

**Report of the Executive Committee on the constitution and working of the General Medical Council : memorandum by Dr. Pitman and Sir James Paget : memorandum by Dr. Quain : and appendix containing documents in regard to the Council.**

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REPORT  
BY THE  
EXECUTIVE COMMITTEE  
ON THE  
CONSTITUTION AND WORKING  
OF THE  
GENERAL MEDICAL COUNCIL;

MEMORANDUM BY DR. PITMAN AND SIR JAMES PAGET;

MEMORANDUM BY DR. QUAIN;

AND

APPENDIX,

CONTAINING

DOCUMENTS IN REGARD TO THE  
COUNCIL.



Printed, Published, and Sold for the Medical Council  
BY  
SPOTTISWOODE & CO., 30, PARLIAMENT STREET,  
LONDON.

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REPORT

EXCUTIVE COMMITTEE

CONSTITUTION AND WORKING

GENERAL MEDICAL COUNCIL

MEMORANDUM BY THE CHAIRMAN AND THE SECRETARY

MEMORANDUM BY THE CHAIRMAN

A. J. B. B. B.

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REPORT  
BY THE  
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ON THE  
CONSTITUTION AND WORKING  
OF THE  
GENERAL MEDICAL COUNCIL.

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AT its meeting on July 4, 1878, the General Council passed the following *Resolution* :— Council's  
Resolution.

“ That the Council, referring to its Resolution of July 3, remits to the Executive Committee to prepare for it, before its next meeting, a *Report* on the present constitution and working of the Council, and on the changes (if any) of constitution by which, in the opinion of the Executive Committee, the Council might be rendered more efficient for the duties which it has or will have to discharge; and that the Executive Committee be requested to let the *Report* be in circulation among members of the Council at least one month before the meeting at which it should be discussed.”

In fulfilling the duty devolved upon them by this *Resolution*, the Executive Committee deemed it right, in the first place, to ask the opinion of former members of the Council. They therefore requested the PRESIDENT to transmit to all the former members of the Council a letter, which, together with a memorandum by the PRESIDENT that accompanied it, and the letters received in reply, will be found in an Appendix to this *Report*, pp. 21-55, and 80-82.

In the same Appendix the Committee have added extracts from former *Minutes* of the Council, which bear on the subject of this *Report* (pp. 55-69); a Memorandum by the

Documents  
considered  
by the Com-  
mittee.



REGISTRAR on Constitutions proposed for the Medical Council before the passing of the *Medical Act* (pp. 70-75); and a Tabular Statement as to the constituencies of the nineteen bodies by which the members of the Council are elected (pp. 76-79).

Having considered these documents, as well as various Letters and Memorials which have been at different times addressed to the Medical Council, the Committee now submit their *Report* on the three points which have been referred to them.

### I. ON THE PRESENT CONSTITUTION OF THE COUNCIL.

Present  
Constitution  
of the  
Council.

The Council is formed of twenty-four persons, of whom six are nominated by the Crown, eight are chosen by the Universities, nine are chosen by the Medical Corporations, and a PRESIDENT, who is elected by the Council itself. Of the twenty-four persons thus elected, fifteen—namely the six members nominated by the Crown, the eight members chosen by the Universities, and the PRESIDENT—need not be members of the Medical Profession. Nine only—namely those chosen by the Medical Corporations—must be persons qualified to be registered under the *Medical Act*. Hitherto, however, all the members have been so registered.

The members from England are eleven—four appointed by the Crown, four by the four Universities, and three by the three Corporations. Those from Scotland are six—one appointed by the Crown, two by the four Universities, and three by the three Corporations. Those from Ireland are six—one appointed by the Crown, two by the two Universities, and three by the three Corporations.

Modes of  
Appoint-  
ment of  
Members.

The constituencies through which the members of Council are chosen by the Universities and Corporations are varied. Some are very large, amounting to several thousands; one very small, consisting of eight Members; some wholly medical, as in the Corporations; some mixed, medical and non-medical, as in all the Universities; some of the Corporations elect by the whole body of the Fellows; some through a Council, elected by the Fellows, or otherwise.\*

\* See *Statement of Constituencies*, in the Appendix, pp. 76-79.

The electoral basis is therefore formed from the Universities and the Corporations of the three divisions of the United Kingdom. Every member of the Profession is connected with, and more or less interested in, one or more of these bodies; and they are interested in the character and welfare of their members, and in the advancement and prosperity of the Profession. These bodies therefore collectively embrace the Profession at large. The entire conduct of Medical Examinations and the regulation of Medical Education had long been entrusted to them; and it was therefore to be assumed that they were peculiarly qualified to select men who were known to be most conversant with, and to be the fittest to consult upon, questions relating to the supervision of Education and Examinations. A reference to the names of those who have, from time to time, been thus selected shows that this expectation has been fulfilled, and that the trust confided to these bodies has been carefully and well discharged. The Universities, moreover, may be regarded as representing the interests of the public as well as of the Profession; and those interests are further represented by the members appointed by the Crown.

Electoral basis, embracing the profession at large.

The Council thus represents, in a fairly proportionate manner, the three divisions of the kingdom. It represents the Profession generally through the several medical authorities and the Crown nominees; and it represents the public as well as the Profession through the members appointed by the Crown and by the Universities.

The present constitution of the Council was the result of careful deliberation by the Government of 1858. Many different constitutions had already been proposed.\* The Government preferred, and Parliament enacted, the existing Constitution.†

Present constitution enacted by Parliament, and approved by successive Governments.

The Committee would refer to evidence that the manner in which the Council has shown itself both able and willing to discharge its duties has been approved by the Privy Council and Her Majesty's Governments.

In 1870,—when a Bill for the Amendment of the *Medical Act* was introduced by a Government with political principles opposed to those of the Government of 1858,—the questions of

\* They are briefly described in the Appendix, pp. 70-75.

† See Appendix to this *Report*, p. 81.

the constitution and duties of the Council were fully considered; reports on them, approved by the Council, were presented to the Government;\* the opinions of those who maintained the necessity of extending the duties and altering the constitution and mode of election of the Council were clearly and strongly urged; and the Government decided against any change.

It may be assumed that the Government of that time believed that the Council had properly discharged the duties assigned to it, and that there was, on the part of the Government, no desire to change it. The present Government, too, implied the same belief by the decisions apparent in the Amendment Bill introduced in the last Session of Parliament. In that Bill it was proposed to add to the duties of the Council the registration of colonial and foreign practitioners, the supervision of the education and the registration of dentists, and other duties intimately connected with those imposed by the *Medical Act* (1858). The Government did not propose any change in the constitution of the Council, although the demand for change was as urgently pressed on them as it had been on their predecessors.

## II.—THE WORKING OF THE COUNCIL.

Duties of the Council.

In order to form an opinion respecting the working of the Council during the twenty years of its existence, it is necessary to review the duties assigned to it, and the manner in which they have been fulfilled.†

They are—

Medical Register.

1. The annual publication of a Register of qualified medical Practitioners.

This has been regularly done, and great care is exercised in order to insure accuracy, which, for various reasons, it is very difficult to maintain.

Pharmacopœia.

2. The publication of a national Pharmacopœia.

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\* See Appendix to this *Report*, pp. 56-69.

† The Committee would here refer to the Report and Statement which were made to the Lord President of the Privy Council in 1869 (printed on pp. 56-69 in the Appendix), in which the duties of the Council and the manner in which they had been fulfilled are described, and the changes in the constitution of the Council, which were at that time urged, are discussed

The Pharmacopœia, of which there have been two editions and various reprints published by the Council, has taken the place of the Pharmacopœias formerly published in London, Edinburgh, and Dublin, and has been accepted throughout the United Kingdom and the British Possessions as a great improvement on any of its predecessors.

### 3. The Visitation of Examinations.

Visitation of  
Examina-  
tions.

This has been carried out on several occasions; the visitors being, in some instances, members of the Council, and in others, members of the Council associated with selected members of the Profession who were not members of the Council. In every case they were unconnected with the University or Corporation by which the examination was conducted. They were invariably well received, and the necessary opportunities for observation were readily afforded them. Their reports have been printed and discussed in the Council. It has never been alleged that undue leniency or partiality was shown in these reports, or in the action of the Council upon them; and the result has been a decided improvement in the Examinations, especially in their practical character, and the approximation of them to a more uniform standard.

### 4. The giving sanction and direction to the Union of Authorities in conducting Examinations.

Conjoint  
Examina-  
tions.

The Council has sanctioned the conjunction, for the purpose of Examinations, of the Royal Colleges of Physicians and Surgeons of Edinburgh, and a like conjunction of the Royal College of Physicians of Edinburgh with the Faculty of Physicians and Surgeons of Glasgow; and Examinations by these bodies have, for nearly twenty years, been conducted in accordance with that sanction. It has sanctioned a like conjunction of the University of Dublin, the King and Queen's College of Physicians in Ireland and the Royal College of Surgeons in Ireland; though that has not been carried out.

The Council can only give its sanction and direction to proposals for union which may be submitted by any of the authorities. The Council is not required or authorised to take the initiative or to make any proposals, still less is it empowered to enforce them. Nevertheless, after much deli-

Conjoint  
Boards of all  
Medical  
Authorities.

beration and as the result of much inquiry, the Council has on two occasions passed resolutions advising the formation of a conjoint Board of all the medical authorities in each division of the United Kingdom; and it has twice sanctioned the plans for such a Board formed in England as a consequence of that advice. The Council has further, in 1870 and 1878, recommended to Her Majesty's Government that the formation of such Boards in each division of the kingdom should be enforced by Act of Parliament. The Medical Act Amendment Bills of both these years would have empowered the Council to institute a single examining Board in any division of the United Kingdom in which such a board had not already been instituted by the medical authorities; and by either of these Bills the "one portal system" might have been secured. The steps which have been taken in this direction have therefore been in consequence of the action of the Council; and the fact that greater progress has not been made is not to be attributed to the Council, but to those who have impeded the passage through Parliament of Acts framed in conformity with the advice of the Council.

Supervision  
of Medical  
Education.

#### 5. The Supervision of Medical Education.

The functions of the Council are, in strictness, limited to the requiring information respecting the courses of study and Examinations to be gone through in order to obtain admission to the *Register*, and to the representing insufficiency in these respects to the Privy Council. The Council has, however, deemed it advisable, at various times, to issue Recommendations, which, with very few exceptions, have been readily adopted by the authorities. In consequence of these Recommendations, a preliminary Examination as a requisite for the commencement of medical study, which, before the passing of the *Medical Act* (1858), was required by some only of the Medical Authorities, has been extended and universally adopted, and the standard of general Education of the members of the Profession has been thereby raised. Various alterations and improvements in Professional Education have, in like manner, been also effected.

Council's  
influence on  
examina-  
tions and  
courses of  
study

The influence of the Council therefore with reference to Examinations and courses of study has been by virtue of advice and recommendations rather than by legal power. The Council, that is to say, has taken a course intermediate between its

two prescribed functions—the requiring of information and the representation to the Privy Council—and the good results that have followed from this course have in no small degree been owing to the representation of the several medical authorities in the Council. In this very important manner the constitution of the Council has sufficed well to carry out the intentions of the Act, and has enabled the Council to take a course which, though in conformity with the spirit of the Act, was not strictly within the limits of its clauses. It may well be doubted whether a Council which did not include representatives of the several authorities having the right to confer qualifications for practice would have had nearly the same influence as the Council has exercised in the improvement of Education and Examinations. Such improvements would not have been possible unless the authorities had worked together with the Council; and, in all probability, such co-operation would not have been given by bodies having highly valued rights, if they had been put under the control of a Council in which they were not fully represented. This relation between the Council and the medical authorities continues, and the Committee believe that the maintenance of the good understanding which it promotes is essential to the completion of changes already proposed, and to that constant improvement of medical education which will be required by the progress of science and general culture.

That the process or the manner of Education has not yet improved in proportion to the increased strictness in the Examinations and in the prescribed courses of study, is shown by the numerous rejections at the Examinations; and this is a subject which has occupied the serious attention of the Council. The difficulty of approximating the standard of Education to the rising level of Examinations is very great, and is experienced in other departments of study no less than in Medicine. It is, however, one with which the Council, as at present constituted, can grapple as well as it would be likely to be able to do under any proposed alteration of its constitution.

Difficulties in approximating educational standards to higher standards of examination not confined to medicine alone.

#### 6. The Judicial Power of the Council.

This responsible power,—by which the name of any registered Practitioner “who shall be judged by the General Council to have been guilty of infamous conduct in any professional respect” may

Judicial functions of the Council.

be erased from the *Register*,—has been exercised by the Council whenever it has been found necessary; and the justice of the decisions of the Council has not, so far as the Committee are aware, ever been questioned.

It can scarcely be supposed that such a power would have been entrusted to any Council,—a power, be it remarked, from which there is no appeal,—unless its constitution had been thoroughly considered, and unless the Government had felt sufficient security for the careful selection of those who would have to exercise this power.

*Dentists Act.*

#### 7. Carrying out of the *Dentists Act* (1878).

This Act, recently passed, assigns additional duties to the Council, without its having been thought necessary to make provision for any alteration in the constitution of the Council. The Committee are of opinion that the Council is quite adequate for the performance of these additional duties, and, moreover, that it is not desirable that representatives of dentistry, or of any special branches of medicine or surgery, as such, should be added to the Council.

Other duties  
of the  
Council.

#### 8. Other duties of the Council.

Various subjects which do not form part of the prescribed duties have from time to time forced themselves upon the attention of the Council, and have occupied much of its time. Some of these were incidental to the duties above mentioned, especially, as already stated, to that most important duty of supervising Education and Examinations, and to the function of sanctioning the co-operation of authorities in conducting their Examinations.

The admission of reporters has made the Profession fully cognisant of the proceedings and debates, which have, for the most part, been published at length in the medical journals. That there should have been differences of opinion upon certain important points, which may have to some extent hindered the action or weakened the decision or lessened the influence of the Council, is no more than might have been expected from the exercise of the independent judgment of thoughtful persons upon difficult questions as well from the different aspects which some questions present to those who come from different divisions of the kingdom.

That too much time has been often occupied in the discussion of questions—some of which are questions of detail and of comparatively small importance—must be admitted. It seems to be inevitable that this should be so, more or less, in all deliberative assemblies; and it is especially likely to be the case in an assembly composed of persons from the different divisions of the United Kingdom, endeavouring, for the first time, to regulate the minimum standard of Medical Education and Examinations throughout the country. It is, however, peculiarly to be regretted in the case of a body so largely composed of men who are actively occupied in professional or teaching work, and who can ill afford to be taken from their homes and from their regular duties; and it would be an incalculable loss to the Profession if, for this or any other reason, its most eminent members should find themselves unable to attend to the duties of the Council.

Too much time occupied in discussion.

With the view of remedying or lessening this evil, it has been proposed to diminish the number of the members of the Council; but the Committee are of opinion that any marked diminution in the number of members would tend to lessen the weight of the decisions of the Council, and would not facilitate the fulfilment of its increasing duties.

Any marked diminution in number of members undesirable.

It is a matter that well deserves the consideration of the Council whether time might not, in many instances, be saved by referring questions, especially questions of details, to Committees; and the continuance of the sitting of the Executive Committee during the meetings of Council would no doubt often serve to expedite the business. Such improvements as these, however, may clearly be effected without any change in the present constitution of the Council.

Advantage of referring certain business to Committees.

The labour and time given by the members must not be estimated merely by the meetings of Council. The attendance at committees, the visitations of Examinations, the framing of reports, and the various preparations for the meetings make still greater demands on members of the Council. Upon the PRESIDENT necessarily devolve special duties and responsibilities, requiring almost daily attention.

Duties of Members and of President.



III. THE CHANGES (IF ANY) IN THE CONSTITUTION OF THE COUNCIL BY WHICH IT MIGHT BE RENDERED MORE EFFICIENT FOR THE DUTIES WHICH IT HAS OR WILL HAVE TO DISCHARGE.

