed ; for under it the abominable lists and agonizing complaints of all day and some night noises, according to the hours, that have been published in the daily papers, over and over again, would be curtailed in effective particulars. And, for the first time, the protection of all important classes, especially those belonging to the higher world of literature, and those amongst the thoughtful art workers, would be justly protected by the law.

Old age may be recognized as the period of earned rest. Like all rest it comes after the more lively workings and starts of life, and is the folding in of action, and it must needs be a noiseless rest to be beneficial. I am still charitable enough to believe that in most able lives, outside the overmuch selfishness of glorified, yet often useless business successes, probably some general good has been done before old age sets in at the different incidences of life—and mostly so amongst the workers of literature, where the noblest perspective of expressions, and the truthful magnanimity and courage of thoughts go echoing on over the perpetual relays of youth germs in the world. And so, in the decline of life, in the quiet and sunshiny rest demanded by age, this worthiness of quiet and rest should be honoured

and not disowned, and deservedly respected and not visited by the guillotine of inhumanity; for the encumbrance of life should not end at 40 years of age, but continue as it has ever been imposed.

Under this proposed Act, what does it matter if the hard, lethargic, bull-necked clodhopper, or similar person, revels in his cultivation of noise? He could still gloat in it, as he is wont to do now, if he did not annoy and tyrannize over others. The only counterpart would be that one of the greatest causes of nervous and high tension degeneration in the country would cease or be considerably modified. And many present and past piteous appeals for the cessation of noise nuisances that have come from all quarters, from Dickens, Doyle, Tennyson, and so many others, would at last be answered amidst a unison of rejoicing.

Noise, too, is the cheapest form of paltry annoyance, especially, for instance, with those much engrossed with the fancy or unknown sense of animals, or the much-petrolating-week-ender-man, and which deserves the severest censure and correction. The superficial, racing, tearing, and new low level era of School Board empty literature, with the love of the smart panoply of the lie-ambushed novels, all

conduce towards encouraging cheap loudness or noisy assertiveness, and unhealthy inconsideration of others and of their quieter superiors. Those enjoying the life of fun should respect, by the force of law, other people's fun of life, and it should start from the common ground of moderated quietness.

The remedy by this reform will also cut deeper than what the Act would alone provide. It will open the way to the inventor, who will most beneficially modify noisy machinery by eliminating any traces of noise. The motor car would be the first culprit on the inventors' stocks. As the clanging of armour rivetting has given way to the hydraulic press, who can doubt that hammering will give way to the pressure of an hydraulic punch? The noisy swish of the hand-plane may well be replaced by the noiseless whirr of a revolving electric shaver-plane. And the facing of stone and bricks would be done by noiseless crushers, or in properly constructed noise-proof sheds any distance or miles away from the future quiet building areas of operations.

With the increasing improvements, rendered necessary by a Noise Abatement Act, what a pandemonium of noise would be everywhere mitigated, and, not least, around the insensate imposition of the

unnecessary building rows of to-day, and cherished most, perhaps, in the cheap villainy of the Jerry Builders' smart, but mud and plaster houses.

Resisting laws against bad noises have begun to work smoothly in France and Germany, and they help to make for a quieter and pleasanter life. But the stolid, *possibly meditative*, delay on the part of England to introduce similar legislation gives, at any rate, the improved opportunity of operating the above specially insisted upon *Health Law* view of this Reform, and by the introduction of one repealing and comprehensive Act.

Both in France and Germany they have Municipal Laws and Special Laws. In Germany the latter takes up a negative form of "you shall not do this or that," but it there gives great protection to owners of property. It permits wide prosecution for noise abuses, or noise "injury," or even if "slightly prejudicial," or above the noises that may be usually encountered in manufacturing areas (Civil Code, v. 906). In France the Prefectural Law through the authorities can regulate the noises in the streets. Night noises, too, that disturb any inhabitants can also be stopped (Art. 97, Law 5 Ap., 1884).

PRACTICAL ISSUE.