The Committee have already given the opinion that a diminution of the number of members of Council is not desirable.

Diminution of, or increase in, number of members alike undesirable.

The Committee do not think that an increase in the number would render the Council more efficient for its present duties or for any duties which, so far as is known, the Council is likely to have to discharge.

Combination or discontinuance of representations,

The Committee are decidedly of opinion that the principle of combining two or more bodies in representation should not be extended. The disfranchisement of some authorities has been proposed; but the Committee see so many difficulties in the way of a redistribution of seats that they refrain from making any suggestions on this head.

Interference with mode of appointing Members by the several Bodies questionable.

The mode of appointment of members of Council within the several bodies is, as has already been shown, very varied, the principle of the Act being that each body would be likely to make the best selection if left to do so under its own constitution and in the manner in which it was in the habit of conducting its elections. The Committee cannot but question the propriety of interfering with this principle, especially as, on the whole, it seems to have worked well. Referring to a proposal to enlarge the constituencies within some of the bodies, the Committee would remark that there is no evidence that this mode would add to the efficiency of the Council; nor would it, so far as the Committee can learn, give satisfaction to those who desire an alteration in the constitution of the Council.

“Direct representation.”

The “direct representation” of the Profession on the Council, by which is meant the election of a certain number of members of the Council by the suffrage of all Registered Practitioners, has been urged on two chief grounds.

Interests of the Profession and the public said to be neglected.

(a) It has been said that the interests of the Profession and the public are neglected in consequence of the preponderating influence of the Medical Authorities in the Council, and the absence therein of representation of the general Practitioner; and

that the required improvements in Education and Examinations have been thereby prevented.

The Committee can find no valid grounds for this statement. The Council has endeavoured to promote such improvements in Medical Education and Examination as have lain within its power; and, as already stated, the ready acquiescence of the Universities and Corporations in the recommendations which have been issued has enabled the Council to exceed the limits prescribed by the Act, and to take measures for the improvement of Education and Examinations which were apparently not contemplated under the Act.

Council has promoted all improvements in its power.

(β) "Direct representation" has been further urged on the ground that, as the funds of the Council are provided by the fees paid by the members of the Profession for registration as legally qualified Practitioners, all the members of the Profession ought to have a direct voice in the appointment of members of the Council; in short that the direct representation of the Profession in the Council should follow as a consequence of the tax on registration.

"Direct representation" claimed as a consequence of taxation.

With reference to this principle the Committee would observe that it is foreign to the spirit of the Act, and to the object which should, above all, be had in view—viz. the formation of a Council which shall be most efficient to carry out the purposes of the Act. Parliament imposed a registration fee, not exceeding Five pounds, to be paid, once for all, by persons seeking by registration to become legally qualified Practitioners. It is therefore simply a payment for registration. When registered, a Practitioner has no further payment to make, but he is, for the fee thus paid, continuously maintained in the legal rights that belong exclusively to registered practitioners. If the analogy of other learned Professions be examined, it is clear that no support can thereby be obtained in favour of the argument. Fees paid, year by year, by persons who enter the legal Profession give such persons no special privilege in the election of the governing or the educational bodies of that Profession.

Registration Fee not a tax.

It must furthermore be observed that, if the payment of a registration fee be admitted to constitute a claim to vote for members of the Medical Council, this privilege might be claimed by Dentists,—who are at present registered under the direction of the Council,—or by any other persons who, by legislation, may hereafter in like manner have to be registered by the Council.

Claim of Dentists to representation.

"Direct representation" undesirable.

The Committee are of opinion that "direct representation" is very unlikely to secure the election of persons best suited for the special duties of the Council. It would be too advantageous to those who could command the best means of conducting elections, or who would be willing to undergo the ordeal of a contested popular election, and to incur the expenses attendant upon it. The evils of frequent general elections and contests in such a Profession as that of Medicine can hardly be overstated; and, on the whole, the Committee feel that election by the general suffrage of all registered Practitioners would be the least desirable mode of appointing members of the Council.

Change in constitution of the Council not necessary for present duties,

After a careful and deliberate consideration of the whole subject referred to them by the Council, including the arguments which have been adduced for a change in the constitution of the Council, the Committee do not think that a Council differently constituted or differently elected would have done more for the advantage of the public or of the profession. Neither can it believe that a Council differently constituted would have given to its duties more constant care or more appropriate knowledge. The Committee are therefore not of opinion that any alteration in the present constitution of the Council is necessary to render it more efficient for the duties which it has to discharge.

nor for other legitimate duties.

But the Committee cannot offer so definite an opinion when it is asked whether the constitution of the Council needs change "for the duties which it . . . will have to discharge." For such duties as would have been assigned by the Medical Act Amendment Bill of the Government, and, generally, for any duties that can justly be considered as directly connected with medical education and registration, the Committee is of opinion that the Council, if endowed with the powers which the Amendment Bill would have given, would need no change whatever in its constitution.

Larger duties desired to be assigned to the Council.

But it is maintained by some,—especially by those who desire that a part of the members of the Council should be elected by the votes of all registered practitioners,—that it ought to undertake other and much larger duties than any yet assigned to it. They would have a Council which should occupy itself, not only with subjects relating to medical education and registration, but

with the consideration of the pecuniary and other interests of the profession,—with such subjects, for examples, as the position and claims of the medical officers of the Army and Navy, and of practitioners engaged in any of the departments of the public service, the claims of the medical officers of charities, the suppression of quackery, and, generally, with what is sometimes termed the “Government of the Profession.”

Council should not seek to undertake such duties.

The Committee believe that the Council, however conscious of the great importance of subjects such as these, has been right in not attempting or wishing to make the consideration of them a part of its duties. They recommend the Council to persist in this course, and to take no steps which would imply a desire that it should become, as some have suggested, a kind of Parliament of the profession. The range of its duties was defined by the Medical Act; and it was no part of the design of that Act that persons once admitted and registered as members of the medical profession should be subject to the control or guidance of the Council. The sole exception was to be in the happily rare instances of those guilty of “infamous conduct in any professional respect.” Parliament may be considered as having thought it right, after taking care that none but fit persons should be registered as members of the profession, that the profession should be allowed to manage its own affairs and promote its own interests in any way that it might think best, and with complete independence of a Council necessarily subject to the supervision of Government, which is required to submit its accounts to Parliament, and which includes members appointed by the Crown.

Undesirable that the Council should be transformed into a Parliament of the Profession.

Nevertheless, should it seem expedient to grant the desire which has been expressed, that persons should be selected to represent exclusively the general body of registered Practitioners, the Committee would suggest that the best way of accomplishing this object would be to increase the number of Crown nominees by four—two such additional members to be nominated for England, one for Scotland, and one for Ireland. This mode of appointment would obviate the agitation and expense which, as before stated, popular elections could never fail to cause, and would form the best guarantee for the fitness of those who would thus obtain seats in the Council. But the Committee, as already stated, do not think this course to be necessary. They are,

Representation of the general body of registered Practitioners.

however, glad to find that the Government,—as stated in the House of Commons by the VICE-PRESIDENT of the COUNCIL, in the Autumn Session of 1878,—have it in contemplation to obtain information, in their own way, whether it is desirable that the constitution of the Council should be changed.

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### MEMORANDUM

By Dr. PITMAN and Sir JAMES PAGET.

“ We are of opinion that, in the altered circumstances of the case, it would have been more expedient that the Executive Committee should not, at this time, have issued the foregoing Report or any recommendations relating to the constitution of the Council.

“ In the recent Session of Parliament Her Majesty’s Government stated that they ‘ require and will obtain further information respecting the Medical Council.’ Before this announcement was made we had suggested a draft report which concluded with a recommendation to the Council to request Her Majesty’s Government to consider and decide whether and, if at all, in what manner, it is desirable that the duties and the constitution of the Council should be changed.

“ The Government having announced that they will do this, we are of opinion that the Executive Committee, instead of issuing either their own or any other opinions on the constitution and working of the Council, should have recommended the Council to wait for the Government inquiry.

“ HENRY A. PITMAN.

“ JAMES PAGET.

“ *January 10, 1879.*”

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## MEMORANDUM.

By Dr. QUAIN.

“ It had always appeared to me that the Council could not with propriety or advantage undertake to express opinions on its own constitution and working, unless such opinions should be asked from it by Her Majesty’s Government. As, however, the Council decided otherwise, and, after so deciding, directed the Executive Committee to prepare a Report on the subject, to be submitted at its next meeting, I feel that the desired Report of the Committee cannot be withheld without the express consent of the Council.

“ But I entirely dissent from the suggestion which the last paragraph of the Report contains,—page 17, beginning with the word ‘ Nevertheless ’ in line 28, and ending with the word ‘ Council ’ in line 38,—and I think that it would have been a more judicious course to have concluded the Report with the recommendation which Dr. PITMAN and Sir JAMES PAGET propose in the second paragraph of their Memorandum.

“ RICHARD QUAIN.

“ *January 23, 1879.*”

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(Signed, on behalf of the Committee)

HENRY W. ACLAND, M.D.,

*January 24, 1879.**President.*

The first of these is the fact that the United States is a young nation, and that its history is a history of growth and expansion. It is a history of a people who have been able to overcome the difficulties of a new and untried experiment in self-government.

It is also a history of a people who have been able to maintain their principles in the face of the most powerful and aggressive nations of the world. It is a history of a people who have been able to stand up for their rights and their freedom, and who have been able to do so in a way that has inspired the people of other nations.

It is a history of a people who have been able to create a government that is based on the principles of justice, equality, and freedom. It is a history of a people who have been able to create a government that is based on the principles of the Declaration of Independence, and who have been able to do so in a way that has inspired the people of other nations.

It is a history of a people who have been able to create a government that is based on the principles of the Constitution, and who have been able to do so in a way that has inspired the people of other nations. It is a history of a people who have been able to create a government that is based on the principles of the Bill of Rights, and who have been able to do so in a way that has inspired the people of other nations.

# APPENDIX,

CONTAINING

## DOCUMENTS IN REGARD TO THE CONSTITUTION AND WORKING OF THE COUNCIL.



### (A). LETTERS FROM EX-MEMBERS OF THE COUNCIL.

#### I.—LETTER FROM SIR GEORGE BURROWS, BART., F.R.S.

18, CAVENDISH SQUARE :

*October 29, 1878.*

MY DEAR PRESIDENT,

Although so many years have elapsed since I had the honour of a seat in the General Medical Council and have given any close attention to its proceedings, still I will endeavour to comply with your request and express my opinions upon certain questions you have submitted to me relating to the constitution of the Council.

Before proceeding to do so I wish to observe that my opinions would be modified according as the Council is to remain with its present restricted functions, that is, to superintend medical education and the registration of qualified medical practitioners, or to have its functions and powers greatly enlarged, so as to become a medical parliament, and to legislate not only within its present sphere of action, but also for all the interests, wishes, and wants of the whole medical profession.

Under either of these aspects I think it would be most undesirable to increase the present number of Councillors.

From my experience in the Council, as member and president, I should certainly say that an increase in the numbers of the Council would not render it more efficient for the discharge of its duties, but would cause its proceedings to be more diffuse



and dilatory. I believe the present duties of the Council could very well be performed by a diminished number, and with fewer members there would be less waste of time, less inclination to make long speeches, and less expense incurred at each session.

But if the Council is to have new duties imposed upon it, and to be converted into a medical parliament, I think the number of its members could not be advantageously diminished, as it would be necessary that not only the Universities and medical Corporations should be represented in it as they now are, but also that places should be found in it also for representatives of the general practitioners (surgeon-apothecaries) of the entire kingdom. But even under these latter circumstances I think it would be undesirable to increase the number of the Council, for that change would tend to diminish the working power of the Council as a whole.

Whether the Council were increased or diminished in numbers, if it is to remain what it has hitherto been, a Council of Medical Education and Registration, I think the admission of a certain proportion of its members by universal suffrage of the profession would be most prejudicial to its reputation, and would impair its working power in the subjects which have hitherto occupied its attention. Should the principle of the election of a certain proportion of the Council be adopted, it would certainly be only just and proper that all doctors of medicine should be excluded from the electoral lists, and the election be confined to surgeon-apothecaries or general practitioners. The physicians and doctors of medicine in the three divisions of the kingdom are already largely represented in the Council by the members from the several Universities and Colleges of Physicians. The election of a certain number of Members of Council by (the so called) universal suffrage ought to be exclusively conducted by those members of the profession who are surgeon-apothecaries or general practitioners. Supposing a certain number of gentlemen of this order in the profession were to be elected into the Council, they would by their presence scarcely assist that body in their deliberations upon medical education, and I should fear the class of persons who would be elected would not be those most distinguished for their professional attainments, and most largely engaged in practice, but rather bustling, talkative busybodies who had not succeeded in their professional career, and whose vacant time

and personal vanity would prompt them to canvass for the honour of a seat in the Medical Council. For these reasons I think the character of the Council would suffer by the introduction of members by successive elections, conducted upon the principle of universal suffrage. If such a mode of election should ever be established, I think, as I have already stated, that the possession of an M.D. degree should be a disqualification to be placed on the electoral list, but the election should be carried on exclusively by the surgeon-apothecaries or general practitioners, as I presume it is this order in the profession which is supposed to be inadequately represented in the General Medical Council. If this be considered a defect in the constitution of the Council, I think a better mode of remedying it would be by an understanding or enactment that three of the Crown nominees to the Council should be selected from the number of those who are bonâ-fide general practitioners.

If the General Medical Council is to be transformed into a medical parliament, with new duties and extended powers, it appears to me that it would be preferable, for the satisfaction of all orders in the profession, that all the electing bodies, or at any rate all the medical Corporations, should elect their representatives by the votes of all their members, and not by the governing parts of those Corporations. Under such altered organisation and functions of the Medical Council, a larger proportion of that body should consist of members of the Colleges of Surgeons and Societies of Apothecaries than at present.

Whether the Council remains with its present duties or has its functions greatly extended, I think it would be injurious to the wellbeing of the whole profession to have any of the members of the Council elected by universal suffrage.

Such a mode of election would, in my opinion, greatly disturb the harmony and serenity of the whole profession upon each successive occasion of a vacancy among the elected members, and, as I have already stated, would most likely not ensure the election of the most desirable persons, but rather of a certain number of talkative busybodies, whose presence would not add to the dignity, nor efficiency, nor authority of the Council, and who would by their loquacity add greatly to the duration and expenses of the Sessions of Council.

I have not answered all the questions submitted to me

seriatim, but I have endeavoured to comply with your wishes that I should express my opinions upon them. As I am quite willing to bear the responsibility attached to my opinions, I place them entirely at the service of yourself and the Council, and remain,

My dear Mr. President,

Yours very faithfully,

G. BURROWS.

To the PRESIDENT of the

GENERAL MEDICAL COUNCIL.

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## II.—LETTER FROM GEORGE EDWARD PAGET, M.D., F.R.S.

CAMBRIDGE: *November 4, 1878.*

As to my opinion "on the present constitution and working of the Medical Council, and on the changes (if any) of constitution by which the Council might be rendered more efficient for the duties which it has, or will have, to discharge," I cannot refuse to give an opinion when requested by the Executive Committee, but I fear I cannot give it in few words. The question is a large one, as it includes not only the duties which the Council has had, but those which it will have, to discharge; and my opinion at its best would be worthless without some of the reasons for it.

My connection with the Council for eleven years, during many of which it was my duty, as President, to be minutely acquainted with all its proceedings, did necessarily draw my attention to its working, and to its constitution as affecting the working.

There are peculiarities in its constitution which certainly do somewhat lessen its aptitude for the speedy despatch of business. These are, that its members are partly English, partly Scotch, and partly Irish; and that they are mostly practitioners in medicine, bound by their professional calling to an almost constant residence in their several localities. The majority of them rarely see one another except at the annual meeting of the General Council. Divergencies of opinion have not opportunities for being reconciled by habitual interchange of thoughts, and perhaps only become known in the midst of debate.

It would therefore not be fair towards the Medical Council

to compare its working with that of other bodies; for other bodies have not these peculiarities in their constitution. The nearest resemblance is in the House of Commons.

But making some small—very small—allowance for these peculiarities, I am confident that the working of the Medical Council will compare favourably with that of the vast majority of other deliberative and administrative bodies.

It is scarcely necessary to add my opinion that these two peculiarities in the constitution of the Council cannot and ought not to be got rid of, even if their disadvantages were far greater than they are. Under no circumstances should these characteristics of the Council be sacrificed for the sake of expediting its business. They are infinitely more important than a little more or less expenditure of time and money.

The business of the Council might be transacted more expeditiously and economically if the number of its members were reduced. This is obvious. But serious objections become apparent when we consider the various plans proposed for the reduction.

To depriving any of the Universities or Medical Corporations of their representatives there are objections both of expediency and principle. These Bodies are (above all other bodies or persons) the most eminently qualified to select the ablest and fittest men to consult on that which is the chief business of the Council—the supervision of medical education. Moreover, the Medical Act gives to the Council certain powers of visiting and controlling these Bodies, of publicly discussing charges against them, and of taking the initiative for suspending any of them from the exercise of the most valued of corporate rights. They are therefore entitled to have a voice in the Council, on the plain principle that those who are governed have a right to be represented in the governing body. Besides, one cannot doubt that the ready and loyal acquiescence of so many great and ancient Institutions in the regulations and recommendations of the Medical Council has been facilitated by the fact of their representation in the Council. I therefore think it would be unwise to deprive any one of these bodies of its representative in the Council. I think it would be not only unwise, but unjust, so long as the Council has the powers conferred by the Act of 1858 of visiting them and calling them to account.

The same objections would apply with almost equal force to

the proposal to reduce the number of representative members by requiring several elective bodies to combine in making a single appointment. The bodies could not be expected to *agree* in an appointment. Their views and interests are diverse, and in many cases rival, or even conflicting. Some of them would, on such a plan, be practically unrepresented, or might even consider themselves misrepresented. The plan could not, I think, work satisfactorily, if applied to England or Ireland. I cannot say whether it may admit of any extension in Scotland.

To the proposal to take away from the Council the Crown nominees, I might answer shortly by pointing to the services of Parkes, Sharpey, and others. This would be my answer if your question had referred only to the working of the Council under the Medical Act of 1858. But your question points to duties which the Council may have to discharge under altered circumstances.

The Government Medical Bill of last Session, if it become law, will confer additional powers on the Privy Council, and therefore suggests a consideration whether, under these circumstances, it may be either necessary or advisable that the Government should be represented in the Medical Council so largely as it is at present. Under the Medical Act of 1858, the functions of the Privy Council were limited to sitting in judgment on any of the medical authorities that might be charged with neglect of duty by the Medical Council.

But the 14th and 15th clauses of the Medical Bill of 1878, if enacted, will invest the Privy Council with additional powers, and these additional powers go to determining the conditions of admission of candidates to examination, i.e. to controlling *details* of medical education. The Privy Council will have the power of modifying these "Examination Rules," even though they have received the approval of the Medical Council and the Medical Authorities.

Now the Privy Council is not a medical body. It cannot boast of a single medical member.

I have every reason for speaking with respect of what I have seen of Lords President. But nobody can expect them to be conversant with the details of medical education. If they require information or an opinion on such matters, they must seek it from someone else. And so it might happen

that a course of medical study which had been agreed upon by the Medical Authorities, and approved by a large majority of the Medical Council, might be modified by the Privy Council at the suggestion of some one of the minority, or even of some unknown and irresponsible adviser. This is not a power which can wisely be given to the Privy Council, or wisely accepted by it. The proper influence of the Government will be much better exercised, as hitherto, through the nomination of able men as members of the Medical Council. Their influence has been good, and is sufficient. But if the new powers be conferred on the Privy Council, then it may reasonably be questioned whether it be necessary to have so many as six Crown nominees on the Medical Council.

To come to another proposal.

My humble opinion (really a humble one on this point) would be dead against "requiring the Crown so to appoint members that one may have a seat in the Upper and one in the Lower House." To get into Parliament is to get into politics, from which the Medical Council has happily been, in my experience, wholly free. I see no advantage, but the contrary, in any step towards converting the Medical Council into a Government Department. Besides, the members in the Upper House certainly, and the members in the Lower House probably, would not be medical men. So the Council would be represented in Parliament by those of its members who knew least of its business.

There remains to be considered the proposal that the medical profession at large should elect some members to the Council. The wish is natural and laudable, and it must be admitted that there are cases in which certain members of the profession have real ground for complaint—those cases, viz. in which the election of a member of the Council is vested in a very small body, and that not a medical body. In such cases the electoral body should be enlarged.

I would not be understood to include in this category the Royal College of Surgeons of England, because, though its representative in the Medical Council is appointed by a small body—the Council of the College—this Council is itself elected by a very large and highly qualified body, the Fellows of the College.

The addition to the Medical Council of six members elected

by universal suffrage of the profession would make the number inconveniently large, even if some room for the new members were made by withdrawing two of the Crown nominees. The inconvenience would be mainly in increased cost of time and money. There would be more members to receive fees for attendance, and the meetings would almost certainly be of more days' duration, because there would be more speakers. But this ought not to be an insuperable objection, if the addition of the popularly elected members could be shown to compensate in any way for its cost.

Would there then be any corresponding advantage to the profession or the public? I think not. It is not likely that members elected by the general suffrages of the profession would add to the efficiency of the Council for that which is its principal duty, the supervision of medical education. They are not likely to be superior in this respect to those members, representing Universities or Colleges, who, besides being medical practitioners, are, or have been, actively engaged in medical teaching and examining.

On the main point, then, of public advantage I can see no reason for adding these new members to the Council.

I am aware that something more may be, and has been, said on both sides of the question. The universal suffrage has been claimed as a right, because (it is said) the profession is taxed by the Council. Now there can be no dispute as to the general principle that those who are liable to be taxed have a right to be represented in the taxing body. But *are* the members of the profession taxed? If an addition were made to-morrow to what is called the tax, would any registered member of the profession have to pay this addition? In reality, the so-called tax is only a fee paid, once for all, for the advantages, such as they are of registration. The persons liable to be affected by any variation in this payment are not medical practitioners but medical students.

A sounder argument (though not a very weighty one) for the direct representation of the profession may be drawn from the fact of the Council having been, during the present year, consulted by the Government, and engaged in public discussion of two questions on which the profession at large have a claim to be heard, viz. the questions on the admission on the Medical Register of women, and of foreign and colonial practitioners.

These are matters in which the profession at large is interested, and is entitled to a voice, more particularly in the case of the foreign graduates, because it is admittedly impracticable for the Council to obtain the same assurance of their competency as in the case of British graduates.

On the other hand, to the election by universal suffrage there are objections that have not yet been mentioned—the turmoil of the elections, and their enormous cost in trouble and money—enormous in proportion to the smallness of the possible advantage. And there is yet another objection, one of principle, though not of much moment practically. The electors, who might thus return a representative, would give him a voice in the control of Institutions with which neither he nor they have any connection whatever. A gentleman whose name is in the *Register*, because some years ago he obtained a license from (say) the Apothecaries' Hall of Ireland, or the Faculty of Physicians and Surgeons of Glasgow, might get a representative who would have a voice in the control of the College of Surgeons of England, the University of Oxford, and the University of London.

On the whole, then, I think that the arguments for the election of members by universal suffrage are outweighed by those against it, bearing in mind the increased expenditure and sacrifice of valuable time that are incident to the change.

My final conclusion may be a dull one, but it has not been come to without consideration, that, looking at the good work that has been done by the Council under difficult circumstances, and at the steady improvement in the education and acquirements of the profession, the Executive Committee should ponder well before recommending any considerable change in the existing constitution of the Council.

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### III.—LETTER FROM SIR THOMAS WATSON, BART., F.R.S.

*November 8, 1878.*

MY DEAR DR. ACLAND,

I regret extremely that I have not been able to consider the matters submitted to me more carefully, and to communicate earlier with the Executive Committee.

In truth I have but little to say.



So far from thinking that the number of members of Council should be augmented, I believe that a diminution of the number, however effected, would render the whole Council more efficient, by increasing the responsibility of each remaining Member individually.

To add to the number of members by universal suffrage of the profession, would simply, in my judgment, prove the ruin of the Council by spoiling it for its professed purposes.

Perhaps it might be well if the Crown were to appoint one or two members from outside of the licensing bodies.

Excuse the crudeness of this paper, sent at the latest period.

I am, yours faithfully,

THOMAS WATSON.

IV.—LETTER FROM SIR JAMES ALDERSON, M.D., F.R.S.

17, BERKELEY SQUARE:

November 1, 1878.

SIR,

In reply to your communication of October 21, 1878, requesting "a statement of my views on the changes, if any, of constitution, by which the Council might be rendered more efficient for the duties which it has or will have to discharge," I beg, in compliance with your wish and in all deference, to state, as the result of my earnest consideration of the subject, that—

1. I cannot conceive it *possible*, in order to render the Council more efficient, that its members should be increased, or that a better arrangement for the representation of the several Universities and Corporations in the Council could be made.

2. In regard to the nominations by the Crown, they follow the precedents in the other learned professions of divinity and law—as in the bishops and dignitaries of the Church, and the judges and law officers of the Crown. I have the fullest confidence in the scheme, and I would venture to add that I have never heard any complaint of the nominations hitherto made.

3. As, however, a great grievance has been pointed out by the medical profession in the provinces, and with some appearance, at least, of justification, inasmuch as the medical practitioners in the provinces feel that they have no share in the

election of the representatives, in the Council, of the Universities or Corporations from whom they receive their qualifications to practise, I would venture to suggest, for the consideration of the Executive Committee, the *extension* of the *voting power* from the *governing bodies* of the Universities and Corporations to their *several constituencies*. In that case every individual member of the medical profession would have an *equal* share in the election of the several representatives of the Universities and Corporations in the Council.

The voting to take place by voting papers, sworn before a magistrate, as is at present the case in the Universities of Oxford and Cambridge for the election of members in Parliament.

I have the honour to be, Sir,

Your very obedient servant,

JAMES ALDERSON.

To HENRY W. ACLAND, M.D.,

PRESIDENT of the MEDICAL COUNCIL.

V.—LETTER FROM JAMES RISDON BENNETT, M.D., F.R.S.

22, CAVENDISH SQUARE, W.:

November 1, 1878.

SIR,

I have given careful consideration to the communication made to me, on behalf of the Executive Committee of the General Medical Council, respecting "the present constitution and working of the Council," and certain suggestions for rendering it "more efficient for the duties which it has or will have to discharge."

The following I beg respectfully to submit as my views on this important subject.

I assume that the objects and duties of the Council will be, as heretofore, to regulate the qualifications of practitioners in Medicine and Surgery—to superintend and regulate professional education—by means of a proper system of registration to enable persons requiring medical aid to distinguish qualified from unqualified practitioners, and to prepare and publish a Pharmacopeia for the United Kingdom.

I assume that in whatever way it may be found requisite to modify or extend such duties, in consequence of the passing of the *Dentists Act* or any future similar Act of Parliament, the

*nature* of the duties devolving on the Council will remain the same, and that it is not contemplated to convert the Council into a medical parliament, to discuss and regulate all that may be supposed to concern the interests of the medical profession or its relations to the public. In reference to the various proposals that have been made for altering the constitution of the Council, I think that the proposal to do this—

(1) "By increasing its numbers" is very undesirable. The present number, 24, is, I believe, quite sufficient for all such duties as can be reasonably anticipated to devolve on the Council.

(2) "By diminishing its numbers." This also I think would be a very questionable advantage if the reduction were carried below 20.

It has always appeared to me that the main difficulty in transacting the business of the Council, as now constituted, arises from devolving almost the whole business on the main body, instead of distributing the greater part of the work among various Committees. I know that, in the opinion of some, the Act of 1858 does not admit of such transference of duty as seems requisite, to Sub-Committees. If this be so, I would seek for such alteration of the Act as would give full power to the Council in this respect; but I do not think that the Act, as it now stands forbids the carrying out of this my main suggestion.

There is at present a Pharmacopeia Committee, without whose aid the Council could not have discharged the very important duties assigned to it in reference to the Pharmacopeia. There is also an Executive Committee, by means of which the business of the Council has been materially facilitated. This Committee might, with great advantage, be enlarged, so as to admit of the formation of Sub-Committees, such as (*a*) Finance, (*b*) Business, (*c*) Registration, (*d*) Education), (*e*) Dentists, &c., &c. By the aid of such Sub-Committees fewer meetings of the whole Executive Committee would probably be required, whilst almost all the formal business of the Council would have been done before it met, and thus much time and expense saved.

The acts of the Sub-Committees having been ratified by the whole Executive Committee, its recommendations, when they came before the Council, should and would be accepted or modified without much discussion or hesitation.

Much of the laborious part of the Council's duties would in

fact have already come under the cognizance of, and been considered by, a large part of the Council before its ratification was asked.

Unless it were in very exceptional circumstances—e.g. the consideration of fresh legislative proceedings—the business of the Council might, by such arrangements, be easily transacted in one annual sitting of five or six days, to which limits it might even be desirable, by resolution, to restrict its sittings.

“3rdly. By altering the mode of appointment of members.”

I think that in the case of some of the bodies represented on the Council, the mode of electing their representatives might perhaps be modified with advantage, so as to widen the electoral area. Election, however, by universal suffrage, to a body having such functions as those exercised by the General Medical Council, appears to me the worst possible mode of election. Apart from the intolerable contention and turmoil in the profession, which such a mode of election would entail, it may well be doubted whether such educational bodies as our great Universities,—not to mention the Corporations,—would submit to the control of a Council whose members were elected by haphazard, or as the result of dexterous scheming. I do not, however, know, nor have I heard, of any valid reason why the whole profession should have a voice in the election of a General Council of Medical Education and Registration. But, in fact, a very large part of the profession is already represented twice or three times over by the representatives of the Universities and medical authorities, whilst the Crown-appointed members are appointed expressly to protect the interests both of the profession at large and of the public. I think, therefore, that it would be an improvement if the two apothecaries' societies and the University of Durham should cease to send representatives, and the general interests of both the profession and the public be still further secured by increasing the number of Crown nominees. If this were done I think it would be desirable and highly advantageous that two of the Crown nominees should be persons having seats in the Legislature, one in the Upper and the other in the Lower House.

Even if the number of Crown nominees should not be increased I still think it would be desirable that either through the Crown or the Universities the Council should have a voice in the Legislature. If by vacating the three seats above mentioned,

the number of the Council should be reduced to 21, inclusive of the President, this moderate reduction of number might not, perhaps, be undesirable, and would still afford sufficient strength for the transaction of business in the mode I have suggested.

Although it does not come within the scope of the present inquiry, I may perhaps be permitted to say that if increased power were given to the Council by the Legislature, and to the President and Executive Committee by the Council, it would, I believe, be rendered more efficient, delay in the transaction of business avoided, and much of the complaint made against the Council would be obviated.

In conclusion, I would also say that I think any impartial observer who can look back to the period when the Council was established, and will consider the state of medical education then as compared with the present, must admit that the Council has, to a large extent, answered the purpose for which it was established, and that both the profession and the public have derived immense benefits through its medium. Any organic change, therefore, in its constitution or mode of appointment of its members should not, in my judgment, be entertained without more urgent necessity than has hitherto been shown to exist. Above all does it seem to me important to avoid any mode of election by which the most eligible and competent persons would be pretty sure to be overlooked, and others might be appointed who would neither command the confidence of the public, nor possess any practical acquaintance with the working of our educational establishments and the requirements of the public as well as the profession.

I have the honour to be, Sir,

Your faithful servant,

JAS. RISDON BENNETT.

DR. ACLAND, F.R.S.,

PRESIDENT of the GENERAL MEDICAL COUNCIL.

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VI.—LETTER FROM JAMES MONCRIEFF ARNOTT, F.R.S.