On the practical side of the question, the mesh of any Noise Nuisance Abatement Act, introduced as a sound beginning for a Noise Reform measure, must be drawn particularly wide. And there must be this most important introduction, the police to be made immediately available to demand alone, or with the call of a householder, the cessation of any noise nuisance, according to a statutory form, *or abatement until decided by the Court*. For this and other purposes, the following additions may prove useful and beyond the many suggestions embraced in the more detailed skeleton outlines of a Noise Nuisance Abatement Bill to be given in the succeeding section No. II. The summons of a householder, or through the police in the case of a House Noise, should bear some written authority to be delivered to the police, and to be shown, if demanded, to the offender. The "summons," or "order to abate," should be given or served either on the owner, the offender, or anyone present or connected with a place, or on which the Noise Nuisance occurs ; or, in their absence or if not known, then on the landlord, tenant, servants or agent, or anyone upon a place on which the Noise Nuisance

was permitted. A quiet day of rest, too, might well enough be imposable by the State Authorities after due notices. It would be a set-off to those who obtained a magistrate's order for a noisy procession along a route not objected to.

Noise should be abateable as far as practicable, even after a "licence" as to "time and place" had been granted by the magistrates or local authority, and without opposition, for building, repairs, temporary manufacture, temporary recreation, &c. Further, a "licence for noisy work" should be endorsable, on complaint, for continuing "unnecessary noises," and then be liable to be cancelled, and the owner of it be debarred from another licence for any period up to a year or so. (All church and other building would then be conducted quietly, as it can be.)

In regard to the enormous and growing evil of vermin and wild bird Noise Nuisances, particularly under the supersensitive bird protection acts, a magistrate's order should be procurable for "destroying, shooting, killing or removing" the same, if they became a Noise Nuisance.

Besides the objection of noise, gardeners and others hardly appreciate this excess of protection; for even pastoral Chaucer knew:—

*Therein a goldfinch (and others) leping pretily
Fro bough to bough, and, as him list, he ete
Here and there of buddis and flouris swete.*

For uniformity in working there should be only two Codes made by the Central Authority, the Local Government Board: (1) "A General Code," showing procedures for all general powers; (2) "A Local Code," showing the modified terms applicable to Noisy, Manufacturing, or Business exempted or permitted Noisy and City or Town Areas. Both should be remodelled every five years. And the local Health Authority to be bound also to mark the exempted areas every five years with some delineated characteristics.

It was to show that the noise nuisance abatement question, especially Non-street and Household Noises, has need to be brought forward and realized, that I have sought to construct this reform to do good by seeking to engage the interest of those who, after being shown the grain of inconsiderateness and the non-necessity of much of the noise impositions of the day, will be the first to aim at improving the custom of more peaceful quietness, and, as a legal necessity, to support the healthy and legal abstention from many noises that the reform sets out to lessen.

THE
ABATEMENT OF UNNECESSARY NOISE
NUISANCES.

II.
OUTLINES FOR A REMEDIAL NOISE NUISANCES
ABATEMENT BILL.

II.—OUTLINES FOR A REMEDIAL NOISE NUISANCES ABATEMENT BILL.

THE proposed Bill, dealing with the abatement of unnecessary noises, or any Noise Nuisance, first came before a Local Division of the British Medical Association, whilst I was their Representative at the Representative Meetings of the Association. The resolution passed was : “ *That an Unnecessary Noises Abatement Bill should be framed by the Public Health Committee of the British Medical Association.*” The opportunity was to be given to them to initiate it. But *any* Committee formed for the purpose of approval could aid the reform. The fuller episodes and details of this much-needed Bill can best be amplified and improved through all the Divisions as well as the Public Health Committee of the British Medical Association, or working with any other Society’s Committee.

The need of practically restraining noise nuisances has so long been felt to be justified that it will be shortest to grant the premiss, and so avoid the masses of details of the societies concerned with proving the

nuisances, and refer to what can be included to obtain relief in the Bill.

Adopting the briefest lines: Any notices for abatement, and to be expeditious, should be cast in the broadest way; these notices should be obtainable from both justices and Local Authorities.