CHAPEL HOUSE, LADYBANK:

October 31, 1878.

SIR,

I have received the communication of October 21, which

you have done me the honour to address to me on the part of the Executive Committee of the Medical Council.

My thoughts had not been given recently to the changes of constitution by which the Council might be rendered more efficient for the duties which it has, or will have, to discharge; and now, when my attention has been unexpectedly called to the subject, I find myself unable to deal satisfactorily with so extensive and complicated a matter.

I trust therefore to be excused if I offer neither suggestion nor opinion. I have the honour to be, Sir,

Yours faithfully,

J. M. ARNOTT.

*The* PRESIDENT  
of the MEDICAL COUNCIL.

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VII.—LETTER FROM CÆSAR H. HAWKINS, F.R.S.

26, GROSVENOR STREET: *Nov.* 1, 1878.

MY DEAR PRESIDENT,

My absence from London and other circumstances prevent my answering to my satisfaction the numerous and important questions contained in your memorandum. I will, nevertheless, follow them seriatim, as well as I can, in the order they are presented to me, with the freedom of a confidential communication.

It is, however, much more easy to state objections than to suggest improvement; and there seem to me to be two great defects in the working of the Medical Council.

In the first place, there can be no doubt that the present *number* of the members and the publicity of the debates tend materially to increase the number and the length of the speeches, with much loss of time and great expense. Many of these speeches are unquestionably addressed quite as much to the constituents of the members and to the medical public as to the relative merits of the questions, or to the effect of the arguments on the minds of the members; some of them being corrected by the members themselves for the medical journals.

Secondly, I think it equally certain that the *constitution* of the Council, containing seventeen representatives of the Universities and Corporations, however likely in theory to lead to agreement by fair discussion and compromise, has not produced

this desirable result to the extent expected from such an arrangement. On the contrary, there has been far too much exposure of mutual jealousy and class interest, not seldom expressed in language requiring the moderating interference of the chairman; Universities against Corporations, or the reverse, or each singly against some other body in the same or in another division of the kingdom, or sometimes all the representatives of one part of the kingdom against all those of another part, or of both together.

It is only necessary, as an example, to remember how many years have been occupied in endeavouring to unite the several licensing bodies in England into one examining board, and the absolute impossibility, without Parliamentary interference, of joining the Universities and Corporations of Scotland and Ireland into one examining body in each, although this is demanded by the whole profession, and each member of Council probably would acknowledge individually how highly desirable is such union in each division of the kingdom.

It is obvious, therefore, from these remarks, that, in regard to your two first questions, instead of *increasing* the number of the Council I would rather see it *diminished*; and in regard to the two other questions, I am of opinion that advantage may with some probability be obtained by altering "*the mode of appointment of members,*" and by altering the "*distribution of the seats.*"

I. It is proposed, you state, "to enlarge the Council to thirty by adding six by universal suffrage."

I need scarcely say, after what I have before ventured to express, that an increase of numbers would, in my judgment, materially aggravate the existing defects.

As to universal suffrage, it seems to me difficult to propose any measure more absurd than to jumble together in one electoral body all the physicians, surgeons, &c. &c., English, Scotch, Irish, and foreign, who may happen to be in practice throughout the whole extent of each division, amounting to many thousands, without any common feeling of union, in order to select a representative of I know not whom. They can for the most part know nothing personally of the qualifications of anyone for any responsible duties, and from whom can they gain such knowledge? They must of necessity be guided by public addresses from popular candidates or agitators, or by the recommendation

of writers in the medical journals, or above all, probably, by the officials of a large public society among whom this extraordinary proposal originated. In neither way are the best men likely to be selected, and very few men of reputation would condescend to become candidates in such a mode of election. Abundant evidence of jealousy and want of confidence in Universities and Corporations, and in the Council itself, is already shown, to make almost certain the introduction of increased discord into the Council by the adoption of such an unprecedented plan. In fact, I would almost rather see a despotic Council of altogether unprofessional men, nominated by the Crown, and responsible to Government and to the public, than an unwieldy Council framed in this manner.

II. You state, in the second place, that it is proposed to *diminish* the number by making it nine, one for all the Universities, one for all the Corporations, and a third by universal suffrage in each of the three divisions of the kingdom; or, secondly, to make it twelve on some similar principle.

I think nine certainly, and twelve probably, would be found too small a number for the very useful or even necessary functions of the Executive Committee, or of Sub-Committees for special purposes. I think, also, if the Council is professional and representative, that these numbers would be found too small for any plan of union, such as is here proposed, to be agreed to voluntarily, or to work satisfactorily, if adopted compulsorily by the Legislature, on a much larger scale than that at present enforced in Scotland. A system of rotation would probably be followed, in order amicably to compromise the respective claims of the united bodies; but if so, would it be reasonable, as an example, to give authority to the University of Durham—almost identical, professionally, with the single provincial school of Newcastle—equal to that of the Universities of Oxford, or Cambridge, or London? Moreover, it would tend inevitably to a rapid change of the persons of the members, just as they were beginning to be well acquainted with their duties.

Further, looking to the relative numbers, and other circumstances connected with the profession in the three divisions, it would, in my opinion, be unfair and improper to lose sight of the present system, and put all three on an equality. There are now six members each for Scotland and Ireland, and twelve for England,



and some such proportion should, I think, be preserved. I say twelve for England, because the President, although elected without restriction by the whole Council, could not possibly perform his duties properly unless resident in England, within a reasonable distance from London.

I may add that I think it desirable that the President should be, as at present, elected by the whole Council, and, as such, not representative of any particular body.

III. Next, as to altering the "mode of appointment of members, i.e. keeping it at twenty-four by taking away members from some of the bodies, as the apothecaries' societies, perhaps Durham, and from the Crown, for universal suffrage members."

I have already said enough as to the last part of this plan.

I much doubt the expediency of abolishing the appointment of some members by the Crown, or that the Government would consent to this step; but I should have no objection to taking members from some professional bodies. The College of Physicians of London would acknowledge that the Apothecaries' Acts of 1814-1815 were the result of a grave mistake, and the College is now doing all for which these Acts were passed, so that the Apothecaries' Society is no longer required as a licensing body: the Apothecaries' Hall of Ireland would never have had a representative in the Council but for the similarity of name, though not of function, to the Society in England. The member for Durham could well be omitted for the reason I have before stated, and I do not see why the hybrid Faculty of Physicians and Surgeons of Glasgow might not also be omitted, or joined to one of the Edinburgh Corporations, with which it is already united for the examination of its licentiates.

If the number of the Council were, by omissions of this kind, or by some other means, reduced, its business would probably be conducted by a maximum of fifteen or eighteen members more quietly and efficiently than by either a smaller or larger assembly.

IV. Your memorandum next suggests what is called (though some may demur to the term) "a slight modification in the mode of appointment of the members of Council."

First, by opening the election in each electing body to the votes of all its members, i.e. to every member of the profession, of all classes, in every place.

I am not sufficiently acquainted with the constitution of

every University and Corporation to express any general opinion upon this proposal ; but I am quite sure, with regard to the College of Surgeons of England, that its Council, the governing body, now choosing the representatives having a thorough knowledge of the business habits and qualifications of individuals, would in every case be more likely to make a good selection than the many hundreds of the Fellows, and still more than the many thousands of the members, scattered all over the world. The Council are moreover themselves elected by the Fellows.

Or, secondly, as suggested, by modifying the mode of appointment to the Council, by "requiring the Crown so to appoint members that one may have a seat in the Upper and one in the Lower House ;" and you remark "that the Crown and the Universities could do this, if they thought fit, under the present Act."

This is true literally, but, I apprehend, only if the members so appointed belong to the medical profession, unless by violently straining, if not positively infringing, the evident intention of the Act, as interpreted and acted on for twenty years since the Act was passed.

I do not know that any University, in modern times at least, has sent a medical man to Parliament, so that he might also have been appointed a member of the Council. No medical man is ever likely to sit in the Upper House, so that he might be made a member of the Council by the Crown ; and the nomination by the Crown of some professional person who may by chance be in the House of Commons would seldom be such as to be approved by the profession.

That the Crown should receive power, if it does not already possess it, and be required to exercise this power by nominating non-professional persons, one belonging to each House, "to transact public business for the Council in the Legislature," might doubtless be found useful in some respects and on some occasions, but such a rule is open to the serious objection that sitting in a Council of which all the other members belong to the medical profession, of whose affairs they themselves would have little knowledge, they would nevertheless often be able to exert an almost preponderating influence on the debates from their position in the world. Such an influence could only be entrusted with dignity to some member of Government, or some other high official person, as President, as some have proposed ; but I

am inclined to believe that the danger would outweigh the advantage of the Council having this direct and constant connection with the Government, and that the Council had better remain professional only.

My answers to the questions proposed to me have extended to a far greater length than I contemplated and, I fear, than the Executive Committee desired.

I am, my dear President,

Faithfully yours,

CÆSAR H. HAWKINS.

To DR. ACLAND, F.R.S.

PRESIDENT of the MEDICAL COUNCIL.

#### VIII.—LETTER FROM DENNIS EMBLETON, M.D.

1, ELDON SQUARE, NEWCASTLE-UPON-TYNE:

November 4, 1878.

MY DEAR MR. PRESIDENT,

My time was so much taken up last week that I was unable to send any reply to your letter respecting a reconstitution or modification of the General Medical Council.

In the first place, let me thank you for your courtesy in asking the opinion of a former but unworthy member of the Council.

The subject above-named I need hardly say is one of great difficulty, and it is with great deference and much respect to you that I venture to submit the following opinions.

Of the proposals you have kindly sent me, I prefer No. iv (*a*) [*see page 82*], namely, that "requiring all electing bodies to elect by votes of *all* their members respectively, so as, without altering the cardinal principle of the Council, to give, what is desired by some, a voice in elections to the whole medical profession."

This, I think, ought to and would satisfy the desire of many medical men to take part in the election of members of the Council who are to be really their representatives, and would have the further advantages—

- (1) Of not increasing the number of the Council, which is at present large enough; and
- (2) Of not adding to the expense of the Council, which has hitherto been great.

Popular election is an excellent and time-honoured Anglo-Saxon institution, and quite applicable to medical organisation.

The licensing bodies, it is to be presumed, would each propose a certain small number of their best men for whom the members might vote (by voting papers) as they think fit, and the candidate having the greatest number of votes, in each case, might, after due verification, be elected and sent to the Council by the head of the licensing body.

This plan ought to foster a better feeling than at present exists between the licentiates and the licensing bodies.

The candidates proposed ought to be Provincial *as well as* Metropolitan.

As to Proposal iv (b) [page 82], if the Crown and the Universities can, under the present Act, "so appoint members that one may have a seat in the Upper and one in the Lower House to transact, as members of the Council, public business for the Council in the Legislature," this ought, in my opinion, as a highly important matter, to be as soon as possible carried out.

I am decidedly opposed to the disfranchisement of any of the present electing bodies, as in Proposal iii [page 81], and especially of the young and yearly more flourishing University of Durham. The disfranchisement of any of those bodies would lead to dissensions and disturbances, be invidious, and injurious to the bodies so affected. They would not readily give up the privileges of twenty years.

The Crown nominees have always been well chosen and good members of the Council, and with this privilege of Her Majesty I would be the last to interfere.

From Proposal ii [page 81] I altogether dissent, as being unjust to England, in giving what would be a preponderating power to the minor and less populous divisions of the kingdom.

Proposal i [page 81] has to me the defect of making the Council too numerous and more costly, without any guarantee against loss of time from unnecessarily long orations and factious obstructions. There would, in the case of thirty members, be certainly more talk and uncertainly more work. Again, the election of six new members of the Council by the members of the profession at large, apart from the licensing bodies, would in all probability give rise to a new antagonism between the great body of the

profession and the licensing bodies which ought to be carefully avoided.

I beg leave to add that it appears highly desirable to have an entirely new *Medical Act*,—one that will be clear, intelligible, and workable; and to have a consolidation and codification of the whole of the laws relating in any way to the medical profession.

I have the honour to be,

My dear Mr. President,

Most truly yours,

D. EMBLETON.

H. W. ACLAND, ESQ., M.D.,

PRESIDENT of the GENERAL MEDICAL COUNCIL.

IX.—LETTER FROM JOHN GIBSON FLEMING, M.D.

GLASGOW: November 5, 1878.

DEAR DR. ACLAND,

In reply to your request that as a former member of the Medical Council I would give my opinion as to the working and constitution of that body, I will do so briefly and candidly.

I. In regard to its working in the past. Before the passing of the Medical Act, 1858, the profession was very defective in organisation, and in regard to literary culture and professional attainments a large proportion of its members were greatly inferior to the ordinary standard which now exists. Looking back on that period, and contrasting it with the present, the improvement effected is marvellous. This I ascribe mainly to the gradual raising of the standard of general education, and to the greatly improved system of professional education and examination, initiated and carried out under the direction of the Council. The censors of the Council forget the difficulties under which it laboured. The Medical Act, which was the result of a compromise, was imperfect, and in some parts complicated, while the legislative and executive powers which it conferred on the Council were limited and ill-defined. The Council had laid upon it the task of reducing chaos to order; of framing rules for its own guidance, and at the same time of laying down regulations for the education and government of the profession. These duties, I hold, it has performed efficiently and, within the limits of its powers, successfully. Alter and popularize its con-

stitution as you may, I doubt whether it will perform its duties one whit better or even so well as it has hitherto done.

II. As to proposed changes. A clamour has arisen for what is called "the more direct representation of the profession." Judging from what we see taking place around us in political and social affairs, I am afraid this cry will require, sooner or later, to be met. Now the question is, How is it to be best met? In regard to the movement; I think it has arisen mainly from the manner in which the Crown has exercised its patronage. A fourth part of the Council is appointed by the Crown. It certainly was the intention of the framers of the Act that the Crown nominees should be representative of the general profession, and chosen chiefly from the Provinces; the interests of the Crown, the public, and general profession being identical. The Crown, however, has most frequently chosen its nominees from the *élite* of the profession in the capitals of the three divisions of the kingdom: most excellent men (better, in my opinion, could not have been got), but still they were not looked upon as representative of the general body of the profession, and hence this outcry.

From what I have seen of the working of the Council, I am satisfied that it is already sufficiently numerous; and that any addition to its number would considerably increase expense and tend to retard business. If any change is to be made, some plan of enlarging the constituencies without at the same time enlarging the Council is to be preferred. The existing organisation ought to be disturbed as little as possible. The proposal to elect a certain number of the Council by universal suffrage of the profession is for many reasons to be deprecated. It would be a cause of deep regret that any new system of representation should tend to break up the connection of the profession with the different Universities and medical Corporations which has so long subsisted in this country, and from which so much benefit to the profession and the public has arisen.

It appears to me, therefore, that the object sought after would be best attained by enlarging the returning body of each of the medical authorities; for carrying out which every registered person should possess the franchise of at least one of the bodies from which he had obtained his qualifications. Whether he ought to have more than one vote, say one for a

medical and one for a surgical qualification, would be a question for careful consideration. I certainly do not think that any person should have more than two votes.

The medical authorities to which each person affiliated himself could be indicated in a separate column in the *Register* or otherwise. Under such a system each authority should bear the expense of the election of its own representative.

By the method proposed every member of the profession would be directly represented in the Council, while his connection with the Body or Bodies from which he had received his qualifications would be drawn closer, and his interest in their welfare maintained and increased. On the other hand, the election of one or more members of the Council, for each division of the kingdom, by the promiscuous votes of the profession, would be very expensive, complicated, and in many respects most unsatisfactory.

Allow me to add that I think it would conduce to a more direct connection between the Government and the Council if the President were appointed by the Crown.

I remain, dear Dr. ACLAND,

Yours very faithfully,

J. G. FLEMING.

Dr. ACLAND,

PRESIDENT of the GENERAL MEDICAL COUNCIL.

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X.—LETTER FROM JOHN MACROBIN, M.D.

I have considered carefully the important question contained in your communication of the 21st inst., and beg leave to subjoin a few notes expressing as briefly as possible my views on the subject.

1. The proposal to alter the constitution of the Council raises questions of great difficulty. In all probability important changes will soon be made by the introduction of the Joint Board system, implying a considerable overturn of existing arrangements, and if at the same time any radical change is made on the constitution of the Medical Council, the change from the present to the new system might be too abrupt, and occasion much inconvenience to those on whom the Government must depend for the carrying out of the Joint Board system. If

any radical change on the constitution of the Council is desirable, the time for that would rather be some time after the Joint Board system has been established, as the effect of that system will be to merge the various licensing bodies in their examining and licensing capacities, and thus render much easier any proposed amalgamation of their representation in the Council.

2. With regard to *diminishing* its numbers, serious objections to any decided diminution of the numbers of the Council at the present time are, that the duties of the Council have just been increased by the Dental Practitioners Act, and that the changes incident to establishing the Joint Board system will, for at least some years, very largely increase the duties of the Council. Were the numbers to be reduced to nine or twelve, according to one of the suggestions, the members, with the amount of work above referred to, would require almost to be set aside for the purpose, and to occupy the position of highly paid officials—a method of governing the medical profession and the schools which would not be welcome in this country.

Ultimately, after the Joint Board system has been got into working order, it may be desirable to have a Council somewhat reduced in numbers: for instance, one composed of six members representing the Universities—two for each division of the kingdom; six representing the Corporations—two for each division of the kingdom; and six representing the public services—one for the army, one for the navy, and four elected by the universal suffrage of the medical profession, by whom the Poor Law and other public interests of the profession would be represented, making in all a Council of 18. The mode of electing for the Universities and Corporations under any such system would be a difficulty; but the amount of overturn implied in establishing such a Council at the present time would be greater than the attendant advantages.

3. With reference to the proposal to *increase* the number to 30, by adding six members elected by universal suffrage of the profession, or otherwise, to make room for members so elected, I may, in the first place, remark that the demand for this has appeared to me to have been largely fomented by journalists and agitators, into whose hands the election of such members would probably fall. I do not think that it would materially change the character of the Council or do any good, except to gratify



those who ask it ; but there can be no harm in granting the demand, if it can be done without much increase in the numbers of the Council, which is not, I think, desirable if it can be avoided. Were four members so elected added, two for England, one for Scotland, and one for Ireland, the addition to the numbers of the Council would not be great. Or if it is deemed more expedient to make room for four members so elected by rearrangement of certain parts of the present representation, it might be done—

(a) Simply by substituting them for the Crown members, the theory for whom is, that they are there to represent the general interest as distinct from the supposed interests of the Corporations and Universities. The Crown members, however, have generally been gentlemen connected with either a University or a Corporation, and it will not be easy to find eminent members of the profession who are not. This method would give six members to be elected by universal suffrage of the profession if it is deemed advisable to have so many.

(β) If not by substitution for the Crown members, room may be made by certain of the licensing bodies which at present return one member, each being conjoined in their representation, or otherwise, as thus :—

In *Scotland*, by conjoining the two Edinburgh Corporations, or by conjoining the two Surgical Corporations of Scotland. There does not appear to be any reason why two of the Scotch Corporations should not be conjoined in the same manner as the Scotch Universities are conjoined two and two.

In *Ireland*, by conjoining the two Corporations which license in Medicine, or by the Apothecaries' Society at once ceasing to have a representative.

In *England* (a) by having two, instead of four, members appointed by the Crown. (b) By conjoining the two Corporations which license in Medicine, or by the Apothecaries' Society at once ceasing to have a representative. It cannot be for the good of the profession that Apothecaries' Societies should continue to be connected with its government, or with licensing its members. (c) By conjoining the English Universities two and two, in the same way as the Scottish Universities are conjoined. For instance, Durham might be conjoined with London, and Oxford and Cambridge.

The conjunction of the English Universities appears the more

reasonable when we consider the slender connection which they have with medical education as compared with the Scotch Universities.

The University of Durham, indeed, and that of St. Andrews, might well be omitted altogether, but the method of linking two Universities together in representation may render this unnecessary. The whole of these methods together for England would make room for Scotch members without increasing the numbers of the Council, but it would be enough to make room for two, or at most four.

I may observe, in regard to the members of the Council, that the practice of the Council going out of its own body for its President, not only increases the number by one but has been the means hitherto of giving some one of the Universities or Corporations a double representation.

4. In regard to the method proposed as an alternative to that of members elected by universal suffrage of the profession, viz. requiring the representatives of the Universities and Corporations to be elected by all the graduates and licentiates, or members of each body, it is, no doubt, possible. The method would be a costly and troublesome one to the Universities and Corporations. The objection made that this method would in many cases give more than one vote, if this ought to be considered an objection, might be obviated, by requiring the return to be made to the Registrar of the Medical Council, each person who holds more than one qualification selecting the one in virtue of which he desires to record his vote. The more moderate enlargement of the basis which would result from giving a voice in the election only to the Fellows of the Corporations and to those who possess the M.D. degree of the Universities, would hardly meet the demand. On the whole, the method appears complicated, and especially in view of the approach of a Joint Board system, not so good as the method of electing some of the members directly by the universal suffrage of the profession.

5. I do not approve of the proposal that a member of each of the Houses of Parliament should also be members of the Medical Council; at least, if it is meant with the view of such members being considered as specially authorised to speak for the Council in Parliament. I think it much safer that the Government should communicate with the President of the Council in matters of legislation.

J. MACROBIN, M.D., &c.

## XI.—LETTER FROM ALLEN THOMSON, M.D., F.R.S.

66, PALACE GARDEN TERRACE, LONDON:

*October 31, 1878.*

MY DEAR DR. ACLAND,

I gladly respond to your invitation to express my views with respect to the constitution of the Medical Council, though I am well aware that it is easier to point out existing defects than to suggest proper remedies; and I fear my experience in life has not been such as to give me the ability to frame plans of management for public bodies.

I was early impressed with the view, which I still hold, that the present constitution of the Council is not the best adapted to favour the performance of its proper functions. These functions I regard as mainly consisting in the administration of the Medical Act of 1858, or any amended Acts founded upon it. Its business is therefore chiefly of an executive kind, and it appears to me that the performance of these functions has in past time been much impeded by the discussion of a number of general and open questions, often very wide of the immediate business of the Council. I admit that some part of this discussion, and the delays and impediments consequent upon it, were inevitable in the commencement of such a body as the Council, and if I thought it likely that this discussion would now be greatly lessened, I should not be so strongly in favour of a change in the constitution; but I am persuaded that, so long as the Council consists of as many members as at present, and its debates are published, there being no other arena for such discussions—what I look upon as one of the greatest obstructions to the proper performance of the business of the Council will remain.

I have another fault to find with the present constitution of the Council (and it is one which contributed greatly to the evils already referred to), and it is this: that three-fourths nearly of its members are the nominees of individual Corporations which are interested in the maintenance of licensing privileges more or less of an exclusive character. And although it will be readily admitted that many of the members who have represented these bodies have supported broad and liberal views of medical policy, yet it is equally true that others have not done so, and that much time has been lost in the contention between the various Corporations.

I should hope that now that the main struggle between these contending interests is at an end, it may be considered more important that *classes* of interests and opinions rather than *individual* ones should be represented in the Council. At the same time I am quite disposed to admit the advantage of open discussion where it does not act as an impediment to the transaction of necessary business, and should be glad to see it provided for in such a way as both to represent the opinions of the whole medical profession and to promote the improvement of medicine and its position in public estimation.

Now, I have long been of opinion that the objects I have in view can best be attained by dividing the present Medical Council, as it were, into two bodies—both being representative in their character—one smaller than the present, intended to be entirely executive in its action; the other more numerous than the present, intended for discussion mainly, and in part also for election of representatives to the smaller body. I would name these two bodies respectively the “Executive Medical Council” and the “General Medical Council.”

I fear I am not strong enough in legislative contrivance to deal with the details of the constitution of these two bodies; but my notion of their construction and duties is nearly as follows, viz.—

I. The *Executive Medical Council* to consist of twelve members, chosen as follows:—

1. The English, Scotch, and Irish Universities, jointly in each division of the country, to nominate each one member . . . . .	3
2. The English, Scotch, and Irish Medical and Surgical Corporations, jointly in each division of the country, to nominate each one member . . . . .	3
3. Three members to be chosen by the General Medical Council (as afterwards stated) . . . . .	3
4. A President and two other members to be nominated by Her Majesty's Privy Council . . . . .	3
	12

The functions of the Executive Council are to administer the Medical Act or Acts, to receive and give answers to repre-

sentations addressed to them by the General Council (under certain restrictions). The members to be paid for attendance. The final decisions of the Executive Council to be published, but not its transactions in extenso, except at the will of the Executive Council as expressed in each case.

A system of rotation may be established in the choice of the members from the several Universities and Corporations, as also of the representatives of the profession from the several divisions of the country.

II. The *General Medical Council* to consist of about sixty members, to be chosen as follows:—

- |   |    |
|---|----|
| 1. The registered qualified practitioners throughout the country, divided into sections of from — to —, to elect by written votes each one representative, say in all . . . . . | 24 |
| 2. The chartered Universities in each division of the kingdom, four . . . . .   | 12 |
| 3. The Medical and Surgical Corporations of England, 6; the medical and Surgical Corporations of Scotland and Ireland, each 3 . . . . .   | 12 |
| 4. The members of the Executive Council to have seats in the General Council, but not to vote in the election of Members to the Executive Council . . . . .                     | 12 |
|   | 60 |

The functions of the *General Medical Council* to be to meet at certain stated periods, say twice annually, for the discussion of questions affecting the interests, privileges, and duties of the medical profession; to make representations regarding these to the Executive Council, and to elect by ballot of those attending the meeting the three members of the Executive Council. The members not to receive payment for their attendance, but a fee of — to be levied for registration as a voter in the election of members to the General Council, and the sum thus acquired to be at the disposal of the *General Medical Council*.

I am, sincerely yours,

ALLEN THOMSON.

## XII.—LETTER FROM WILLIAM SHARPEY, M.D., F.R.S.

1. The most serious fault in the present composition of the Medical Council consists, as it appears to me, in the large proportion of members elected by the licensing bodies, and the predominant influence of these bodies in the affairs of the Council.

2. To remedy this, the number of members so elected might possibly be reduced; but I apprehend that a change in this respect could not now be effected any really significant extent, and is, moreover, of doubtful expediency. I think it would be preferable to increase the proportion of members especially representing the public interest.

3. For this purpose it has been proposed to elect a certain number of additional members by vote of the registered medical practitioners throughout the kingdom. This, it is true, has been deprecated as "election by universal suffrage," but it must be remembered that while the electors would probably be inconveniently numerous they would form an intelligent and educated constituency. Without, however, seeing any valid objection in principle to this proposal, I have not duly considered how far it would be practicable, and accordingly I am unable to offer an opinion as to its advisability.

4. In these circumstances I am disposed to recommend an increase in the proportion of members, nominated by the Queen with the advice of the Privy Council.

## XIII.—LETTER FROM JOSEPH LISTER, M.B., F.R.S.

12, PARK CRESCENT, PORTLAND PLACE, LONDON:  
*November 1, 1878.*

DEAR SIR,

In reply to the letter which I have had the honour to receive from you, requesting me to state my views on the con-

stitution and working of the General Medical Council, with special reference to the question whether the Council might be rendered more efficient by any changes in its constitution, I beg to make the following remarks :—

First, I may allude to proposals which I understand have been made to alter the number of the members of the Council. I do not think that this is in itself desirable. While I am not aware that the present number has proved inconveniently large, any considerable addition would, I believe, be found disadvantageous, by tending to make the body unwieldy. On the other hand, any great reduction of the number would, in my opinion be a serious mistake, as it would interfere with the due representation in the Council of the various important elements in the profession in the three divisions of the kingdom, viz. the scientific, the teaching and the practical in all its branches. And independently of this main consideration, the deliberations of too small a number would fail to command due respect and confidence.

If I mistake not, the question of altering the constitution of the Council has arisen from a desire, expressed in some quarters, that the medical parliament should contain some members elected by universal suffrage of qualified practitioners. This idea results, I believe, partly from an impression that the representatives of the various licensing bodies are apt to advocate too exclusively the interests of their constituents, and partly from an abstract notion of right and justice. With regard to the latter sentiment, it is, I am persuaded, confined to a very small minority ; so that we may safely leave it without discussion, and consider simply the question whether or not universal suffrage would provide members superior in impartiality to those of the present board, and at the same time not inferior in efficiency.

We may first compare universal suffrage with appointment by the Crown. It will be generally admitted that the results of Crown appointment are at least equal in independence and impartiality to any that could arise from universal suffrage. And as regards efficiency, the former mode of appointment has the great advantage that it gives the opportunity of selecting members from a class of persons who, though peculiarly valuable, would not be likely to be favoured by universal suffrage. Men like the late

Dr. Parkes and Dr. Sharpey, being not engaged in actual practice, might very likely have failed on that account to obtain a majority of the votes of practitioners; and yet such men, from their wide knowledge and experience in teaching, have been among the most useful members of the Council in the past. The idea of substituting universal suffrage for Crown appointment seems to me therefore quite out of the question.

Nor does universal suffrage commend itself to me as likely to supply more desirable members for the Council than those appointed by the licensing bodies. The popular favourite would, I fear, often be a person distinguished for busy prominence rather than a man of sterling worth. He would also of necessity belong to some licensing body, and would probably advocate its cause in the Council as warmly as if he were directly appointed by that body. Such at least would be pretty sure to be the case if he were a member of the governing board of a corporation; and, on the other hand, to systematically exclude from candidature persons occupying such a position would be to set aside the very men whose abilities and experience render them peculiarly fitted for serving on the Council. And it cannot be said that the general practitioners are not sufficiently represented at present. The Societies of Apothecaries in England and Ireland provide such members; and in Scotland, both the College of Surgeons of Edinburgh and the Faculty of Physicians and Surgeons of Glasgow are always likely to be represented by general practitioners. And I may remark, that as regards these two bodies, and also the College of Physicians of Edinburgh, the election does not rest with a small governing Council, but with the entire body of Fellows; and as the Fellows include a very large number of the better class of practitioners, the grievance of inadequate representation, supposing it worthy of consideration at all, can hardly be said to exist in Scotland.

There is a further disadvantage which would arise from universal suffrage, viz. that there would be no security against several members so elected belonging to one and the same Corporation, which, in case of such an event, would exercise undue influence in the Council; for to guard against this evil by providing that members should be elected successively from the various Corporations, as vacancies occurred, would be merely to substitute representation of the Corporations in another form.



In speaking of the licensing bodies I have hitherto referred only to the Corporations. But there can be little difference of opinion as to the injury that would be done by the substitution of members elected by universal suffrage for the University representatives, who, being themselves more or less devoted to the great work of teaching, are of the utmost importance to the Council in the discharge of what is its most important business—the supervision and regulation of medical education.

Even supposing universal suffrage to be theoretically desirable, I do not see how it could be practically carried out. Would persons desiring to be elected issue declarations of their merits, or otherwise canvass personally like candidates for membership of the House of Commons? The bare mention of such a thing is sufficient to show that it would be utterly inconsistent with the dignity of our profession. But the practitioners scattered up and down the country would be unable to form a judgment regarding the claims of the various candidates unless some means were taken to inform them; and I fear that this would be done by a set of wire-pullers, with the effect of utterly defeating the object of universal suffrage. I venture, therefore, to express the hope that the Council will steadily set their faces against this proposed innovation.

If there is any change that occurs to me as desirable, it is that the Scotch Universities should have each her own representative. Conjoint representation seems to me an unsatisfactory arrangement; for, of the two institutions thus professedly associated, one only is in truth represented at a time. And although the more important of the two may for a while retain the representation, the time comes when the other begins to feel aggrieved that it has not had its turn: and thus we are liable at any time to see Edinburgh practically unrepresented, just as Glasgow is at present. And it does not seem to me either just or desirable that great medical schools like these should be placed in such a position because they happen to be situated north of the Tweed, while the Universities of Cambridge, Durham, and Oxford are each completely represented.