There should be restriction or prevention as to: (1) Any marked noise nuisance; (2) defined noise nuisances; (3) noise nuisances being a menace or injurious to health; (4) a noise nuisance preventing work or the peaceful enjoyment of life and dwelling; (5) all avoidable noises and those likely to be a nuisance between the hours of 7 p.m. and 8 a.m. *Appeals to the county courts to be only allowed after the first cessation of the noises complained of.*

The Powers of the court to be extended to: (1) The licensing of any noise nuisance that may be deemed necessary, but under restrictions of *Place and Time*, and open to a review on any subsequent complaint; (2) by limit of the noise nuisance in respect of time, or the employment of noiseless methods, or in the manner pointed out in the complaint; (3) to abate or enforce the court's ruling by stopping the noise, by fine, or by fine and imprisonment. Statutory power should also be extended to the *Province of the*

Constable—an important issue for making the work effective—that he shall call on any person to desist from or to stop making a noise nuisance on complaint of a householder, or in the night-time, and to prosecute for any refusal. The local authority *shall* prosecute any person, landlord, householder, or other person connected with a noise nuisance, if complaint be made to them, and is provable, by an inhabitant of their district. Any householder, if an aggrieved person, should also have power to prosecute offenders under the Act, before a court, and without the aid of a lawyer.

Specific Noises.—These should be included in the Bill, such as all noises of vermin, animals, birds, barrel organs, steam organs, migratory shows, whistling, hawking, all process or building noises, singing, bands, church bells, engine noises, brawling, noisy vehicles, noises from implements, instruments, &c.

Domicile Noise Nuisances.—These should refer to any habitual repeated or recurring noise nuisances.

Special Noise Nuisances, to be included as occasion requires, by publication, through the Local Government Board, or after appeal to the Privy Council.

Night or Street Noises, bye-laws, or uniform model regulations should be available for adoption everywhere.

Saving Clauses.—These are essential. The Local Government Board or the Act must be able to exempt special or manufacturing areas, or special noises such as military and official undertakings, or non-residential and purely business areas. Regulations and licensing should be made optional for local authorities to deal with a legitimate amount of entertainments within buildings or compounds prepared for such. (These fair entertainments can never be classed with the pestering growth of street entertainments at every other corner for hundreds of yards together.) Process or building noises and unavoidable or necessary noises should be allowed on licence after application to the magistrate or local authority, but subject to restraint by time and place on due complaint under the Act. Momentary noises, if unavoidable, should not be included as noise nuisances. The whole Act to be adoptive at first, and obligatory over England after, say, three years.

The initial deficiencies of the above tentative provisions may stimulate suggestions and appropriate additions according to experience from the town and country divisions, and from the important support and help of health officers, and any other sources, and which would all be welcome if helpful.

THE TITLE OF DOCTOR BY COURTESY
FOR DOCTORS.

“ La cortesía tenerla con quien la tenga.”
Courtesy will be due to him who shows it

NATURE'S PEACE.

IN Nature's world, trim Harebell lives
A faultless, careless, true-form code ;
Best conquest gaining when it gives
A concord tone o'er life's rough road,
O'er fightings manifold, o'er worldly ways,
And—whilst the rose and woodbines cease
To claim a higher place—displays
A signal, borne to you for peace.

(1896.)



THE TITLE OF DOCTOR BY COURTESY FOR DOCTORS.

"That every medical practitioner should have the use of the Courtesy Title of Doctor."—(*Vide* Appendix, Excerpts, 1908.)

No question of recent years has exercised more grounds for debate in the medical and public press, or given rise to more misunderstanding on the part of the public, than the absence of the affix of "Doctor" to technically qualified medical diplomates or collegiate doctors in medicine and surgery, and who are as much qualified as the ordinary graduates in a university. The public know that the necessity of the licence from a London College has long disappeared, since the State, through the General Medical Council of Registration, alone registers the qualified practitioner. And the standards of qualifications have so conformed to the general level of the State's requirements, that the licence or university qualifications must now be legally regarded as synonymous. No wonder there has been doubt as to the clearness of the distinctions when there are so few differential certainties.