But I would submit that this is hardly a suitable time to meddle at all with the constitution of the Council. For aught we know we may be on the eve of legislation which may in no long time entirely alter the relative importance of the various

schools and licensing bodies, and, while it may perhaps grievously injure the efficiency of the Scotch Universities, may not improbably operate with fatal effect upon the ancient Corporations which, I believe, ought still to have a noble duty to discharge, and need only to be further developed and reformed. While I, for my part, should grieve to see existing institutions jeopardised by a revolutionary measure passed in pursuit of the ideal of a so-called one portal system, I cannot but see the great probability of such an event. As a result of the changes which the new law might entail, it might become necessary entirely to remodel the Council. But in the present uncertain state of affairs any movement in that direction would, I think, be inexpedient.

I am, dear Sir, yours very sincerely,

JOSEPH LISTER.

*The* PRESIDENT  
of the MEDICAL COUNCIL.

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(B). EXTRACTS FROM FORMER MINUTES OF THE  
GENERAL COUNCIL.

I.—MOTIONS BROUGHT BEFORE COUNCIL IN 1868 AND 1869.

On July 1, 1868, the following motion was brought before the General Council (*Minutes*, Vol. VI, p. 220):—

“That the Medical Council take into consideration its present constitution, with the view of determining whether it be advisable that it should be placed on a more popular basis by the addition of a certain proportion of members to be chosen directly by the suffrages of registered practitioners.”

This was rejected, and the following Amendment thereon was carried by a majority of 16 to 4:—

“That, under the present circumstances, it would not be expedient for the Council to consider the propriety of attempting to obtain a change of constitution.”

On July 12, 1869, the following motion was brought before the Council, and carried (*Minutes*, Vol. VII, p. 115):—

“That, having carefully considered the objects of the Medical

Act of 1858, and the constitution of the Council appointed under that Act to carry out its objects, the Council are of opinion that, for the purposes of the existing Act, the present Council is essentially well constituted."

On the same day the following motion was unanimously agreed to (*Minutes*, Vol. VII, p. 116):—

That the Council are of opinion, that if the Legislature should think proper to invest the Council with extended powers and fresh duties, by which the profession at large would be brought more under the direct influence of the Council, then in that case the profession at large should have more direct influence in the appointment of Members of Council."

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## II.—REPORT BY MEDICAL ACTS AMENDMENT COMMITTEE IN 1869.\*

The following passages occur in a Committee's *Report* which was, on July 12, 1869, received by the Council and ordered to be entered in its *Minutes*:—

"In reporting on a matter of so much importance as this—whether any, and, if any, what change should be made in the constitution of the Council—the Committee think it their duty not merely to lay before the Council the result of their deliberations, but to indicate also the principles and chief reasons by which they have been guided. There is one principle which is obvious and indisputable, viz. that the constitution of the Council should be such as may best fit it for the discharge of its duties, whatever these may be. In the Medical Act the Council is styled 'The General Council of Medical Education and Registration.' The duties imposed on the Council by the Act are four, viz. the Supervision of Medical Education, the Registration of Qualified Medical Practitioners, the publication of a national Pharmacopœia, and a certain judicial function by the exercise of which the name

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\* This *Report*, along with other papers relating to the *Medical Act* and to proposals for amending it, was published in 1870 as an Appendix to the *Twelfth Report of the Medical Officer of the Privy Council* laid at that time by the Lords of the Council before both Houses of Parliament, and ordered by Parliament to be printed.

of any registered practitioner 'who shall be judged to have been guilty of infamous conduct in a professional respect,' may be erased from the *Register*.

"With regard to two of these duties little need be said. The registration has been made in accordance with the Act, and with an accuracy which has never been questioned. A British Pharmacopœia has been published, which has been universally acknowledged to be one of the best in existence. In this work the task has been accomplished of reconciling the different views and varying practice of the three sister kingdoms. The new British Pharmacopœia is acknowledged in England to be an improvement on the old London Pharmacopœia; in Scotland it is preferred to the Edinburgh Pharmacopœia, and in Ireland to that of Dublin.

"In regard, therefore, to those two duties of the Council, there is no reason (but rather the contrary) for proposing any change in its constitution.

"With respect to its judicial function thus much must be said—that a Council elected by the suffrages of the profession, as advocated in the Memorials, would be entirely out of harmony with the constitution of other courts of justice in the United Kingdom, or indeed in any European State whatever. A Council which should be in any considerable part elected by popular suffrages would not be allowed by the Legislature to retain the judicial power which is exercised by the present Council.

"With regard to the last and most important of the four duties of the Medical Council, viz. the supervision of Medical Education, the Council would observe that the powers and means by which this supervision is to be exercised are defined in the Act, sections 18, 20, and 21. These are, in general terms, a power of requiring from the licensing bodies information as to the courses of study and examination to be gone through in order to obtain a qualification entitling a person to be registered, and a power of visiting the examinations, and lastly, a power of representing to the Privy Council any serious defects in the course of study or examinations of any licensing body, and so depriving the said body of its privilege of granting qualifications until it shall have amended what was faulty or defective.

"It is seen, therefore, that all the powers possessed by the Medical Council in respect to education are exercised on or through the medium of the Medical Corporations and Universities, which confer the qualifications entitled to registration.

Through supervision and visitation of examinations, and the communication of recommendations, a certain degree of control over the licensing bodies is conferred by the Act on the Medical Council.

“ Your Committee are of opinion that these bodies, which are in a certain sense and degree governed by the Medical Council, are, for that very reason, entitled to be represented in the Council. This seems no more than is required by justice. Experience has also shown its usefulness in facilitating the adoption by the licensing bodies of the views and recommendations of the Medical Council.

“ The Committee would observe also that the Universities and Medical Corporations are all, in various ways, peculiarly conversant with education, and with the best methods of testing the acquirements of persons seeking to enter the medical profession, and are thus peculiarly qualified for choosing the fittest persons for discharging those (the most important) functions of the Council which concern medical education and examinations.

“ The Committee are of opinion that Crown nominees are a requisite element in any body which, like the Council, has not only occasionally to discharge judicial functions but also to watch over and protect the interests of the profession at large and secure the welfare of the public.

“ The Committee are therefore of opinion that the Council as constituted by the Medical Act is well and suitably constituted for performing the functions with which the Council was invested by that Act. The Committee think it right to add their opinion that the Council, thus constituted, has, in discharging its duties, met with a degree of success which is large in proportion to the period of its existence, and in relation to the work that had to be done, and the difficulties that had to be overcome. The variety in the views and practice as to medical education and examination which prevailed in the three divisions of the United Kingdom before the establishment of the Council has, of necessity, added greatly to its labours.

“ The Committee have very fully discussed certain suggestions contained in the memorials which have been received by the Council. One of these is, that in any amended Act the control of the Council over the licensing bodies should be strengthened and enlarged. If such additional powers were conferred on the Council, the Committee are of opinion that this would be an additional reason for maintaining the representation of these bodies in the Council as at present.

“ Another suggestion is for the extension of the powers and functions of the Council over a variety of objects relating rather to professional practice than to education. At present the Council has no powers in such matters. Its powers are defined in the Medical Act, and, as already mentioned, are confined chiefly to medical education. The Council has no power to control the relations either between members of the profession or between them and the Government, nor has it any means of regulating or interfering with in any way the remuneration of the profession, whether for private or public services. It may be a question whether it would be advantageous for the profession that such power should be vested in the Council, whatever the constitution of the Council might be.

“ But the Committee are (unanimously) of opinion, that, if the Legislature should think proper to invest the Council with such extended powers and fresh duties, the members of the profession at large, who would in that case be brought more within the sphere of action of the Council, should have a more direct influence than they have at present in the election of its members. In expressing this opinion, the Committee are fully aware of the many inconveniences that would be incurred, and the many difficulties that would have to be surmounted, in any plan for representing the profession in the Council otherwise than as it is now represented, whether by the plan suggested in the memorial presented in the last session from the Committee of Council of the British Medical Association, or by the plan alluded to in some of the documents referred to this Committee, or by any other measure.

“ The Committee observe that the Lothians' Medical Association complain ‘ that the funds by which the whole machinery of the Medical Act, including the General Council (is carried on), are derived . . . from a tax imposed upon each graduate or licentiate in medicine and surgery registered under the Medical Act, and ‘ that such taxation, without commensurate representation of the body of practitioners, is an act of injustice to the great body of registered medical practitioners throughout the country.’

“ The Committee would remark that there can be no difference of opinion as to the principle that liability to taxation entitles to representation in the taxing body. But they would further remark that the fee paid once for all by medical practitioners for entering their names on the *Register* cannot, in the ordinary sense of the words, be called a tax; and that the Council possesses no power whatever of taxing the registered practitioners.”

## III.—STATEMENT ADDRESSED TO THE LORD PRESIDENT BY THE EXECUTIVE COMMITTEE IN 1869.\*

On December 13, 1869, the following statement was addressed by the Executive Committee of the General Medical Council to the Lord President of Her Majesty's Most Honourable Privy Council:—

“ MY LORD,

“ Your Lordship having intimated your readiness to confer with the General Council of Medical Education and Registration on the subject of an amending Medical Act, the Council have authorised us, as their Executive Committee, to represent them in this conference ; but, before entering on any discussion personally, we have felt that it would be desirable, and in accordance with your Lordship's expressed opinion, that we should submit for your consideration a brief *résumé* of the working of the Medical Act during the eleven years that it has been in operation.

“ We hope thus to be able to inform your Lordship as to the ‘merits and success of the Act, viewed as a whole,’ and also to point out wherein it has failed of accomplishing all that might have been anticipated, and thus, as suggested in your Lordship's communication of the 14th May last, afford the requisite data ‘for forming a comprehensive judgment as the basis of any amending Bill to be introduced on the part of the Government.’

“ In reference to two of the important duties assigned to the Council, it will not be necessary to occupy much of your Lordship's time.

“ The preparation of a national Pharmacopœia had long been felt to be an urgent national need, and, prior to the passing of the Medical Act of 1858, many fruitless efforts had been made to supply that need. The Medical Council have succeeded in accomplishing what appeared, previously, to be a hopeless task, in such a way as to have gained for the *British Pharmacopœia*, issued under their auspices, not only unqualified approval, both at home and in the Colonies, but also a very general acknowledgment that it is one of the best Pharmacopœias in existence.

“ A vast amount of valuable time and labour, and a large pecuniary expenditure, were necessarily devoted to this object. Such, however, has been the success of this important work, that

\* This statement, along with other papers relating to the Medical Act and to proposals for amending it, was published in 1870 as an Appendix to the 12th Report of the Medical Officer of the Privy Council, laid at that time by the Lords of the Council before both Houses of Parliament, and ordered by Parliament to be printed.

it has already repaid its expenses, and the nation is provided with an authoritative standard and trustworthy guide, whereby the nature and composition of substances to be used in medicine may be ascertained and determined. It would be superfluous to show either the value of the boon thus conferred on the profession, or the benefit to the public. A Standing Committee of the Council has been appointed to watch the progress of Pharmaceutical science, so that each new edition of this national work may be kept on a level with the advancement of science and the requirements of the profession.

“An official *Register* of duly qualified medical practitioners, that should be available for the Government as well as the public, had also been long felt to be a national desideratum; but no means existed for supplying this want prior to the passing of the Medical Act, by which the duty was imposed on the Medical Council.

“The difficulties which encompassed this task can scarcely be estimated by those who have not essayed its fulfilment. Not only much care and labour were required, but also equal caution and discretion, both in the original formation of the *Register*, and in maintaining its accuracy and purity.

“The list of public offices and functionaries to which the *Medical Register* is supplied by the Government sufficiently attests the public utility of this work; and the Medical Council confidently appeal both to the profession and the public at large as to the success which has attended their efforts to fulfil this part of their duties. The judicial power conferred by the Act the Council have exercised whenever called upon to do so, and have thus erased from the *Register* the names of 22 persons convicted of felony, misdemeanour, or infamous conduct.

“But by far the most important and difficult of the duties imposed on the Council were those connected with the education of students who should in future claim to be placed on the *Register* as duly qualified practitioners.

“The chief causes of the loud demand and the protracted struggle on the part of the profession for the Medical Act, were the deep-felt necessity for a radical improvement in the education of the main body of medical practitioners, and reciprocity of professional privileges in the three divisions of the kingdom. This latter object was, with some trifling exceptions, immediately attained on the passing of the Act.



“Prior to 1858, although the education, both general and professional, of those who sought to pursue the higher walks of the profession was such as to secure the supply of a certain number of well-educated gentlemen and accomplished practitioners, yet the strictly professional education of even these was, in many respects, seriously defective.

“But as regarded the main body of the profession, those to whom the bulk of the population must always look for medical assistance, and those who are needed for the public service in the army and navy, the education was so defective that the profession was in danger of being over-run with illiterate and incompetent men.

“Of the various public bodies authorised to grant licenses to practise (nineteen in number) each issued its own regulations and had its own curriculum of study. Any attempt to raise the standard of qualification that might be made by any one licensing body might be, and often was, frustrated by the facilities offered to the student by some other board; and in place of a well-considered, uniform code of regulations for study and examinations, there was the utmost diversity and confusion.

“One of the first objects of the Council was, therefore, to endeavour to harmonise the regulations of the various licensing bodies, and then to issue recommendations for such a minimum course of study and examinations as should secure for all persons obtaining their respective qualifications the requisite knowledge and skill for the practice of their profession. And here they, at once encountered their greatest difficulty. This difficulty was twofold, and arose partly from the constitution of the Council and partly from the very limited powers conferred by the Medical Act. This Act, whilst it provided for a Council comprising many of the most eminent medical men in the three divisions of the kingdom, and representing all branches of the profession, brought together a number of gentlemen who, though thoroughly well informed on the subjects on which they were called to legislate, and sincerely desirous to carry out in the most efficient way the objects of the Act, naturally viewed in a somewhat different light the various topics that were discussed, according as they affected either the different divisions of the kingdom or the different branches of the profession. They also knew that, after the long course of independent and rival action of the various licensing

bodies, these bodies might look with a suspicious eye on any recommendations that seemed likely to thwart their peculiar views and interfere with their regulations. It was necessary, therefore, to proceed with moderation and discretion, so as not needlessly to excite the opposition of any, nor to exert such powers as the Council possessed in what might seem a too despotic spirit. But the very limited nature of the powers conferred by the Act rendered this cautious and deliberate mode of procedure still more necessary. The Council, it is true, could issue (as they have actually done) such recommendations as they might think fit, but these recommendations could be enforced only by a decision of the Privy Council, which acts as a Court of Appeal under Sects. XX, XXI & XXII of the Medical Act. It would manifestly have been injudicious to have had recourse to the Privy Council with a view to enforce comparatively unimportant or unessential matters. And, indeed, looking to the terms of the Act, it seems probable that such an application to the Privy Council, had it been judicious to make it, would have failed. Even in the case of important, or essential matters, it seemed wiser to look to it only as a last resort. The Council felt that they might fairly assume that, in time, and in proportion as it was seen that they were acting for the common good, the moral influence of the Council would increase, and their recommendations would acquire the force and authority of law. Nor have they in this respect been on the whole disappointed.

“ Full and free discussion soon showed that, on most of the important subjects brought under consideration, and, it may be said, on all that demanded immediate action, there was a very general concurrence of opinion in the Council; and, in regard of others, an equally general conviction that much careful preliminary inquiry and consideration would be requisite before any final determination could even be attempted. Committees were accordingly appointed to inquire and report on the principal educational questions, and the reports of these committees were circulated amongst the licensing bodies comprised in Schedule (A) to the Medical Act, accompanied by a request for their observations thereon.