The above motion at the head of this appeal was duly ratified by a division of the British Medical Association, and it does not run counter to any former consideration of the subject by the great Representative Meetings of that Association. They have rejected the so-called right, but that is just the wrong way of looking at the subject. The object of my motion was to obtain a valuable pronouncement, not only by the Division but of the Representative Meeting too, and it was partly designed to encourage the Government to see the only sure ground for acquiescing in the State enforcement of the title of "Doctor," if the clause for obtaining this title be inserted in the coming Medical Acts Amendment Bill.

It was an essential feature of the above resolution to acknowledge and recognize the *Courtesy Side* of the title of Doctor, and not the right. That is where it differs from any former suggestion. It corrects the criticism, and purely technical objection, about the necessity of having a degree. Neither does it do away with the necessity of changing the Collegiate system to that of a University basis, for this is only meant to be a just and, so far, a proportionate and temporary measure.

It does not seek an improper right, but a fair title with what belongs to the trained profession of doctoring, so that some sort of cognomen ought to be connoted and belong to the calling of medicine. And as the whole of literature—from Sterne's early fiction and his rather unsympathetic character of his doctor, or Smollett's Dr. Comfort Colocynth, to Dickens' generous doctors, and the clever metaphysical country doctor of "The Saint"—as much as the opinion and usage of the public, and the medical and lay press, and most of our usual correspondence, all concur in this unwritten and courteous custom of bestowing the title of doctor on all medical men, it therefore ought not to be difficult to generally accept and adopt it.

Barristers, lawyers and the clergy have their easily recognized titles, irrespective of their licences or degrees, and, in fact, it is hardly customary for even the few of those who seek the doctorate degrees to appropriate the doctor's title; they prefer the address of Professor, Judge, or Dean, Reverend, &c. So the field being practically open, such a custom as the courtesy title of "Doctor" for doctors establishes a comprehensive and a particularly appropriate generic distinction. Moreover, more doctors take the doctorate degree than others, and they do use the title as a

generic title. The present legal title of Mr. Licensed or Medical Practitioner, or Mr. Physician, or Mr. Apothecary, would be absurd, and they never have been popular, and which practically demonstrates their inappropriateness. It is too low a status. It will not hold water; the pitcher must be carried higher and more erect.

Of course there can be no such thing as the psychology of success. The greatest and most self-sacrificing thinkers and pioneers never command, though they may attain, some success. For even if events be successional, they can only be partly anticipated, and are not certainties; whilst the uncertainties of events are proverbial.

Yet the two varieties of collegiate and university systems to a certain extent are a premium on the previous experience of fatherly or hereditary discernment. But this ought not to be an imposed, intricate, and privileged profit of entrance into the republic of medicine. The art of forestalling somebody else's cue is only the art of a copyist: it leads to no independent grace. Such hereditary or nepotic privilege is not deserved. The system accordingly ought not to be adversely countenanced by the leaders as against the ordinary entrant into Medicine by the

college portals. The parental example ought not to be the profound factor in the choice of entrance. Besides, *of necessity a good father does not beget a good son!* Indeed, with the concurrence of Froissart on high lives, and due discount for Pitt and Galton, most experience goes to show that the son is usually spent or worthless compared to a good father. How few of the independently great sons of great men can one recall!

The whole of these differential circumstances, and the damage of interminable grades in medicine, have arisen from the extraordinary nineteenth century's introduction of ready-made distinctions by examinations to detect talent, and for the ease of the arbitrators in choosing candidates for posts. Strained as the excess of this examination and scholarship system has come to be, it cannot be altogether set aside. But it has left the college system in medicine high and dry, and with the diplomates stranded. It has led more and more to the damping of the most valuable of all progress, independent and initiative action. Almost every opportunity and opening for advance is foredoomed to be stopped, unless time has been wasted over some certain and peculiar examinations unforeseen by the ordinary entrant, and unconnected with the advance to be pursued.