“ Having given due consideration to the observations thus offered to them, the Council issued, from time to time, specific recommendations for the adoption of the licensing bodies. Of these recommendations some of the earliest related to a prelimi-

nary testing of candidates in subjects of general education, before allowing them to commence their strictly professional education. The result has been, that preliminary examinations in subjects of general education are now required by *all* the licensing bodies. Some of these bodies, it is only fair to say, had indeed required such preliminary examinations prior to the Medical Act; but they were neither very extensive nor very searching.

“The effect, however, of the recommendation of the Council has been not only to make a preliminary arts examination general and compulsory, but also very much more complete and efficient.

“The range of subjects comprised in these examinations, as laid down by the Council, is such as to insure the possession of a fair amount of general education by all candidates; and the fruits of this are already manifest and of the most gratifying character. Year by year, in each division of the kingdom, there has been a vast improvement in the scientific and literary attainments of the younger members of the profession. If it be alleged that this improvement is, in a measure, attributable to the general advance that has been made in the education of the country at large, it is not the less true that to the labours of the General Medical Council must be attributed, in the main, the improved general education of the mass of medical practitioners. Nor, when it is considered that the standard set up by the Council was a minimum one, intended for the mass of the profession, can it be said to have been pitched too low; for, under the Medical Council’s recommendation, it is required that every one who desires to become a student of medicine shall have passed an examination in English, Latin, arithmetic, algebra, and geometry, and in one of the following subjects, at his option, viz. Greek, French, German, and natural philosophy.

“By visitation, inquiry, or otherwise, the Council have endeavoured to secure that these examinations shall be properly conducted and fairly judged. For the higher degrees and qualifications, the Council have emphatically declared that the standard should be higher than that which they have recommended; but in the case of the ordinary license to practise, the Council were convinced, by their knowledge of the results of examinations actually in operation, that, had they at first fixed the standard too high they would either have been unable to enforce it, or, if rightly enforced, they would have run no small risk of depriving the public of an adequate supply of medical practitioners.

“As the general education of the country makes progress, the standard of acquirements for all medical students may be, and ought to be, raised.

“It has been thought by some members of the Council that a greater degree of uniformity and efficiency than by the present system would be secured were there established one board of examiners for the arts examination in each division of the United Kingdom for all candidates who had not obtained an arts degree in a university. The present Medical Act, however, gives the Council no power to institute such a board.

“In respect of the *strictly professional* part of medical education, much has been done by the exercise of the power conferred by the Act, of supervision and visitation of the examinations of the several licensing bodies, and by issuing such recommendations as seemed best adapted for remedying any serious defects, either in the course of study or modes of examination; for, although a certain degree only of control can thus be exercised by the Council, this has proved so far sufficient that, as yet, they have encountered no such resistance to their recommendations as would have justified appeal to the Privy Council. And here it may be observed that the actual constitution of the Council has undoubtedly facilitated this adoption by the licensing bodies of recommendations issued by the Council.

“From a table prepared by a committee of the Council during its last session,\* it is evident that the examination tests adopted by all the licensing bodies are of a tolerably stringent kind; and though, on rare occasions, incompetent men may pass one board and be rejected by another, there is little encouragement for an incompetent man to present himself before any of the boards.

“A comparison of this table with similar tables prepared in previous years will also show that, from year to year, a somewhat larger proportion of candidates has been rejected; thus indicating a steadily increasing stringency in the examinations. All parts of the examinations have, on the recommendation of the Council, been rendered more practical, and the actual knowledge of candidates has thus been more surely ascertained.

“A most important improvement has been effected by the

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\* See Minutes of the General Council, Vol. VII, p. 119.

very general introduction of clinical examinations. Certain of the licensing bodies had greater facilities than others for applying this most valuable, not to say essential, test of competency and it has therefore been earlier adopted and more fully carried out by some than by others. The recommendation of the Council on this head has, however, been generally accepted, and at the present time there are very few of the examining boards that have not adopted it.

“With the results of their labours hitherto, in reference to the improvement of strictly professional education, the Council have no reason to be dissatisfied. They are, however, fully aware that much yet remains to be done; and they have sought from all available quarters to accumulate information with a view to the issuing of recommendations for important and extensive modifications of the whole system of teaching and study. To this end an Educational Committee of Council has corresponded with, and received replies from, almost all the eminent teachers in the country, and have also obtained a *résumé* of the systems adopted in the principal schools of the Continent. The mass of valuable evidence thus acquired, it is manifest, could not be collected, digested, and presented to the Council for consideration except at a large expenditure of time and labour as well as money. A comprehensive report has, however, been prepared by the Committee, and circulated among the licensing bodies and members of Council preparatory to its full discussion at their next session.

“When it is considered how numerous and important are the questions that must be discussed in any such report, and how many and varied are the interests concerned, it will not be thought matter of surprise that the Council has not sooner attained this crowning object of all their previous labours. Nor will they, probably, be said to be comparing great things with small, if they refer to the difficulties that Parliament has encountered, in its efforts to pass a general Education Bill, as some justification, if any be needed, of the non-completion hitherto, in all its details, of an entirely new scheme of medical education for the whole United Kingdom. From the information acquired, and the discussion which the subject has already received, the Council are convinced that when the time arrives for their

issuing definite recommendations on this extensive subject they will exercise an important influence on all the Medical Schools and licensing bodies, even should the Council not receive from the Legislature increased powers for enforcing such recommendations.

“ There is, however, one very important point alluded to in the draft report of the Education Committee to which we desire to make special reference, and that is, the desirableness of combining the examinations of the licensing bodies so as to form a single joint examining board for each division of the kingdom. In the Medical Act (1858) this important object was very inefficiently provided for by a mere permissory clause (Section XIX), which allows any two or more of the licensing bodies, with the sanction of the Medical Council, to unite or co-operate in conducting examinations required for qualifications to be registered under the Act. This clause has not hitherto been rendered operative to any great extent. In Scotland, however, the Colleges of Physicians and Surgeons of Edinburgh have combined to grant a double qualification in medicine and surgery; and in like manner the Glasgow Faculty of Physicians and Surgeons has combined for the same end with the Edinburgh College of Physicians. In England and Ireland efforts have, indeed, been made to bring about similar co-operation; and, although hitherto these efforts have been ineffectual, negotiations are going on which it is hoped will lead ere long to the desired end.

“ In the opinion of many members of the Council, the Medical Act is deficient in not granting compulsory power to effect such amalgamations of examining boards as may seem desirable. The Council have already resolved to seek for power in any amending Medical Act to refuse registration to any candidate who has not been sufficiently examined both in medicine and surgery. It may, however, be questioned whether even this power would prove sufficient for the end in view, and whether it would not be desirable to grant to the Council power of enforcing amalgamations of boards in the event of recommendations of voluntary amalgamations not proving sufficient. In the Medical Bills introduced by Sir James Graham and Mr. Headlam, it is observable that, whilst due care was taken to preserve the rights of corporations, provision was made for common joint examining boards in each division of the kingdom. And it is probable that

no more efficient examining boards for granting the initiatory license to practise all branches of medicine and surgery could be devised than by combining the examining talent of the several corporations with the aid of the Universities. Such combined divisional examining boards would probably also prevent any further and most undesirable multiplication of licenses to practise, which has resulted from the absence of a compulsory power of amalgamation.

“Very soon after the passing of the Act, and the publication of the official *Register*, it became evident that, to a great extent, the Act would fail to effect one important object at which it aimed, viz. to prevent unqualified persons from imposing on the public by assuming medical titles, and practising under them with impunity. And, in fact, Section XL, which enacted, or was intended to enact, penalties for unqualified persons practising under false medical titles, has been found to have been drawn up so badly that legal prosecutions for offences against this portion of the Act have more frequently failed than not. The public has thus been deceived, and the profession discredited and dissatisfied. Loud and continued complaints have thus arisen, not only against the Act, but also against the Council, for failure in remedying so great a grievance. As the section now stands, any knave or impostor may, whilst assuming any medical title that he pleases, elude the penalties of the Act, as was done by one clever fellow, by simply adding to his assumed title the words ‘not registered under the Medical Act.’ The clause suggested by the Council in lieu of Section XL, will be found in the Draft Amending Bill submitted for consideration of the Government. Some such clause, in lieu of the present ineffective one, appears to be absolutely necessary. It is also deserving of consideration whether some better provision should not be made for initiating such legal prosecutions as the proposed clause would warrant. The Council do not for a moment suppose that any Act of Parliament can, or ought to attempt to, put down quackery, but they submit that the Legislature ought, if possible, to protect the public from being deceived by the assumption of medical titles by unqualified pretenders. Other clauses have also been suggested, which, without altering the general scope or character of the Act, are intended to remedy defects which have become apparent in the working of the Act. These are all comprised in the Draft Bill submitted to your Lordship.

“In reference to any modification in the constitution of the Council, we are not empowered to offer suggestions to your Lordship; but this much may be said, that for the working of the present or any similar Act a deliberative as well as an executive body would appear to be essential. As at present constituted, the Council is also essentially a representative body. It is, however, asserted by many that it is not sufficiently representative of the whole profession, and that the basis of representation should be considerably widened; but how this may be accomplished without endangering the efficiency of the body, whether for executive or deliberative purposes, has not been shown. The present Council has certainly been, ever since its formation, composed of men not only representing all branches of the profession, practically acquainted with the wants of the profession, and with the defects in our educational system, but also holding such positions, whether social or professional, as to place them beyond the temptation of being influenced by any but the highest motives, or the danger of acting on hasty and immature judgment.

“On looking back at the state of the profession at large prior to the passing of the Act, and at the regulations and examinations of the various licensing bodies as they then existed, no one who is acquainted with the present state of the medical profession can fail to see that a vast improvement has taken place, by which the public has benefited to an extent that it would be difficult to estimate. The efficiency of the public medical services, the character and acquirements of Poor Law medical officers, and the social and scientific position of the great mass of the profession, have all undergone a vast change for the better; and however much room there may still be for improvement, it may fairly be questioned whether in any other country the public is supplied with a better qualified body of medical practitioners than that which this country already possesses.”



(C). MEMORANDUM BY THE REGISTRAR ON CONSTITUTIONS PROPOSED FOR THE MEDICAL COUNCIL BEFORE THE PASSING OF THE *MEDICAL ACT* (1858).

Diverse Schemes for a Medical Council.

From the agitation for constituting a Council for medical education and other collateral objects common to the whole medical profession, arose many proposals, with varying and diverse schemes, as to the constitution that such a Council should possess in order to be best adapted for carrying into effect the measures for which it was to be brought into existence. These various constitutions are set forth, with more or less elaboration of detail, in the several medical Bills that were the forerunners of the *Medical Act* (1858).

Expressed *seriatim*, in as brief a form as possible, the chief characteristics of these constitutions may be summarized as follows:—

Three separate and independent Councils of 36 Members each.

1. A Bill of date August 11, 1840, prepared and brought in by Mr. WARBURTON, Mr. WAKLEY, and Mr. HAWES, sought to establish three separate and distinct Medical Councils, consisting of 36 Councillors in each of the three divisions of the United Kingdom—which were severally to form three independent Councils within their own territorial limits—whereof 12, called “Appointed Councillors,” to be nominated by the Home Secretary, were to be “persons who neither are, nor ever have been, engaged in the practice of medicine,” and the other 24, called “Elected Councillors,” were to be chosen by ballot, by universal suffrage, by and from Registered Medical Practitioners, pursuant to an elaborate scheme set forth in full detail in the Bill, the Registrars of the Councils (the appointment of whom rested with the Home Secretary) being appointed Scrutineers of the first elections.

“Appointed” and “Elected” Councillors.

Ten Members in each Council to vacate office yearly.

On the first Monday in October in every year, the elected Chairman, a selected three of the Appointed Councillors, and a selected six of the Elected Councillors, were to vacate office in each of the three Councils—though eligible for immediate re-election—and others were to be forthwith chosen to fill their places.

“Medical Senate of the United Kingdom” to consist of 36 Members.

By and from these three Councils, a “Medical Senate of the United Kingdom” was to be elected, consisting of 4 Appointed and 8 Elected Councillors from each of the three divisions of the United Kingdom, to which were to be delegated powers to exercise

certain specified functions,—such, for examples, as to “cause to be printed and published a Pharmacopœia, for the use of all persons practising medicine in the United Kingdom,” and to make by-laws “directing” the Councils to institute examinations and appoint Examiners for various purposes (as, to wit, for examining persons “intending to carry on the business of a Chemist and Druggist”); and these by-laws were to be “binding on every Member of the Senate, and on the said Councils and their several Councillors,” and on others.

Powers and duties of Senate.

In connexion with these Councils a “College of Medicine of the United Kingdom” was to be founded, whereof all Medical Councillors were to be ex-officio Fellows “for the term of their natural lives,” unless they should either “resign or be expelled from the College.”

“College of Medicine of the United Kingdom.”

This specimen of the attempted medical legislation of forty years ago, the parent of all subsequent Bills on the subject, is a long and curious document, extending over 34 closely-printed folio pages.

2. In a Bill of date February 5, 1841, brought in under the auspices of Mr. HAWES, Mr. EWART, and Mr. HUTTON—repeated in February 26, 1841, with no alteration as to the respect in question, in a Bill whereon Mr. WARBURTON’S name is added to the three on the former Bill—it was proposed that 20 councillors should be elected every three years, in each division of the United Kingdom, in the same way as in Bill No. 1 (save that the former Bill required the voting papers to be given up personally, but by the provisions of this Bill they might be either delivered personally or sent by post); that of the Council in its own division of the kingdom, the Medical Authorities now existing (excepting only the Universities of Durham and the Queen’s University in Ireland) should each, “if they shall think fit, elect and appoint one fit person to be a member”; and that these three several Councils should each elect by ballot, every five years, three persons to form collectively one body, entitled “The Medical Senate of Great Britain and Ireland,” whereto were to be assigned certain powers and duties defined in the Bill, similar to those set forth in the first Bill.

Three separate and independent Councils, to contain, respectively, 26 Members for England, 27 for Scotland, and 24 for Ireland.

“Medical Senate of Great Britain and Ireland,” to consist of 9 Members.

This Bill, it may be remarked, contained certain provisions, with distinct schedules, for empowering the Registrars to grant “licenses to carry on the trade and business of a Chemist and Druggist,” and to issue certificates to “any persons who at the time of the passing of this Act shall be practising medicine as Dentists or Cuppers.”

Licenses to be granted to “Chemists and Druggists,” and to “Dentists or Cuppers.”

"Council of Health and Medical Education," to consist of 17 Members.

3. A Bill of date August 7, 1844, prepared and brought in by Sir JAMES GRAHAM and Mr. MANNERS SUTTON, proposed to institute a single Council, entitled the "Council of Health and Medical Education," to be composed of 17 members, chosen or elected as follows:—

( $\alpha$ ) Six were to be Crown nominees; ( $\beta$ ) the following five were to be "members in right of office," namely, "One of Her Majesty's Principal Secretaries of State," the Regius Professor of Medicine in the University of Oxford, the Regius Professor of Physic in each of the Universities of Cambridge and Dublin, and the Regius Professor of Surgery in each of the Universities of Edinburgh and Glasgow; and ( $\gamma$ ) the remaining 6 were to be 3 physicians and 3 surgeons, chosen by and from the respective Colleges of Physicians and Surgeons of England, Scotland, and Ireland, collectively.

Secretary of State to be President.

Of the Council thus formed the said Secretary of State was to be President, with power to nominate from among the Crown nominees a member to be Vice-President, and to act as President in his absence.

No new Constitutions proposed from 1844 to 1855.

During the next 11 years (from 1844 to 1855) 8 Medical Bills were brought in, none of which, however, touched on the constitution of the Council, though it may be mentioned, in passing, that one of them (of date February 22, 1854, introduced by Mr. BRADY and three others) contained another reference to Dentists, by providing that nothing therein should "be construed to extend to the profession or business of any Dentist or Cupper."

A "Medical Council" of 19, to contain 8 Representative members, 7 Corporate members, and 4 University members.