The only short shrift and remedy will be to introduce the university and doctorate system. But, even then, the generic title of doctor for medical practitioners will have its *placet*, and for the justification of the courtesy title of those M.B.'s who, in the future universal university system, will have gone through the greater portion of the work for the subsequent and more honorary M.D. degree.

In a summary of mine on this subject, in 1895, occurred the following conclusions (*vide* Appendix, 1895), and it may still serve to embrace the cooperant position :—

“The law does not restrict the familiar appellation of ‘doctor’ without any claim for admitting the form of a university M.D.”

“Each age seems to have had its popular title for physician, so in our age the term ‘doctor’ is widely acquiesced in, in a popular way, and given to all those practising physic.” “Cur enim potius aliquis Hippocrati credat, quam Herophilo? Cur huic potius, quam Asclepiadi? Si rationes sequi velit, omnium posse videri non improbables; si curationes ab omnibus his aegros perductos esse ad sanitatem. Of course, referring to the heterogeneous number of Schools of Medicine amongst the Greeks.”

THE DOCTOR'S PROVINCE
AS
A MEANS OF LIMITING QUACKERY.

THE CROAKER AND THE QUACK.

A cross-patch patient's a croaker !
Swops doctors when he's ill.
Has no more sense than a poker ;
Gulps down the quack's Death-Pill.

A croaker once a doctor hied ;—
He lived to pay his fee.
But after that a quack he tried ; —
Then soon no more was he !

So those inclin'd, who'll take quack's mess,
Must reap their harm's alarm !
Whilst doctors go and win success,
Through skill, or wondrous balm.

Old Death's the level arbiter
Of Fame upon his track !
For doctor's Fame he's serviter ;
But Shame he kicks the quack !



I.—THE DOCTOR'S PROVINCE AS A MEANS OF LIMITING QUACKERY.

A QUOTATION from a paragraph of mine on Medical Reforms will be the quickest way to bring forward the solution intended under the heading of this reform (*vide* Excerpts, 1904).

“To get over the acknowledged excess of counter prescribing by chemists, which has not been adequately provided against, the medical profession should establish property in prescriptions; for they possess little enough else to offer, *in a visible way*, in exchange for their medical work done or over and above their professional deduction. And in that way to make it an offence under an Act to sell British pharmacopœial drugs in combination, or made up, or ready for medical treatment, except on the advice or prescription of a medical doctor; and to establish a legal right in such prescriptions to be possessed by the whole medical profession as a body, or by any medical practitioner of that body. The General Medical Council to be given the power to uphold

the property. A dose of many medicaments, or 'something for the hair,' &c., would not be prohibited, if the effective drugs or combination did not coincide with those from the British Pharmacopœia (*or in some exempted common list of drugs*), so that no hardship would arise. The actual control of patent or stamped medicines must be excluded, unless derived solely from the British Pharmacopœia, as they could only be approached from a permissive, although a regulated, point of view."

The effrontery of quackery does not require much stir, Royal Commission, or tedious history to prove its existence. However, a few lines will well show the need for adjusting our dilatory efforts to curb the overgrowth of shameless quackery in England. Otherwise it is not worth while to become a doctor, nor for the State to impose a qualification for what it afterwards fails to protect. Moreover, amidst the public's confusion of the degrees, the quacks are too free, and accumulate larger fortunes than those earned by any doctor, by exploiting the easiest medical practices; whilst registered members starve. So even the easier practices should be retained for the legitimate doctors, and should be denied to those who refuse to be qualified or add their quota to

the good of the profession, and only wish to be depredators for their own ends.

Paris legislated against quacks in A.D. 1120, and now most nations, except England, have done likewise. Ben Jonson, in 1610, wrote a skit or anti-maske on the quack alchemy of his day, rather a misplacement of poetic revelry, "ever brightening the beauties of occasion." And, to-day, a lady writes the "Christian Murderers," as a stigma against the contemporaneous credulity of Christian Science. Fosse's "Book of Judges" recites the last trial, in 1709, of the belief in the quack remedies of Amulets and Witchcraft; and after the judge's exposure of his own false charm in a Latin script for rheumatism, the Act repealing trial for witchery came into force in 1736. Yet, with but a modern variety of this cure for rheumatism, we a few years ago had the British Medical Association usefully helping to prick the bubble of one of the most notorious Electropathic Belts.

A London physician, in 1718, wrote "The Modern Quack's Impostures Detected." And the same persuasion of the greater world's everlasting gullibility—which means ignorance—and on which the quack thrives, must still be continuously

"detected" to-day. The same lesser side of knowledge has been depicted by Bacon in his "Advancement of Learning": "There is a seducement that worketh not by subtilty of illaqueation, not so much by perplexing the reason as overruling it by power of imagination." The quack's form of logic of compulsion is put to very bad use; and, it must be added, they do snare open-facedly, with illaqueation included. Whilst in the present day they still abound, and the German, English, and other medical papers creak with the frequent load of exposures¹ of quack and worthless medicines, concocted for the one purpose of profit to the quack-monger, and who contemptuously flouts the doctors who have alone provided and worked to give him his commercial wares.

So, since Thessalus persevered egregiously in his boast to be a Roman quack, "conqueror of Doctors," the quack has existed freely and too long. At least we can try to limit quackery. But, firstly, we must

¹ *Vide* Dr. Richard's list of Analyses in 1902; Dr. Hutchison's in 1903; and those large numbers in the *Deutsche med. Wochenschrift* and the *British Medical Journal*, 1904-1908. They all, like A. Rupert's mercurial face lotion, cost a ridiculous fraction to prepare compared to their falsely asserted values and prices.

know how to understand it. Quackery itself panders to the unthinking multitudes, and the human weakness and trivial immediate instinct of facile possession when the discomforts of maladies arise, and when things and appearances least understood, lend all too smoothly to the predominance in any petty and easy belief, so long as the false promises and advertisement be long and strong enough. The get-up of the lower magazines, the Religious Papers, and the Daily Press, with the handsome exception of the *Times*, are hideously spoilt by the cheap front-window dressings of their quack advertisements. The boastful lies of the quack's advertisements cannot be opposed, so they supply this available subterfuge, and by which they impose the beliefs, and that must be fully attacked so as to be overthrown. So, against this helplessness of the people, and amidst the vulture-like greed of the quack, it is not misleading to harshly step in and protect the public.

Thus the most deadly way of dealing with the quack will be to curtail that which underlies most of his nefarious trade. That will be to bring home to him just retribution over as wide as possible a tract of his whole business. As the quack pirate boldly robs the doctor's province and the prescriptions from the British Pharmacopœia, these, in the future, should

also be denied to him, unless he adds his quota of something. If he adds anything it must needs be something valuable. Kim held the voluble Dacca quack in woeful scorn: "Their stock in trade is a little coloured water and very great shamelessness." And at present, if he chose, he could even patent a "clay pill," and, with Keypstick, in "Peregrine Pickle," he could "these nostrums recommend by the art of cringing."

But all this, beyond curiosity, is of little practical purpose, and what we want, and every now and again awake to the necessity of, is a modern suggestion to limit quackery. The Government has not given the medical profession much encouragement to help them to solve the difficulty. But, then, we could interest them by approaching them, with, as a beginning, that which has been attempted here and will now follow. It purports to be a helpful and comprehensive plan to accomplish the Government's duty to those whom they have acquired the privilege to govern. The quack gives nothing and therefore he cannot expect to receive any considerate treatment. The doctors alone understand the medical side of the public weal, and deserve to possess, in totality, the art and resources that belong to them, and to continue and to develop and to use them.

II.—THE CHIEF SUGGESTIVE POINTS IN THE FRAMING OF TWO BILLS.

To accomplish the practical part of this reform it would be necessary to frame and pass the two bills here named, so far as the principles were concerned, and some important features will be given in each. The details would have to be, and could easily be, amplified by a Committee formed in the future to elaborate them. It would, indeed, be impossible to expect one hand, like my own, to do everything completely or without the proffered assistance of others willing to help.