4. A Bill of date June 26, 1855, to which are prefixed the names of Mr. HEADLAM, Mr. BRADY, and Mr. CRAUFURD, proposed a Council of 19 members, all to be registered medical practitioners, whereof 8 "representative members" were to be elected by ballot, for a period of three years each, by universal suffrage of registered practitioners, pursuant to a scheme elaborated in the Bill; namely 4 by and from registered practitioners in England; 2 by and from registered practitioners in Scotland; and 2 by and from registered practitioners in Ireland:—and besides these, 1 member was to be chosen by the Universities of Oxford and Cambridge collectively; 1 by the University of London; 1 by the four Universities of Scotland collectively; 1 by the two Universities of Ireland collectively; a physician and a surgeon was to be chosen by each of the respective Colleges of Physicians and of Surgeons of England, Scotland, and Ireland (making thus 6 members in all); and the nineteenth member was to be a

physician or a surgeon chosen by the faculty of Physicians and Surgeons of Glasgow.

Every triennial election of "representative members" was to be "held before the Medical Registrar," aided by two of the non-representative members, who were to be "present during the polling day," and to certify that the election had been "fairly conducted." The voting papers were to be either delivered to the Registrar (or to one of his "Deputies") or sent by post.

Triennial Elections to be held before the Medical Registrar.

This Council was empowered to elect one of its Members to be President; but the meetings of the Council were "to be holden in such places and at such times" as the Home Secretary should appoint.

Council's Meetings to be summoned by the Home Secretary.

5. By a Bill of date February 8, 1856—endorsed by the same names as No. 4—a Council of 24 members was to be constituted, containing 8 "representative members," elected for the same periods and in accordance with the same scheme as in No. 4, and 16 members chosen, one by each of the 19 medical licensing bodies that elect members for the existing Council, excepting only the two Apothecaries' Societies and the University of Durham, which are nowhere recognized in the Bill.

A "Medical Council of the United Kingdom," to consist of 24 Members,

This Council was to choose one of its own members to be President, and also to have the further power to fix the times and places of its own meetings.

with power to fix its own Meetings, and to elect its own President.

Moreover, the Councils constituted by both this Bill and the foregoing Bill were to "appoint Examiners in London, Edinburgh, and Dublin respectively, to examine after a scheme to be approved by the Medical Council"—the only difference herein between the two Bills being that the subjects of Examination are in Bill No. 4 called "Classics, the Exact Sciences, and General Literature," whereas in this Bill they are summed up in the term "General Education."

Council to hold Examinations in "General Education."

6. A Bill of date April 7, 1856, prepared and brought in by LORD ELCHO, Mr. FITZROY, and Mr. GEORGE ALEXANDER HAMILTON, had in view to establish a Council of 9 members, whereof 8 were to be selected every five years, by Her Majesty, with the advice of Her Privy Council—4 in England, 2 in Scotland, and 2 in Ireland—from 160 returned in equal numbers to the Home Secretary by the 19 licensing bodies now recognized, together with King's College, Aberdeen, as a twentieth, 8 being sent by each body; and the ninth member was to be the President of

"Medical Council for the United Kingdom," to consist of 9 Members, presided over by the President of the Board of Trade.

the Board of Trade, who, "by virtue of his office," was to be President of the Council.

This United Council was to elect a Vice-President from its own Body, and to appoint Treasurers, Registrars, Secretaries, and other officers for the General Council and the three "Sub-Councils for England, Scotland, and Ireland."

"Council of Medical Education of the United Kingdom," to consist of 13 members.

7. By a Bill of date June 10, 1856—endorsed by the same names as Nos. 4 and 5, and headed "As amended by the Select Committee"—the Medical Council was to consist of 13 members, whereof 5 were to form a quorum; the President of the Board of Trade being, as in No. 6, constituted *ex-officio* Chairman of the Council, with power to summon meetings when necessary, and to "nominate one of the other members to be the Vice-Chairman of the Council"; and the other 12 members were to be Crown nominees, whereof not less than 9 were to be selected from registered Practitioners, of whom not less than 2 were to be from Scotland, and not less than 2 from Ireland. Of the Crown nominees, 3 were to be "appointed for a term of four years, 3 for a term of five years, 3 for a term of six years, and the remaining 3 for a term of seven years," but all were to be eligible for immediate re-appointment.

Council empowered to delegate any of its functions to Committees.

This Council was empowered to delegate any of its functions to "Committees of their own body of such number, not less than 3, as they may think fit," and it was further provided that "any 2 of the members of any such Committee shall be competent to exercise and perform the powers and duties delegated to such Committee." This constitution was twice thereafter repeated, in two Bills of dates May 15, 1857, and March 16, 1858—both of which were introduced by LORD ELCHO, Mr. FITZROY, and Mr. CRAUFURD.

"General Council of Medical Education and Registration of the United Kingdom," to consist of 23 members.

8. A Bill of date May 13, 1857—prepared and brought in by Mr. HEADLAM, Sir WILLIAM HEATHCOTE, and Mr. NAPIER—proposed, under the same designation as at present, a Council of 23 members, whereof 6 were to be Crown nominees, who were not to be "Members of Council or office-bearers in any of the Medical Colleges or Societies," and the other 17 were to be elected in like manner as the Representative Members of the existing Council are elected, save that the University of Edinburgh was to have a Representative to itself alone, and that the Universities of Glasgow, Aberdeen, and St. Andrews were to have one Representative collectively.

The Branch Councils were constituted as at present, and the Crown nominees were appointed as in the existing Council from the three divisions of the United Kingdom; but it was provided that the Council should elect one of its own members to be President.

Council to elect one of its Members as President.

The same constitution was thereafter repeated in a Bill of date March 23, 1858, introduced by Mr. COWPER, Mr. KINNAIRD, and Mr. BRADY.

9. By a Bill ("as amended in Committee") of date June 22, 1858, prepared and brought in by Mr. COWPER, Mr. KINNAIRD, and Mr. BRADY, the Council was—in name, number, formation, and functions—constituted as it is at present, save that the Crown nominees were not to be "members of Council or office-bearers in any of the Medical Colleges or Societies," and that the President of the Council was to be "nominated by Her Majesty, with the advice of Her Privy Council."

A General Council, of 24 members, to contain no office-bearers or Council-members of any of the Medical Authorities, with a President appointed by the Crown.

(D). TABULAR STATEMENT OF THE CONSTITUENCIES OF THE NINETEEN BODIES BY WHICH THE REPRESENTATIVE MEMBERS OF THE GENERAL COUNCIL ARE NOW PRESENT ELECTED.\*

Bodies represented in the Medical Council, in order as enumerated in the <i>Medical Act</i> (1858).	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
1. The Royal College of Physicians of London.	"The commonalty or fellowship of the faculty of physic," incorporated by Royal Charter of Henry VIII. in 1558, confirmed by Act of Parliament, 14 & 15 Henry VIII., cap. 5.	On Nov. 11, 1878, 307 living Fellows on the Roll of the College.	The constituency and the electoral board or body are one and the same.
2. The Royal College of Surgeons of England.	The Council of the College.	The Council, when complete, consists of 24 Members.	The Fellows of the College, in number exceeding 1200 on Nov. 19, 1878.
3. The Society of Apothecaries of London.	The Master, Wardens, and Assistants of the Society, who are constituted the governing body of the Society by the Royal charter of incorporation granted by James I., and confirmed as altered by Act of Parliament, 55 Geo. III., cap. 194.	On Nov. 15, 1878, 24 persons.	The members of the body are appointed by the body itself.

\* This *Tabular Statement*—founded by the REGISTRAR on Returns made to the Privy Council in 1870, and published in 1871 as an Appendix to the 13th Report of the Medical Officer of the Privy Council—has, by direction of the Executive Committee, been sent to all the Licensing Bodies herein enumerated, each of whom has corrected the Table up to the time specified in the third column.

Bodies represented in the Medical Council, in order as enumerated in the <i>Medical Act</i> (1858).	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
4. The University of Oxford.	The Convocation of the University.	On Nov. 26, 1878, 5026 persons.	A person to be entitled to vote in Convocation must have taken the degree of Master of Arts or of Doctor in Laws, Divinity, or Medicine, and his name must be actually on the books at the time.
5. The University of Cambridge.	The Senate of the University.	On Nov. 16, 1878, 5500 persons. Although all Members of the Senate are entitled to vote, non-residents rarely do vote at the election. There are about 280 resident members of the Senate.	A Member of the Senate is a person who (1), has taken the degree of Master of Arts, Master of Laws, or Doctor in some faculty; (2), retains his name on the boards of some College or on those of the University. Masters of surgery who have fulfilled condition (2) are also Members of the Senate.
6. The University of Durham.	The Convocation of the University.	On Nov. 27, 1878, 280 members.	A person to be entitled to vote in Convocation must have :—  (1.) Taken a degree of D.D., D.C.L., M.D., M.A., M.C., M.Sc., in the University.  (2.) Continued without interruption to be a member of the University from the date of his admission to such degree.  (3.) Discharged the duties and payments required from him. The payments are 1 <i>l.</i> annually, or, in lieu of it, a composition of 5 <i>l.</i>



Bodies represented in the Medical Council, in order as enumerated in the <i>Medical Act</i> (1858)	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
7. The University of London.	The Senate of the University.	The Senate consists of 36 Members, inclusive of the Chancellor and the Vice-Chancellor. Nov. 26, 1878.	The Members of the Senate are nominated by the Crown, but every fourth appointment is made from a list of three persons nominated by the Convocation of the University.
8. The Royal College of Physicians of Edinburgh.	The Fellows of the College on the roll of attendance.	On Nov. 26, 1878, 73 Members.	By the Fellows from the members of the College. No other qualification gives a vote.
9. The Royal College of Surgeons of Edinburgh.	The Fellows of the College.	On Nov. 15, 1878, 399 Members.	All Fellows, except those who claim the privilege of the widows' fund, and who are examined, are elected by ballot. All Fellows must have been Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, or Ireland, or of the Faculty of Physicians and Surgeons of Glasgow.
10. The Faculty of Physicians and Surgeons of Glasgow.	The Fellows of the Corporation.	On Nov. 15, 1878, 170 Members.	The Fellows are elected by ballot; and every Fellow, whether resident or non-resident, has a vote.
11. The University of Edinburgh,  <i>conjointly with</i>	The Senatus Academicus.	On Nov. 16, 1878, a Total of 37, viz.: The Principal.....1 Professors in Arts 15 Professors in Law 5 Professors in Divinity.....4 Professors in Medicine.....12	The Crown. Board of Curators. University Court. Under ordinance of Universities Commission (21 & 22 Vict. c. 83).
12. The University of Aberdeen.	The Senatus Academicus.	On Nov. 16, 1878, a Total of 22, viz.: The Principal.....1 Professors in Arts 6 Professors in Law 1 Professors in Divinity.....4 Professors in Medicine.....10	The Principal and Professors are appointed for life as follows:— By the Crown.....17 By the University Court 4 By a special body of electors nominated by the Synod of Aberdeen and the University ..... 1

Bodies represented in the Medical Council in order as enumerated in the <i>Medical Act</i> (1858).	Board or Body of Persons acting as the Body mentioned in the previous column in choosing a Person to act on behalf of the same in the General Medical Council.	Number of Members of the Electoral Board or Body.	Constituency by which the Members of the Electoral Board or Body are appointed, or other qualification giving a vote.
13. The University of Glasgow,  <i>conjointly with</i>	The Senate of the University.	On Nov. 26, 1878, the Principal and 27 Professors.	Of the 28 members, 17 are appointed by the Crown; 10 are appointed by the University Court; and 1 is appointed by the Dean of Council of the Faculty of Procurators of Glasgow.
14. The University of St. Andrews.	The Senatus Academicus of the University of St. Andrews, which is composed of the Professors of both Colleges.	On Nov. 19, 1878, 15 Members.	
15. The King and Queen's College of Physicians in Ireland.	The President and Fellows of the College.	On Nov. 16, 1878, 53 Members.	Licentiates of the College are from time to time elected Fellows by the existing Fellows.
16. The Royal College of Surgeons in Ireland.	The President, Vice-President, and Council of the College.	On Nov. 25, 1878, 21 Members.	Annually elected by the Fellows.
17. The Apothecaries' Hall of Ireland.	The general court or council.	On Nov. 18, 1878, 31 Members, the number being limited to 60.	The shareholders of the joint stock of the hall, who must be licentiates of the body residing in or near Dublin.
18. The University of Dublin.	The Provost and Senior Fellows of Trinity College.	On Nov. 16, 1878, 8 Members.	The Fellows are elected by the Provost and Senior Fellows after a competitive examination.
19. The Queen's University in Ireland.	The Senate of the University.	On Nov. 26, 1878, 25 Members, the Chancellor, and 24 Senators.	Three of the present Senators were elected by the Convocation of the University, and the rest were appointed by the Crown. Ultimately there will be six senators representing Convocation, and 18 appointed by the Crown.

LETTER SOLICITING OPINIONS FROM FORMER MEMBERS OF THE  
COUNCIL.

*General Council of Medical Education and  
Registration of the United Kingdom,  
315, Oxford Street, London, W.:*

SIR,

October 21, 1878.

The Medical Council have directed the Executive Committee "to prepare a report on the present constitution and working of the Council, and on the changes (if any) of constitution by which, in the opinion of the Executive Committee, the Council might be rendered more efficient for the duties which it has or will have to discharge."

The Executive Committee are anxious to avail themselves of the experience of former members of the Council, and have requested me to write to you, begging the favour of a statement of your views on this important subject.

I trust this request may meet a favourable reception from you, and that you will give to it your most serious attention.

I am to ask you if you can oblige me by giving me your opinion at your earliest convenience, and transmit it to me, if possible, on or before the 1st day of November.

In the present stage of the enquiry, your communication will be held confidential, and will remain so, or not, according to your expressed desire.

I have the honour to be, Sir,

Your faithful Servant,

HENRY W. ACLAND,

*President.*

(F). MEMORANDUM BY THE PRESIDENT ON SOME OF THE MORE  
RECENT PROPOSALS AS TO THE CONSTITUTION OF THE  
GENERAL COUNCIL.\*

After many proposals as to the formation of a Council of Medical Education, Mr. Cowper and Mr. Walpole constructed it in 1858 by appointing—

\* A copy of this Memorandum was sent with the foregoing letter.

A member from every licensing body, that is—

- a. Every University,—Glasgow and St. Andrews collectively, and Aberdeen and Edinburgh collectively, each sending one;
- β. Every Medical Corporation; and
- γ. Six members named by the Crown:—

in all, 24 with the President.

This Council has been in operation for 20 years.

Proposals have been made for altering the constitution of the Medical Council—

- i. By INCREASING its number.
- ii. By DIMINISHING its number.
- iii. By ALTERING the mode of appointment of members.
- iv. By altering the DISTRIBUTION of seats.

- i. INCREASING its number.

It is proposed to enlarge it to 30 by adding 6 by universal suffrage of the profession.

- ii. DIMINISHING its number.

As for instance to make it 9.

3 elected by Universities.

One for England.

One for Scotland.

One for Ireland.

3 elected by Corporations.

One for England.

One for Scotland.

One for Ireland.

3 by universal suffrage, one in each branch of the United Kingdom, or, secondly, to make it 12 on some similar principle to the above.

- iii. BY ALTERING THE MODE OF APPOINTMENT OF MEMBERS.

*i.e.* Keeping it to 24, by taking away members from some of the bodies, as the Apothecaries' Societies, perhaps Durham, and from the Crown, for universal suffrage members.

iv. By slight modification in the above. For example—

(a) Perhaps requiring all electing bodies to elect by votes of *all* their members respectively, so as, without altering the cardinal *principle* of the Council, to give what is desired by some—a voice in elections to the whole medical profession.

(b) *Requiring* the Crown so to appoint members that one may have a seat in the Upper, and one in the Lower House, to transact, as a member of the Council, public business for the Council in the Legislature.

It is to be observed that the Crown and the Universities *could* do this, if they thought fit, under the present Act.

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