A PHARMACOPŒIA USAGES BILL.

(A Bill for the better use of the British Pharmacopœia.)

- 1.—Pharmacy and existing Acts to be repealed, or safeguarded where advisable.
- 2.—Former and future control and privileges over the British Pharmacopœia to be confined to the General Council of Medical Education and Registration of the United Kingdom. (General Medical Council.)
- 3.—The British Pharmacopœia to become the property of the General Medical Council; and to be limited to the professional use of qualified and registered medical doctors.

- 4.—Powers to make Regulations from time to time by the General Medical Council, and to be confirmed by the Local Government Board.
- 5.—All British Pharmacopœial drugs and preparations to be available for public or private use only through, and for the professional medical user of, doctors, or under their prescription, direction, or form of usage.
- 6.—To prevent any person, except a qualified medical doctor, from making up, or using, or compounding any British Pharmacopœial Medicament, article, drug, or compound, or anything destined for any inward or outward use or application of any person, unless under the prescription, direction, or supervision of a Qualified Medical doctor.
- 7.—To be penal for any chemist, or pharmaceutical chemist, or any other person to professionally or commercially use or prescribe, or expose for sale, or sell, any British Pharmacopœial drug, preparation, compounds, &c., or in contravention of the Act, except under the prescription or direction of a qualified medical doctor.
- 8.—Only a qualified medical doctor to be allowed to *professionally* use or apply any British Pharmacopœial drug, article, medicament, &c., or method of treatment whatsoever to any part, inside or outside, of any person, or in a medical professional capacity.
- 9.—Only large quantities of British Pharmacopœial chemicals, drugs, &c., or in a condition unable to be used for treatment, or for trade, or for non-medical application to a human being to be permitted for general and not professional sale to the public. And, if necessary, a declaration may be insisted upon from the purchaser, but without exonerating the seller, unless in the case of the sale of permissible and listed drugs.

- 10.—Preparations to belong and, after use, to revert to the qualified medical doctor. A penalty to be imposed for infringement of this rule, if unauthorized by the owner. But no exclusive use or right of any prescription shall be allowed, nor any right be established to the exclusion of examination by any other qualified medical doctor. Any combination or prescription must be declared if required.
- 11.—A pharmaceutical chemist to retain any prescription or instruction made up by him, and to return it to the qualified medical doctor, whose address must be thereon. A legal charge of, say, 1d. or 2d. to be enforceable to enable the dispenser or other chemist to carry out this provision.
- 12.—Foreign enactments to be consulted for any helpful additions.
- 13.—Other protecting and enabling clauses to be arranged by the Committee and Framers of the Bill.

14.—**Saving Clauses:—**

- (a) Nothing in the Bill should interfere with trade or manufacturing interests.
- (b) The General Medical Council should be able to make regulations, from time to time, with the consent of the Local Government Board, or publish lists of exempted common chemicals, drugs, or even a few additional preparations in the British Pharmacopœia.
- (c) Likewise, to limit protection of certain listed drugs within the prescribed dosages.
- (d) To make similar extra provisions and lists as regards poisons, or of special bacterial and organic bodies,

sera, enzymes, or potent drugs, &c., under different or stricter protective regulations and rules.

15.—Other clauses, according to suitable suggestions.

HEADINGS FOR A PATENT OR PUBLIC MEDICAMENT BILL.

- 1.—The Patent Stamp Act provisions to be repealed in favour of larger powers. The Revenue Department of the Government to take charge of the fees and financial arrangements.
- 2.—The control to be vested in a Drug Board, composed from the General Council of Medical Education and Registration of the United Kingdom (General Medical Council), with representatives from the Revenue, Local Government Board, and Pharmaceutical Society.
- 3.—The Board to be entrusted with supervision, examination, passing or rejecting, and registration of a grant of a Public Patent Medicament, or the licence of manufacture, &c.
- 4.—Powers for the Board to make regulations and for revision thereof, or for rules, &c.
- 5.—*Powers to exclude British pharmacopæial drugs, preparations, compounds, &c.*
- 6.—Regulations to be framed for public patent medicaments, preparations, &c., or for the licence for manufacturing.
 - (a) *No imitation of any British pharmacopæial drug, preparation, &c., to be allowed.*
 - (b) New quality or creditable application to be one of the obligations for proof before any grant, &c.
 - (c) To be of probable value.
 - (d) Not to be of a well-known character, or the copy of any medical discovery.

- (e) A doctor may protect his own discoveries for the short term of years under the Bill.
- 7.—All preparations under the Act to be placed under two categories :
- (a) On the Prescribing List, to be obtained through a qualified medical doctor.
- (b) On the Public Medicament List, to be sold to the public *at a reasonable cost for the materials.*
- 8.—A Register to be published with an accurate epitome of the composition or mode of manufacture of articles and preparations coming into force under the Act. The price and labels to be inserted.
- 9.—All labels to be licensed and to satisfy the Board. Ingredients or preparations to be also given on the labels. The year of issue of the grant or licence to sell or make the public patent medicament, or medicine, drug, &c., and the limit of years or date of expiry, to be given thereon.
- 10.—Annual licensing fees and stamp duties to be enforceable.
- 11.—All advertisements of public patent medicines, &c., or preparations under the Act to be supervised and passed by the Board, *and stamp duty paid on each.* No other advertisements of drugs for personal treatment to be given this Permit. Papers and others publishing unauthorised advertisements to be fined. No objectionable advertisements to be allowed. *No reference to, or naming on the advertisements of any qualified medical doctor, dead or living, to be permitted.* But not to prohibit prices current or the appearance of a doctor's name, if not objected to, in any public company or other public or official capacity.
- 12.—Licensed or public patent medicines, &c., should be published separately as an "*Infra Pharmacopœia.*"

- 13.—No counter prescribing or unqualified use of certain of the prescribed preparations to be allowed.
- 14.—Only qualified medical doctors, chemists, or pharmaceutical chemists to be allowed to sell, expose for sale, licensed or public patent medicaments or improved drugs, &c. This provision to specially exclude grocers, silversmiths, and stores, or other incompetent people. (This seems severe, but it is not fair for them to take the easier and more profitable business, and leave the less profitable part to the doctors.)
- 15.—The protection from infringement of any licence of manufacture, or sale of a public patent medicament, &c., duly passed, should last, say, five or ten years.
- 16.—*After the protection period of five or ten years the patented or licensed preparations, &c., would have to be available, under the Act, to be incorporated, if valuable, and the Board, with the sanction of the General Medical Council, so elect into the British Pharmacopæia, when it would only be available to the public through the prescription of a qualified medical doctor. It could still be manufactured by the licensee or other manufacturer.*
- 17.—The police (as in the Betting Acts), also the Local Authorities, and the officers of the Board, or any qualified medical doctor to have the right, and the first two to be obliged, to prosecute offenders under the Act, and to search for offenders.
- 18.—Any other suitable clauses.

The Arch Quack by this considered measure of restraint would be at least regulated and curbed. To entirely aim at their suppression, as some writers endeavour to encompass or think necessary, would be impossible.

The quack belongs to the specific order of imitators of their superiors, and who declare their cult to be the sincerest false flattery. That pranking and apeing stereotypes the most inferior of secondary efforts, and tacitly reflects the least compliment of originality to themselves. So the Quack-Drug-Vendor's Commerce only scatters the abuse of drugs, and marks the curtailment of the sifted benefits of doctors. The quacks, therefore, on these grounds, have no right any longer to be protected nor even countenanced by the State, except on the before-framed probably correct lines. The arrangement of the legal restraint, and its effect on those really ill, can only be accounted advantageous, and certainly no damage could result, for the doctor consistently in every age has been adjudged the best ambassador between the contending disputants of health and disease ; and, in seeking their terms for the best-favoured clauses, they spurn the cant of the religious or other quack tricksters, and rely on the accumulated experience of all the past, and winnowed as well by their art and knowledge of their craft, as the law that governs around them the world of Nature.

